South East Coast Ambulance Service NHS Trust Headquarters

Inspection report

Nexus House
4 Gatwick Road
Crawley
RH10 9BG
Tel: 03001230999
www.secamb.nhs.uk

Date of inspection visit: 28 February and 1 March 2022
Date of publication: 22/06/2022

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 location	Good	🟢
Are services safe?	Good	🟢
Are services effective?	Good	🟢
Are services caring?	Good	🟢
Are services responsive to people's needs?	Requires Improvement	🟠
Are services well-led?	Good	🟢

Overall summary

This service is rated as Good overall. (Previous inspection 02 2019 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Requires Improvement

Are services well-led? – Good

We carried out an announced comprehensive inspection at South East Coast Ambulance Service NHS 111 service on 28 February and 1 March 2022. This was to follow up on a breach of regulation 12 identified in the July 2019 inspection. The visit was also part of a Trust wide inspection. Action taken had resulted in improvements to meet the essential standards although call response times continued to be a challenge.

At this inspection we found:

- The service had 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 it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from an integrated service with specialisms to meet their needs.
- Commissioned targets were not being met for call response times and abandonment rates.
- There was a focus on continuous learning and improvement at all levels of the organisation.

We found the following areas of outstanding practice:

- Having worked with the commissioners and other external organisation to establish a Direct Appointment Booking (DAB) service, approximately 30% of all triaged patients received a DAB into an external provider. This service improvement had resulted in a Health Service Journal improvement Award for 'Best Acute Sector Partnership with the NHS'.

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

- Continue to work towards meeting the key performance indicators on clinical call back times, call abandonment rates and call response times.
- Continue working towards supporting the workforce in order to reduce the pressure and improve staff morale.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a nurse specialist adviser.

Background to South East Coast Ambulance Service NHS Trust Headquarters

South East Coast Ambulance Service NHS Foundation Trust (SECAmb) provides NHS 111 services to Kent, Medway and Sussex. SECAmb NHS 111 service operates 24 hours a day 365 days a year and is able to establish emergency calls and dispatch an ambulance where required. It is a telephone-based service where people are assessed, given advice and directed to a local service that most appropriately meets their needs. It is a free to-call single number service for urgent and not emergency medical assistance. SECAmb provides the NHS 111 service to a population of approximately 3.8 million across Kent, Medway and Sussex. The service receives approximately 1.5 million calls a year plus cases from users of '111 online'.

The provider is registered with the Care Quality Commission under the Health and Social Care Act 2014 to deliver services from Nexus House, 4 Gatwick Road, Crawley, West Sussex RH10 9BG and to provide the following regulated activities: Transport Services, triage and medical advice provided remotely, Treatment of disease disorder or injury, Diagnostic and screening procedures.

During the inspection we visited the headquarters and an operational site where NHS111 services are delivered from: Orbital House, Moat Way, Sevington, Ashford TN24 0TT.

Further information can be found at www.secamb.nhs.uk

Are services safe?

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. It had safety policies, including Control of Substances Hazardous to Health and Health & Safety policies, which were in-date, regularly reviewed and communicated to all employees. Staff received safety information 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. These policies 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. Any serious concerns for the welfare of a patient were escalated to the Safeguarding Trust Lead. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. We were given an example from a call handler who having raised concerns for a patient, was then supported by a manager for the duration of the call.
- 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Clinicians were trained to level 3 and staff we spoke with knew of the safeguarding lead in their division of the Trust.
- There was an effective system to manage infection prevention and control led by a dedicated team from within the Trust. This included effective measures to minimise the risk of spreading COVID-19. Desks had been spaced out, screens introduced, masks were worn and hand sanitiser were placed throughout the centres. The policy and procedure was up-to-date and in line with government guidance.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

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. There was a system in place for dealing with surges in demand.
- There was an effective induction system for temporary staff which had been tailored to their role.
- 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 got worse.
- When there were changes to services or staff the service assessed and monitored the impact on safety. The service was experiencing higher than anticipated call volumes and we saw that a clear strategy had been implemented to manage the risks involved with calls in a queue. The provider continued to work with the commissioners, additional funding had been agreed and discussion was ongoing to agree appropriate funding to match increasing activity.

Information to deliver safe care and treatment

Are services safe?

