

Ambulance Headquarters, Bernicia House

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Key findings

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Letter from the Chief Inspector of General Practice

This service is rated as Good overall. (Previous inspection March 2016 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an unannounced comprehensive inspection at North East Ambulance Service NHS Foundation Trust NHS 111 Service on 18 and 19 September 2018 as part of our inspection programme. The inspection was undertaken as part of a joint inspection with the CQC hospitals inspection team.

At this inspection we found:

- The service had well established systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- The service routinely reviewed the effectiveness and appropriateness of the care provided. Staff were supported in the effective use of the NHS Pathways tool to triage telephone calls (NHS Pathways is a licensed computer based operating system that provides a range of clinical assessments for triaging telephone calls from patients, based on the symptoms the patients share when they call).

- Staff involved and treated people with compassion, kindness, dignity and respect.
- There was a focus on continuous learning and improvement at all levels of the organisation. Regular call audits were carried out for all staff.
- The service had a clear system for managing and learning from complaints.
- The service had an overarching governance framework in place, including policies and protocols which had been developed at a provider level and had been adapted to meet the needs of the service locally.
- The service had not met all of the Minimum Data Set (MDS) targets, for example, calls answered within 60 seconds.

The areas where the provider **must** make improvements are:

- Improve systems to ensure that the service can deliver local and national performance targets.
- Ensure that sufficient clinical advisors are available to meet patient demand.

Regulation requirement notices in relation to the above two areas of concern have been included in the North East Ambulance Service NHS Foundation Trust Quality Report.

The areas where the provider **should** make improvements are:

- Identify measures to improve noise levels at Russell House.

Summary of findings

- Take steps to give all staff the opportunity to attend regular team meetings; to provide support and opportunities to share learning.
- Develop a system to monitor that staff have been made aware of and understand interim Pathways updates.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Ambulance Headquarters, Bernicia House

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC lead inspector. The team included a GP specialist advisor with NHS 111 experience, a service manager specialist advisor and two additional CQC inspectors.

Background to Ambulance Headquarters, Bernicia House

North East Ambulance Service NHS Foundation Trust (NEAS) achieved Foundation Trust status in 2011. The Trust began providing the NHS 111 service in 2013. The NHS 111 service covers the County Durham, Northumberland, Tyne and Wear, Sunderland, Darlington, Hartlepool, Middlesbrough, Redcar and Cleveland and Stockton on Tees areas.

The NHS 111 service operates 24 hours a day 365 days a year. It is a telephone based service where people are assessed, given advice and directed to a local service that most appropriately meets their needs.

The NEAS NHS 111 service operates from two call centre locations, which we visited during the inspection:

- Bernicia House, Newburn, Newcastle upon Tyne, NE15 8NY
- Russell House, Hebburn, Tyne and Wear, NE31 2JZ

The service has the following staff:

- A service manager
- Four section managers
- 23 team leaders
- 12 senior health advisors
- 282 health advisors
- A lead operations centre trainer
- Five operations centre trainers
- A workforce scheduling and planning manager
- A scheduling support analyst
- An analyst

A separate organisation (Vocare, known locally as Northern Doctors Urgent Care), employs the NHS 111 service's clinical advisors. Those staff are deployed to NEAS to provide support to call handlers both on-site and remotely 24 hours a day, seven days a week.

Are services safe?

Our findings

We rated the service as good for providing safe services.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments and had a number of safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training. The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We looked at a sample of eight recruitment records and found all appropriate checks had been carried out.
- Staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. All safeguarding concerns were collated and forwarded to a dedicated team who issued safeguarding alerts to local authorities where necessary.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. A five year forecast of demand was in place. Workforce analysts reviewed this and determined the required staffing levels; this was

carried out a month ahead of each working day, then reviewed four weeks ahead, again at two weeks, ten days, one week and one day before. This enabled the service to take into account any changes, for example, staff who were off sick or if they were made aware of local events which could increase or decrease demand.

