

# South Central Ambulance Service NHS Foundation Trust

## Inspection report

Unit 7-8 Talisman Business Centre  
Talisman Road  
Bicester  
Oxfordshire  
OX26 6HR  
Tel: 01869365000  
[www.southcentralambulance.nhs.uk](http://www.southcentralambulance.nhs.uk)

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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

## Ratings

### Overall rating for this trust

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

# Summary of findings

## Background to the trust

South Central Ambulance Service NHS Foundation Trust (SCAS) was formed on 1 July 2006, after the merger of the Royal Berkshire Ambulance Service NHS Trust, the Hampshire Ambulance Service NHS Trust, the Oxfordshire Ambulance Service NHS Trust and part of the Two Shires Ambulance Service NHS Trust. On 1 March 2012, the trust achieved foundation trust status.

South Central Ambulance Service NHS Foundation Trust provides a range of emergency, urgent care and non-emergency healthcare services, along with commercial logistics services. The trust delivers most of these services to the populations of the South-Central region – Berkshire, Buckinghamshire, Milton Keynes, Hampshire and Oxfordshire. In addition they provide a non-emergency patient transport services (PTS) in Surrey and Sussex. There is also Resilience and Specialist Operations offering medical care in hostile environments such as industrial accidents and natural disasters. This team is known as Hazardous Area Response Team (HART) based in Hampshire.

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

Services are delivered from the trust's main headquarters in Bicester, Oxfordshire, and a regional office in Otterbourne, Hampshire. Each of these sites includes an emergency operations centre (EOC) where 999 and NHS 111 calls are received, clinical advice is provided and from

where emergency vehicles are remotely dispatched if needed. There is a PTS contact centre at each EOC. The trust also works with air ambulance partners; Thames Valley and Chiltern Air Ambulance (TVAA) and Hampshire and Isle of Wight Air Ambulance (HIOWAA).

The trust serves a population of over seven million people across the six counties. They employ 3,300 staff who, together with over 1,000 volunteers, operate 24 hours a day, seven days a week.

## Overall summary

**Our rating of this trust stayed the same since our last inspection. We rated it as Good** ● → ←

## What this trust does

South Central Ambulance Service NHS Foundation Trust provides a range of emergency, urgent care and non-emergency healthcare services, along with commercial logistics services. The trust delivers most of these services to the populations of the South-Central region – Berkshire,

Buckinghamshire, Milton Keynes, Hampshire and Oxfordshire. They also provide non-emergency patient transport services in Surrey and Sussex.

They receive 999 calls in their clinical coordination centres in Bicester, Oxfordshire, and

Otterbourne, Hampshire; Response to 999 calls is by arranging the most appropriate resource from community first and co-responders, to rapid response vehicles, ambulances, air ambulances or a combination, and sometimes all, of these; The trust provide the integrated urgent care service for the Thames Valley and NHS 111 service for Hampshire from two clinical coordination centres; Take eligible patients to and from hospital appointments and treatments with their nonemergency patient transport service (PTS) and Provide a commercial logistics service across Oxfordshire

# Summary of findings

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

## What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

On 24 to 27 July 2018 we inspected three of the five core services provided by this trust the emergency and urgent care service, resilience, and the emergency operation centres. At our last inspection the frontline service, emergency, and urgent care, was rated as requires improvement. The resilience service was incorporated in to the urgent and emergency service at our previous inspection and therefore required an independent inspection. The Emergency operations centre, was rated as good and we decided to inspect due to some concerns raised by staff about the culture. The emergency and urgent care and the resilience inspection was announced with 48 hours' notice, and the emergency operations centre inspection was unannounced.

On the 7, 8 and 9 August 2018 we inspected the NHS 111 service. This was a planned comprehensive inspection which looked at breaches in regulations identified at the inspection in May 2016 and looked at what action the provider had taken in relation to concerns regarding staffing recruitment. There is a separate report that covers this part of the service.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at the trust level. Our findings are in the section headed Is this organisation well-led? We inspected the well-led key question on 14 to 16 August 2018.

## What we found

### Overall trust

Our rating of the trust stayed the same. We rated it as good because:

We rated safe, effective, caring, responsive and well led as good. We took into account the current ratings of services not inspected this time.

- Staff understood their roles and responsibilities in relation to safeguarding adults and children. Staff knew how to report incidents and the trust carried out detailed investigations; there was feedback to staff, patients, and families. Staff kept records of patient's care and treatment. Records were completed electronically and stored securely. Infection control risk were generally well managed although in some areas premises were not clean. There was an established medicines management system for the ordering and receipt of medicines will clear records of

# Summary of findings

administration. However, expired medicines were not always disposed of in a timely and safe way and the temperatures of all medicine storage areas were not all monitored. The storage of medical gases was not always appropriate at some site. Staffing was generally well managed under difficult circumstances with recruitment challenges in all services.