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

- We listened in on live calls and found that the NHS Pathways system was followed appropriately. Clinical Aided Dispatch (CAD) notes 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 service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system for receiving and acting on safety alerts.
- Joint reviews of incidents were carried out with partner organisations, including the subcontractor, commissioners, GP surgeries, out-of-hours and urgent care services.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- 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. We looked at examples of serious incidents (SIs) which had not been closed off (the national target for closing SIs off had been extended to support the COVID-19 effort). We found that actions had been taken and key learning shared. The SIs we reviewed required a final report to be written in order to be closed.
- 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. For example, the NHS New Patient Strategy 2021 had been adopted by the Trust. This included more involvement from staff when reviewing incidents in line with improving the organisational culture and practice.
- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including remote and agency staff as well as to the subcontractor.
- The provider took part in end to end reviews with other organisations. Learning was used to make improvements to the service. For example, we reviewed a report completed with input from a provider of out-of-hours urgent care services, that reviewed the process for when a patient refused to go to hospital.

Are services effective?

We rated the service as good for providing effective services.

At the last inspection we rated the practice as requires improvement for providing effective services and issued a requirement notice for a breach of Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment. This was because the provider was failing to meet performance targets in relation to call answering times and abandonment rates, and the required number of clinical audits had not been undertaken. At this inspection we found there was a deliberate strategy, agreed with the commissioners in order to prioritise patient safety while call volumes were significantly higher than expected. However, the KPIs for call response and call abandonment rates continued to not meet the contractual targets. The service had been impacted significantly by the COVID-19 pandemic and continuing problems were taken into account when reviewing the performance. The improvement in rating to good for providing effective services is based on this and although data for call abandonment rates was similar to the last inspection, we recognised that external factors had made the effective delivery of service more difficult. The strategy adopted by the NHS111 management team was effective in controlling clinical risk held within the system at any given time.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians 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 NHS Pathways, a national evidence-based operating model. Staff had received specific training in line with national guidelines for this clinical tool. NHS Pathways is used for assessing, triaging and directing contact from the public to other services such as urgent and emergency care services and GP services in and out of hours. NHS Pathways provided regular 'hot topic' updates such as oxygen saturations and choking to ensure staff maintained their awareness and were familiar with the 'red flag' symptoms.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. For example, mental health practitioners were included in the integrated model and calls could be transferred to them.
- Arrangements were in place to deal with repeat patients and this was supported by a standard operating procedure (SOP). There was a system in place to identify frequent callers and patients with particular needs, for example palliative care patients, and operational managers from the clinical team supported the development of 'frequent caller' support.
- 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.
- Technology and equipment were used to improve treatment and to support patients' independence. For example, during the COVID-19 lockdown, 'agile working' had been set up with clinicians supported by technology to facilitate remote working from home.
- Staff assessed and managed patients' pain where appropriate.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

Are services effective?

The service had a clear strategy that had been agreed with the commissioners on how to prioritise resources in order to minimise risk. The unprecedented situation impacted by COVID-19 and higher call volumes had led to a situation where agreed indicators were prioritised to ensure patients who entered the NHS111 had their needs met while minimising risk and not putting pressure on other departments; for example, the accident and emergency department.

- Providers of NHS 111 services are required to submit call data every month to NHS England and Improvement by way of the Aggregate Data Collection (ADC). The ADC is used to show the efficiency and effectiveness of NHS 111 providers. The most recent ADC results for the service (January 2022) showed the provider was meeting some indicators but not others:
- The service was not meeting its locally agreed targets as set by its commissioner for abandonment rates (the number of service users that abandon the call before any initial response). This can indicate risk to patients with a serious illness being unable to access timely treatment. National targets were not being met although the performance in early January 2022 showed improvement until the Omicron wave of COVID-19.
    - Call abandonment rate was 15% against a target of less than 3%. The national average for the same time period was 16%. This had improved in January 2022 assisted by a reduction in call volumes. In November and December 2021, the abandonment rate was 27%. The service had not been an outlier with regards to calls abandoned. The rate of abandoned calls in 2021 has been broadly aligned with the national average.

Action plans included recruitment of additional staff and an agreed uplift from the commissioners that resulted in more funding to meet the equivalent activity of 1.28 million calls per annum from 1.07 million. This equated to 40 additional whole time equivalent (WTE) call handlers from 204 to 244. The actual annual number of calls between April 2021 to March 2022 was estimated at being approximately 1.5 million (equivalent of 286 WTE call handlers). The provider told us that an uplift in clinical hours would be made pro-rata. The provider had recruited 'at risk' from April 2021 through to November 2021 before additional funding came through. However, the additional funding had not resulted in an uplift in calls offered (number of service users that ring answered or not answered). Abstraction rates was put forward as the main causation. At times, almost half of the workforce had been absent through illness, self-isolation or annual leave. The service had continued with COVID-19 measures (masks and screens) to reduce the risk of spread of infection and try and reduce staff absence.