- Prior to the inspection we spoke with some health advisors at staff forums; we spoke with further staff on the inspection days. Some of those staff told us it was sometimes difficult to access a clinical advisor for support or guidance. We asked the service to provide staffing rotas for the clinical advisors for a three month period (June to August 2018). The service was unable to provide this directly; they obtained it from the clinical advisors' employer organisation. Their data showed that there were 12 days where staffing levels were below planned levels. However, the total number of actual hours worked was above planned levels for the three months (1,920 hours or 14% higher than planned). The service was to take over the contract for providing the clinical advisors from 1 October 2018 and this would ensure more comprehensive control of future staffing levels.
- There was an effective system in place for monitoring surges in calls. Each day an analyst monitored patient demand and adjusted the number of staff allocated to taking calls, where necessary. There were detailed plans in place to escalate as necessary; for example, if calls were higher than expected then staff training or one to one meetings could be postponed or cancelled.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example, sepsis. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need. Systems were in place to manage people who experienced long waits.
- Staff told patients when to seek further help. They advised patients what to do if their condition deteriorated.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

Are services safe?

- Calls were documented, recorded and managed in a way that kept patients safe. The records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. The provider had fire risk assessments and service evacuation plans in place for both sites.
- We saw copies of electrical wiring certificates, evidence of PAT (portable appliance testing) testing, fire equipment checks (e.g. extinguishers and alarms) and a test record. The provider had contingency plans for fire/flood/utility failure/IT failure/and dealing with exceptionally poor weather.
- Managers continually monitored and reviewed activity. This helped them to understand risks and identify where improvements were needed.
- Joint reviews of incidents were carried out with partner organisations, including local GP out-of-hours and urgent care services.

Lessons learned and improvements made

The service learned and made improvements when things went wrong but learning was not always shared across the organisation.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. However, lessons learned were not always shared widely. Staff told us they were informed if they had been involved in, or had reported an issue, but not for more wider issues. At the time of the inspection there were no formal team meetings for the health advisors; some issues were discussed on a one to one basis but not as a team.
- The provider took part in end to end, root cause analysis (RCA), reviews where serious incidents had been identified. Each RCA was taken to a RCA panel for review and was then signed off at the Executive Review Group, which was chaired by the Chief Executive Officer.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

The provider had systems to keep staff up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed.
- Telephone assessments were carried out using a defined operating model, NHS Pathways (NHS Pathways is a licensed computer based operating system that provides a range of clinical assessments for triaging telephone calls from patients, based on the symptoms the patients share when they call).
- Staff were aware of the operating model which included the transfer of calls from call handler to clinician and the use of a structured assessment tool. All health advisors and clinical advisors completed a comprehensive training programme to become a licenced user of the NHS Pathways programme. Once training was completed, all such staff were subject to structured call quality audits to ensure continued compliance with standards.
- Following the bi-annual updates to NHS Pathways all health advisors and clinical advisors received a classroom based training session to ensure they were familiar with and understood the changes. However, arrangements were not as clear for any 'minor' updates throughout the year. Managers and staff told us an email would be sent out to advise staff of any changes, however, there were no systems in place to ensure all staff had read and understood these.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- There was a system in place to identify frequent callers and patients with particular needs, for example,

palliative care patients, and guidance was in place to provide the appropriate support. We saw no evidence of discrimination when making care and treatment decisions.

- When staff were not able to make a direct appointment on behalf of the patient clear referral processes were in place. These were agreed with senior staff and a clear explanation was given to the patient or person calling on their behalf.

Monitoring care and treatment

The service had a programme of quality improvement activity and routinely received the effectiveness and appropriateness of the care provided. Performance was monitored by senior managers as well as the Regional NHS 111 Governance Committee.