- Care and treatment was based on national guidance such as the Joint Royal Colleges Ambulance Liaison Committee and the National Institute for Health and Care Excellence. Highly trained ambulance personnel, staff with specialised skills and expertise including; maternity, mental health and safeguarding were also available to advise and support staff. Patients pain was managed effectively. Improvements were evident within the emergency and urgent care service with regards to staff being competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. Consent was obtained and recorded in line with legislation and guidance. Staff recorded best interest decisions when patients did not have capacity to consent to their care and treatment. The national mean for call answering time was 13 seconds for July 2018 for this trust the mean was 12 seconds. The HART team did not have a dedicated trainer to plan and coordinate the training for HART paramedics. Although staff had training on mental health awareness and related topics, there was notable variation in staff knowledge, ability and confidence when dealing with people in mental health crisis.
- Staff cared for patients with a great deal of compassion, treating them with dignity and respect. They provided emotional support to all patients and their families to minimise their distress.
- People could access the service when they needed it. The trust was proactively using hospital ambulance liaison officers when delays occurred at emergency departments. The services took account of patients' individual needs. Information sharing had improved with the roll-out of the electronic patient record, and the trust shared care summaries in real time with other healthcare providers. The trust monitored progress and performance against the Ambulance Response Programme standards daily through trust-wide operational calls. The response rates to 999 calls had improved and the trust were achieving results above the England's average. The service treated concerns and complaints seriously, investigated them and learned lessons from the results. Managers at all levels had the right skills and abilities to run the service and provide high quality sustainable care. There was a vision relating to what services wanted to achieve and they were actively working towards achieving this. The trust's strategy, vision and values underpinned a culture which was patient centred. There was a systemic approach to continually improve the quality of services and safeguard high standards of care. Effective systems for identifying risks, planning to eliminate or reduce them and coping with both the expected and unexpected were in place. All services engaged well with staff and partner organisations to plan and manage services. In general staff felt respected, supported and valued. However, the trust had not appointed a freedom to speak up guardian. The trust was committed to improving the service by learning from when things went well and when they went wrong, promoting training, research and innovation.
- Staff felt equality and diversity were promoted in their day to day work and when looking at opportunities for career progression. The trust had structures, systems and processes in place to support the delivery of its strategy. Although The quality and safety committee did not have a formalised work plan. The trust had processes for monitoring risk and performance, however the role of the board assurance framework (BAF) was less clear.

## Are services safe?

Our rating of safe stayed the same. We rated it as good because:

- Staff understood their roles and responsibilities in relation to safeguarding adults and children. The trust had up to date safeguarding policies and procedures that reflected current best practice guidance and staff reported concerns appropriately.

# Summary of findings

- Staff knew how to report incidents and the trust carried out detailed investigations; there was feedback to staff, patients and families. There was openness and transparency about safety, and the trust encouraged continual learning.
- Staff planned and delivered care in line with evidence-based guidance, standards and best practice and met the individual needs of patients through careful care planning.
- Staff kept records of patient's care and treatment. Records were completed electronically and could be shared by all health care professionals looking after the patient, including receiving hospitals. Records were stored securely.
- The risk of infection was generally well controlled. Staff had equipment to protect them from risks of cross contamination.
- There was an established medicines management system for the ordering and receipt of medicines and clear records of administration.
- Staffing was generally well managed under difficult circumstances with recruitment challenges in all services.

However:

- We found some expired medicines not disposed of in a timely or appropriate way and staff did not monitor the storage temperatures of medicines in ambulance stations which could affect their effectiveness.
- Management of medical gases was not always appropriate for example gas stores were internal and lacked ventilation, lacked appropriate signage, cylinders were incorrectly stacked or segregated which was against the trust's storage of medical gases policy.
- Some buildings across the trust were not clean or well-maintained presenting a possible infection risk.
- The trust did not meet the national requirements for Hazardous Area Response Teams staff numbers. There were frequently not six HART staff on duty for live deployments at all times. The service had processes to lessen the risk to safety this posed, this included a recall to duty process.

## Are services effective?

Our rating of effective improved. We rated it as good because:

- Care and treatment was based on national guidance and provided evidence of its effectiveness in line with national guidelines such as the Joint Royal Colleges Ambulance Liaison Committee and the National Institute for Health and Care Excellence.
- In addition to highly trained ambulance personnel, staff with specialised skills and expertise including; maternity, mental health and safeguarding were available to advise and support staff.
- Staff assessed and managed patients pain effectively and assessed pain and prescribed and administered medicine in a timely manner. They used appropriate pain scales to assess and treat pain in all patients, including children and patients with learning disabilities or dementia
- Improvements were evident within the emergency and urgent care service with regards to staff being competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff understood how and when to assess whether a patient had capacity to make decisions about their care and treatment. Consent to care and treatment was obtained and recorded in line with legislation and guidance. Staff recorded best interest decisions when patients did not have capacity to consent to their care and treatment.