- The service used national key performance indicators (KPIs) to monitor their performance and improve outcomes for people. The service shared with us the performance data for January 2022 that showed:
    - 8.7% of people were referred to the emergency department. This was better than the national average of 11% and was the second best performance nationally (compared to all other 16 providers).
    - 9.2% of people were referred to the 999 service. This was better than the national average of 11% and was the fourth best performance nationally (compared to all other 16 providers). There was a comprehensive process in place to monitor the escalation of calls and audit results showed consistency in achieving a high level of appropriate referrals.
    - 52% of patients triaged were directly assessed by a clinician. This shows how the service was dealing with the patient to the end point as opposed to referring on. There was no national comparator to benchmark this against. The national and contractual target was 50%.
- Where the service was not meeting the target, the provider had put actions in place to improve performance in this area. The provider used the call queue to keep people in the system. Every call was followed up as per the governance framework, a case was not closed until the clinician had spoken directly with the patient or there had been three failed call back attempts. A team of clinical navigators and welfare callers continuously reviewed patients in the queue to prioritise risk and provide patient reassurance. Cases could only be closed by a clinician. Staff told us that the service was impacted by some dispositions re-entering the system, for example, when a patient was signposted to their GP

but could not get through or was redirected by their GP surgery. The measurement of patients not accepting the first choice on the directory of services was 65% against a target of 75%. This had been impacted by the COVID-19 lockdown. The service measured the outcomes of patients in the system although there was no available benchmark against national data.

- The service used information about care and treatment to monitor clinical outcome. For example, in January 2022, 97.5% of Category 3 and Category 4 disposition calls (non-urgent ambulances, two hour plus response time) were validated (spoken to by a clinician), the national target is 50%.

- Clinical audit had been paused as part of the Resourcing Escalatory Action Plan (REAP) that provided additional resources to meet the operation pressure resulting from COVID-19. Call audits of for both clinicians and call handlers continued to monitor performance and competencies. In December 2021,100% of non-clinical staff and 71% of clinicians had been audited. Compliance rates were 79% and 95% respectively. This performance exceeded the contractual requirement.

- The service was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives. For example, the Direct Appointment Booking (DAB) service (where an appointment is booked for the patient by the NHS111 service according to the outcome). These services included the emergency departments, GP surgeries including walk-in centres, urgent treatment centres and extended access clinics. The service was awarded an HSJ (Health Service Journal) award in 2021 for the work with Direct Appointment Booking (DAB) and for implementing 111 first. This recognised that SECAmb had an integrated service which enabled staff to book patients directly into external services. For example, the provider was regularly ranked first nationally for the percentage of emergency department outcomes (referred to as a disposition) confirmed by a booking. In January 2022, approximately 30% of all triaged patients received a DAB into an external provider.

Effective staffing

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

- The provider had an induction programme for all newly appointed staff. This covered such topics as equality and diversity, health, safety and welfare, infection prevention and control, safeguarding and information governance. In addition, staff were issued with a 'mentoring workbook' and provided information about the service including union membership.

- Staff were appropriately qualified and the provider ensured that they 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.

- The provider provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

- There was a clear approach for supporting and managing staff when their performance was poor or variable. We were given an example of a staff member who was supported in making the required improvements after being identified during a serious incident investigation.

Coordinating care and treatment

Staff worked together and worked well with other organisations to deliver effective care and treatment.

Are services effective?

- The Clinical Assessment Service (CAS) integrated paediatric nurses, palliative care nurses, mental health nurses and midwives. External organisations included in the Directory of Services (DOS) included dentists and GPs.
- Records showed 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. This included when they moved between services, when they were referred, or after they were discharged from hospital. Care and treatment for patients in vulnerable circumstances was coordinated with other services such as community nurses. Staff communicated promptly with patients' registered GPs so that the GP was aware of the 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.
- 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.
- The service had formalised systems with the NHS 111 service and had specific referral protocols for patients referred to the service. An electronic record of all consultations was sent to the patients' own GPs.
- The service ensured that care was delivered in a coordinated way and took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- 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.
- Issues with the Directory Of Services were resolved in a timely manner. For example, the service had helped develop a pathway that was more sensitive to 'silver trauma' where the impact of a fall to a healthy person can be significant if the patient is elderly.

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.

- The service identified patients who may be in need of extra support. For example, transfer to a mental health clinician or the pregnancy advice line.
- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given. For example, for those patients where there are safeguarding concerns.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The provider monitored the process for seeking consent appropriately.

Are services caring?