- Providers of NHS 111 services are required to submit call data every month to clinical commissioners and NHS England by way of the Minimum Data Set (MDS). The MDS is used to show the efficiency and effectiveness of NHS 111 providers. We saw the most recent MDS results for the service (August 2017– July 2018) which showed the following:
 - The percentage of calls answered within 60 seconds was 76.2%, which was above the England average of 73.6% but below the key performance indicator (KPI) of 95%.
 - The percentage of calls abandoned was 2.5%, which was lower than the national average of 4.1% and the KPI of 5%.
 - The percentage of answered calls transferred to a clinical advisor, with the patient still on the line, was 17.7%, compared to the national average of 21.6%.
- There were some areas where the service was outside of the target range for an indicator. However, the provider was aware of these areas and we saw evidence that attempts were being made to address them. A recruitment drive was underway to recruit additional health advisors. The service had recently been awarded the contract to provide the clinical advice in house, rather than outsource to a separate organisation and envisaged this would enable them to manage internal staffing levels more proactively.
- Patient outcomes were closely monitored. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. The provider

Are services effective?

(for example, treatment is effective)

carried out audits on calls taken by each health advisor every month; against a set of criteria such as effective call control, skilled questioning, whether staff practiced according to their designated role requirements and whether they delivered a safe and effective outcome for the patient. Where calls failed the audit process there were formal processes to support staff, including further training and coaching.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. This covered such topics as the service's values, an introduction to information governance and the duty of candour, resuscitation awareness, staff wellbeing and equality and diversity. In addition, call handlers undertook a six week induction programme, which included in-depth learning about the NHS Pathways tool.
- The service was the first to establish senior health advisors as set out in NHS England's Integrated and Urgent Care Workforce Blueprint.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. We saw several examples of staff who had progressed through the organisation into various different roles and directorates.
- An Operations Centre Training Newsletter was published on a monthly basis. This contained information, updates and learning points for staff. For example, a recent newsletter included a section on abdominal pain and what questions to ask patients, a reminder about dental calls and information on the Mental Health Act.
- The service provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The service could demonstrate how they ensured the competence of staff employed in advanced roles by audit of their clinical decision making.

- There was a clear approach for supporting and managing staff when their performance was poor or variable. Measures included direct feedback, coaching and further training.

Coordinating care and treatment

Staff worked together, and worked well with other organisations to deliver effective care and treatment. Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. Staff communicated promptly with patients' registered GPs so that they were aware of any need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary.
- There were established pathways for staff to follow to ensure callers were referred to other services for support as required. During the inspection we observed health and clinical advisors move patients through the clinical assessment pathway and advise them of the appropriate service to meet their needs. For example, an urgent care centre or an accident and emergency department.
- There were clear and effective arrangements for booking appointments, transfers to other services, and dispatching ambulances for people that required them. Staff were empowered to make direct referrals and/or appointments for patients with other services.
- The service met regularly with commissioners to discuss and review all aspects of performance and clinical governance.
- Issues with the Directory of Services (this is a system which provides real time information about available services and clinicians across all care settings that are available to support a patient as close to their home as possible) were reported in a timely manner.

Helping patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

Are services effective?

(for example, treatment is effective)

- The service identified patients who may be in need of extra support. The clinical system had a 'flag' option. The flags contained information about patients such as those on end of life pathways. An alert appeared when staff opened the patient's record with relevant details of any extra support necessary.
- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- During our inspection we listened to several calls. All patients were asked for their consent to share the call information with their own GP. Health and clinical advisors checked that patients understood what was being asked of them.
- The provider monitored the process for seeking consent appropriately as part of regular call audits.

Are services caring?

Our findings

We rated the service as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. We observed a number of calls to the service and found staff were patient, caring and compassionate at all times.
- The service gave patients timely support and information. Call handlers gave people who phoned into the service clear information. There were arrangements and systems in place to support staff to respond to people with specific health care needs such as end of life care and those who had mental health needs, including training on awareness.
- The results of the NHS Friends and Family Test showed the majority of patients were satisfied with the service; during the 12 month period from July 2017 to June 2018 an average of 88.5% of respondents said they were likely or extremely likely to recommend the service.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. Health advisors were able to contact an external organisation to arrange for an interpreter.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- Staff had undertaken dementia friendly training. The service worked in partnership with the Dementia Care alliance to develop a dementia strategy.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff respected confidentiality at all times.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

The provider organised and delivered services to meet patients' needs. They took account of patients needs and preferences.