Good ●

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.
- 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.
- Patient feedback was sought through a number of channels. These included a recent survey where questionnaires were sent out electronically during August 2021. A total of 4,800 surveys were sent and 380 (8%) responses were submitted. A total of 56% of respondents said their experience of using the service was 'very good' or 'good'. A total of 30% described their experience as 'very poor' or 'poor'. An investigation into the responses established this was due to delays in accessing the Clinical Assessment Service (CAS).

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 (AIS, 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.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- 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.

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.
- The service monitored the process for seeking consent appropriately.

Are services responsive to people's needs?

We rated the service as requires improvement for providing responsive services.

Responding to and meeting people's needs

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

- The provider understood the needs of its population and tailored services in response to those needs. For example, care homes had rapid access to additional support through a dedicated telephone line option when dialling NHS111.
- The provider engaged with commissioners to secure improvements to services where these were identified. Examples included the 'Open Access Crisis Line', a project to develop a complementary 24 hours seven days a week mental health crisis single point of access. This met with the National Health Service (NHS) long-term plan for 2023/24 to have a universal point of access for people experiencing mental health crisis.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service such as those patients receiving end of life care. Care pathways were appropriate for patients with specific needs, for example babies, children and young people.
- The facilities and premises were appropriate for the services delivered. However, due to inefficiencies with the layout at the main call centre in Ashford, a move to new premises was scheduled for November 2022.
- The service made reasonable adjustments when people found it hard to access the service such as the NHS111 textphone service.
- The service was responsive to the needs of people in vulnerable circumstances. For example, there were specific processes where the NHS Pathways system could be exited early, and the call transferred to a clinician for rapid advice and treatment.
- A member of the senior leadership team sat on the Inclusion and Diversity Advisory Group to ensure engagement with the wider community to support vulnerable patients. Initiatives included educating staff on the experiences of healthcare services from gypsies and the travelling community and on religious festivals throughout the year. The group also addressed inequalities in the workplace and had set targets for both gender and race equality.

Timely access to the service

Although the service operated 24 hours a day, seven days a week, patients were not always able to access care and treatment from the service within an appropriate timescale for their needs (we reviewed recent data for January 2022 that was similar to results in the previous six months).

- Patients did not always have timely access to initial assessment, test results, diagnosis and treatment. We saw the most recent results for the service (January 2022) which showed the provider was not meeting the following indicators:
  - Clinical call back time was targeted as above 90% within the agreed timescales (three metrics, 20 min, 60 minute and longer). A clinical call back within agreed timescales target had been set by SECAmb at 90%. In January, non-validated data showed 33% attainment.
  - The average speed to answer was five minutes and 21 seconds against target of 60 seconds. The national average for the same time period was six minutes 30 seconds. A total of 15% of calls were answered within 60 seconds.
- Where the service was not meeting the target, the provider was aware of these areas and we saw evidence that attempts were being made to address them. For example, abstraction rates (staff absence) was very high due to COVID-19 and the back log of annual leave. Rates were consistently above 40%. In response, the service was using agency clinicians and had rapidly mobilised agile working arrangements (allowing staff to work from home). In addition, a formal recruitment plan was in place and a 'Staff Engagement Culture Change Programme' and mental health drop in sessions aimed to provide enhanced support to staff working in challenging conditions.
- Waiting times and delays resulted from the increased call volumes and high abstraction rates. The number of patients in 'call queuing' increased significantly at busy times. Where people were waiting a long time for an assessment or

Are services responsive to people's needs?

treatment there were arrangements in place to manage the waiting list and to support people while they waited. CAS clinical care navigators constantly monitored and prioritised patients in the queues in accordance with clinical need. No serious risk was identified during the inspection but the increased wait times correlated directly with negative feedback from patients.

- The service engaged with people who are in vulnerable circumstances and took actions to remove barriers when people found it hard to access or use services. Hard of hearing and deaf patients could use the Type Talk service. Instructions were included in the 'Call Handling Procedure' document.
- Patients with the most urgent needs had their care and treatment prioritised. The triage of patients was built into the NHS Pathways but in addition, the service used care navigators to assess and monitor the risk held by patients who were in the system awaiting a final disposition.

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 and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. A total of 228 complaints were received in the last year. We reviewed ten complaints and found that they were satisfactorily handled in a timely way. The main theme of complaint was the timeliness of response.
- Issues were investigated across relevant providers, and staff were able to feedback to other parts of the patient pathway where relevant. This was a feature of the integrated approach in that regular communication channels were established. For example, with out of hours providers, the '999' team and GP practices.
- The service learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. Shared learning that had resulted from a complaint included broken teeth, immobile patients and the palliative care pathway.