- The provider understood the needs of its population and tailored services in response to those needs.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. The 'special notes' system meant that information was available to health advisors and clinical advisors at the time the patient or their carer contacted the service. This assisted staff to safely manage their needs.
- Care pathways were appropriate for patients with specific needs, for example, those at the end of their life, babies, children and young people.
- Call handlers had training to help them identify and support confused or vulnerable callers. Calls could also be transferred to a clinical advisor for further assessment. During our inspection we observed several calls which were transferred in this way.
- The service had worked with local mental health trusts and had developed a new pathway for patients who required mental health service input, to help ensure they received a timely assessment.
- The service provided staff with supporting guidance around communication, this contained information on communicating with people who had a visual impairment, people with a hearing impairment, people who were blind, how to guide people through a call, people with assistance dogs and faith and cultural issues covering healthcare, when entering a home and customs around death. The document also had links to language line and the unique codes/ pin numbers staff could use for various languages to obtain an interpreter.
- Patients who had speech or hearing difficulties were flagged with directions for staff as to what to do when they called the service.
- The service had a text relay service for patients developed with the British Sign Language (BSL) relay service. The service had carried out ten events with deaf

communities to inform them of the service and had provided awareness sessions for health advisors. They were active in contacting physically supported people to register for the text relay service.

- Staff had access to language line and could request interpreting services for 228 different languages through conference calling allowing them to triage patients appropriately.
- During our inspection we observed some calls; we found that when a call was put on hold while being transferred or while the health advisor was seeking advice, that staff did not always inform callers they would hear music but would still be connected. This was rectified shortly after our inspection; staff were advised to inform patients they would hear music while they were on hold.
- Improvements could be made to one of the call centres. Calls were answered at either of the two sites. When we last inspected, in March 2016, we found that noise levels at the Russell House site were high during busy periods. During this inspection we saw that action had been taken to improve noise levels; a specialist had been contracted to review the premises and had made suggestions to help reduce noise. Several options had been tried, some had not been successful but others had helped, including installing desk dividers and providing staff with dual headsets. However, when we visited the site we found noise levels were still relatively high compared to the Bernicia House.
- The service was able to book appointments directly for patients, for example, with some GP practices, urgent care centres and extended hours hubs. The service had won a national award in 2017 'Bright Ideas in Healthcare' for their work on the GP Direct Booking via NHS111 system.
- The service was able to refer urgent repeat prescriptions to pharmacies; meaning patients did not have to wait for a consultation with an out of hours GP for this to be arranged.
- The service took part in a pilot which allowed NHS 111 health advisors to refer callers with minor ailments to a local pharmacy. This had recently been launched nationally across other NHS 111 services.
- The service was involved in a pharmacist development programme, where pharmacists worked as part of the multidisciplinary team as an expert resource, including handling medicines-related enquiries and issues,

Are services responsive to people's needs?

(for example, to feedback?)

undertaking clinical assessment and treatment of minor ailments and prescribing where appropriate, prescribing for repeat prescription requests, and providing self-care advice.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients were able to access care and treatment at a time to suit them. The NHS 111 service operated 24 hours a day, every day of the year for patients living in the North East of England. Access was via a free-of-charge telephone number.
- Calls were answered at either of two call centres; in Newburn, Newcastle upon Tyne or Hebburn, South Tyneside.
- Demand was continually monitored to help the service respond appropriately.
- Patients generally had timely access to initial assessment, diagnosis and treatment. We saw the most recent [local and national KPI] results for the service (August 2017 – July 2018) which showed the provider was meeting the following indicators:
 - The percentage of calls answered within 60 seconds was 76.2%, which was above the England average of 73.6%
 - The percentage of calls transferred to a clinical advisor, with the patient still on the line was 17.7%, compared to the England average of 21.6%.
 - The percentage of calls placed in a call back queue was 12%, in line with the England average of 13.7%.
- Where the service was not meeting targets, the provider was aware of those areas and we saw evidence that action was ongoing to address them through close working with service commissioners, recruitment of staff and further monitoring of performance data.

- Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaints policy and procedures were in line with recognised guidance. The service had received 70 complaints in relation to the NHS 111 service in the last year. This represented less than 0.5% of the total calls received during that period.
- We reviewed five complaints and found that they were satisfactorily handled in a timely way.
- Investigations included reviewing the call recording to assess the quality of the response provided to the patient. Where a review identified shortfalls in the performance of a health or clinical advisor this was discussed with the individual and they were provided with additional support or training.
- The service learned lessons from individual concerns and complaints and also from analysis of trends, then acted as a result to improve the quality of care. Improvements included introducing a communications support guide using NHS easy read images to assist staff when communicating with patients who may have had communication difficulties and reminding staff that in the event that a main concern could not be fully established, it was appropriate to seek guidance from a clinician.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

We rated the service as good for leadership.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service's mission statement was "Why we wear the badge, safe, effective care for all"; their vision was "Where our badge will take us, unmatched quality of care every time we touch lives". These were underpinned by "How our badge will take us there" which had six values; make a difference day in day out, take responsibility and be accountable, strive for excellence and innovation, respect, compassion and pride.
- The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- Staff we spoke with told us they felt respected, supported and valued.
- We found the service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. Staff received regular annual appraisals and monthly one to one's with their line manager.
- All staff were considered valued members of the team. Clinicians were given protected time for professional development and evaluation of their clinical work.
- There was an emphasis on the safety and well-being of all staff. There was a human resources helpline available Monday to Friday where staff could access information, help and support.
- The service actively promoted equality and diversity. They identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

There were some processes for managing risks, issues and performance but these could be improved.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety. Risks in relation to clinical advisor staffing levels were not fully addressed. The service was unable to provide details of staffing levels directly; they obtained it from the clinical advisors' employer organisation. However, the service was to take over the contract for providing the clinical advisors from 1 October 2018 and so would be able to more effectively monitor and respond to the required staffing levels internally.
- The provider had processes to manage current and future performance of the service. Performance of staff could be demonstrated through audit of their calls. Leaders had oversight of incidents and complaints. Leaders also had a good understanding of service performance against the national and local key performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local clinical commissioning groups (CCGs) as part of contract monitoring arrangements.
- A monthly performance report was produced; this summarised the ongoing work and included statistical data relating to call activities and trends.
- There was a programme of continuous clinical and internal audit, including regular call audits, which had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful.

- The service used information technology systems to monitor and improve the quality of care.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The service's website included a link which enables the public to make a complaint or provide a compliment about the service they had received. The website also included a summary of complaints by category.
- Staff were able to describe to us the systems in place to give feedback. This was either direct or via their team leader. Staff who worked remotely were engaged and able to provide feedback through the service's systems. We saw evidence of the most recent staff survey and how the findings were fed back to staff. Following a staff survey in 2017, an action plan had been developed. This was split by 11 themes, with key actions, action owners and dates for completion.
- The service was transparent, collaborative and open with stakeholders about performance. There was a significant amount of information on the service's website; "What our priorities are and how we are doing"; this contained detailed performance information and showed how the service compared to other organisations.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the service. For example, the service was the first to multi-skill health advisors so they were able to deal with 999 as well as

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

111 calls. This allowed the service to flex during periods of uncontrolled demand. A number of other ambulance trusts had visited the service to see how this system worked.

- The service was a test site for NHS Pathways to help improve the management of urgent calls.
- The service made use of internal and external reviews of incidents and complaints. Learning was used to make improvements; although this could be improved by sharing any such learning more widely.

- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work. The service had a document on their intranet called “90 improvements”; this outlined to staff improvements and innovations that had been made to the service. The document was a living document which could be added to.