Are services well-led?

We rated the service as good for leadership.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care. Our findings at trust wide level indicated significant concerns. However, at core service level within the NHS 111 service, we found a credible and experienced leadership team. The governance systems we reviewed as part of this inspection were solely provided by the NHS111 staff within the Trust.

- 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 worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Coloured lanyards were used to support role identification. A number of comments suggested there was scope to improve communication from some managers but staff we spoke with complimented the senior team for being approachable and accessible. A weekly 'ask the leaders' forum was established allowing staff to ask any questions of the senior leadership team.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. The increased call volumes experienced throughout the COVID-19 pandemic and high rates of absence had limited the time available to develop staff.

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 had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. Delegates had visited the new site to help establish challenges with the relocation. Although the location presented some challenges to staff, those we spoke with understood the necessity to relocate.
- 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.
- The provider ensured that staff who worked away from the main base felt engaged in the delivery of the provider's vision and values. Remote clinical workers were encouraged to regularly attend one of the centres to maintain engagement with colleagues.

Culture

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

- Staff felt respected, supported and valued. However, morale among the workforce was low, staff we spoke with attributed this to the work pressure experienced through a pandemic coupled with future uncertainty for some due to the planned relocation. This was reflected in the high rates of staff absenteeism, an issue which directly impacted on call response times and abandonment rates.

Are services well-led?

- The service focused on the needs of patients. The prioritisation of clinical care and outcomes was consistently prioritised but it was accepted that the call response times needed improvement.
- Leaders and managers of the NHS111 service acted on behaviour and performance consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Serious incidents (SIs) were investigated and learning shared although final reports had been given a lower priority in order to support more clinical time on the telephone. This was supported by national guidance on the management of SIs.
- 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. They had confidence that serious incidents would be addressed but time pressure was seen as a barrier to reporting minor incidents.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- The relationships between staff and teams was mixed. Staff we spoke with were generally complimentary about the leadership but comments we received suggested more support could be provided by the senior executive team within the Trust and from middle management.

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 and infection prevention and control.
- 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

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of Medicines and Healthcare products Regulatory Agency (MHRA) alerts, 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 group (CCG) as part of contract monitoring arrangements.

Are services well-led?

- Investigations had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. However, we received a number of comments suggesting that not all minor incidents were reported due to time pressure.
- The provider had plans in place and had trained staff for major incidents.
- The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care. We saw good examples of feedback to NHS Pathways to improve where areas of risk had been identified.

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 all staff had sufficient access to information.
- The service used performance information, which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- 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 suitable 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.

- External partners' views and concerns were encouraged. Regular meetings took place with the CCG and with the subcontractor. For example, the integrated service model included the Integrated Urgent Care Kent, Medway and Sussex Clinical Governance Advisory Group and Sussex Clinical Governance Group (both CCG led).
- Patient feedback was heard and acted on to shape services and culture. In addition to complaint reviews, the service had conducted a 'deep dive' survey in June 2021 following a drop in positive responses to the monthly patients surveys. Actions as a result included development of reporting to include thematic analysis.
- Staff were able to describe to us the systems in place to give feedback. These included a weekly ' ask the 111 leaders' session, a presence on social media and the 'OMBEA' system (a system that provides live feedback from staff using focussed questions that could be responded to with a single click). Staff who worked remotely were engaged and able to provide feedback through regular visits to one of the centres and through virtual meetings. We saw evidence of the most recent staff survey and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance. Senior leaders spoke of low staff morale and had implemented initiatives aimed at improving staff wellbeing. These included direct access to mental health counsellors and physiotherapy, an extra day's leave in recognition of the hard work during COVID-19, employee of the month awards and a wellbeing hub and wellbeing advocates to provide support with any issues (both personal and professional) that staff may have. A wellbeing room was available in the building where staff could go for peace and privacy after a stressful time.
- In March 2022, the engagement work undertaken to involve patients and volunteers in the development and procurement of the NHS111 service had received a 'Healthwatch Recognition Award'.

Are services well-led?

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement within the service. For example, a skill mapping project for the Clinical Assessment Service (CAS) to match the identified case activity to a clinician's skill set. Clinical leads within the Trust had their specific skills matched to NHS Pathways disposition codes and were supported with external subject matter experts.
- Staff knew about improvement methods and had the skills to use them. This included high performance with Direct Appointment Booking (DAB) into urgent and emergency care.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There was a culture of innovation evidenced by the number of pilot schemes the provider was involved in. Examples included pathway redesigns, rapid access into the service for care homes and COVID-19 system support There were systems to support improvement and innovation work.