However:

# Summary of findings

- The HART team did not have a dedicated trainer to plan and coordinate the training for the HART paramedics. The risk of not having a dedicated trainer had been identified and a business plan had been submitted for funding to recruit a dedicated HART trainer.
- Appraisals rates for the HART team did not meet the trust's target rate of 95%.
- Although staff had training on mental health awareness and related topics, there was notable variation in staff's knowledge, ability and confidence when dealing with people in mental health crisis.
- Quality indicators of return of spontaneous circulation (ROSC) and ST-Elevation Myocardial Infarction (STEMI) (serious heart attack) showed an inconsistent picture with fluctuating results across the months.

## Are services caring?

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with a great deal of compassion, treating them with dignity and respect.
- Staff provided emotional support to all patients and their families to minimise their distress.
- Patients, families and carers gave positive feedback about their care.
- Staff involved patients and those close to them in decisions about their care and treatment. We observed caring and compassionate interactions between staff and their patients.

However:

- The trusts response rate for the friends and family test had been low for 10 out of 12 months.

## Are services responsive?

Our rating of responsive stayed the same. We rated it as good because:

- People could access the service when they needed it.
- The trust was using hospital ambulance liaison officers when delays occurred at emergency departments. They provided handover to hospital staff and monitored the patient's condition to relieve ambulance crews back on the road.
- The services took account of patients' individual needs.
- Information sharing had improved with the roll-out of the electronic patient record, and the trust shared care summaries in real time with other healthcare providers.
- The trust monitored progress and performance against the Ambulance Response Programme standards daily through trust-wide operational calls and reported to the National Ambulance Advisory Council (NAAC), which benchmarked performance data from all ambulance trusts nationwide.
- The response rates to 999 calls had improved and the trust were achieving results above the England's average.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results. However, the trust did not always respond to complaints within the trust's target timeframes.

## Are services well-led?

Our rating of well-led stayed the same. We rated it as good because:

- Managers at all levels had the right skills and abilities to run the service and provide high quality sustainable care.

# Summary of findings

- Leaders had the skills and experience to do their jobs and staff spoke highly of the chief executive.
- There was a vision relating to what services wanted to achieve and they were actively working towards achieving this.
- The trust's strategy, vision and values underpinned a culture which was patient centred.
- There was a systemic approach to continually improve the quality of its services and safeguard high standards of care.
- Effective systems for identifying risks, planning to eliminate or reduce them and coping with both the expected and unexpected were in place.
- The service collected, managed, and used information to support its activities.
- All services engaged well with staff and partner organisations to plan and manage services. The trust had improved their rota system and were continually working on ways to improve their staff's work life balance.
- The trust was committed to improving the service by learning from when things went well and when they went wrong, promoting training, research and innovation

## NHS 111

The trusts NHS 111 service was also inspected

We rated this service as good. We rated safe, effective and caring, responsive and well led as good.

For more information, see the separate inspection report on this service on our website

## Ratings tables

The ratings tables show the ratings overall and for each key question for each core service, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

## Outstanding practice

We found examples of outstanding practice in Resilience and Emergency and Urgent Care

For more information, see the Outstanding practice section of this report.

## Areas for improvement

We found 15 things the trust should improve to prevent breaching a legal requirement, or to improve service quality.

For more information, see the Areas for improvement and Regulatory action section of this report.

## Action we have taken

We have not taken any actions against the trust.

## What happens next

We will check that the trust takes the necessary action to maintain its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.



# Summary of findings

## Outstanding practice

We found the following outstanding practice:

- The trust ran a 'Bright Ideas' scheme which encouraged staff to think about where they needed to work more efficiently. A member of staff, through the bright idea's scheme developed the trauma app and the clinical pathways app which is now available across the trust.
- The HEMS teams did bike safety education with an aim of reducing accidents and encouragement for children to wear bike helmets within schools and have won an award for school engagement.
- There was a new frailty service in the Hampshire and Reading areas. The service in Hampshire was staffed by experienced ambulance technicians, and the service in Reading by Specialist Practitioner Paramedics (including an occupational therapist) to keep patients (particularly those who frequently fall) out of hospital.
- A cohort of responders who had enhanced skills to be able to respond to a wider range of patients, such as those who had fallen.
- The HART and resilience and special operations service had effective working relationships with partner agencies. The service had set up regular joint working days between the local resilience forums and themselves. This supported the development of shared processes between the two Local Resilience Forums (LRFs) in the SCAS region to improve the resilience of services for the local populations.

## Areas for improvement

"Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

### Action the trust **MUST** take to improve

We told the trust that it must take action to bring services into line with one legal requirement. This action related to emergency and urgent care core service.

#### Urgent and emergency care

- The trust must ensure the temperature of the areas in all building where medicines are stored are monitored to ensure medicines are kept within the required range, and action taken if the temperature of any of these areas are outside the recommended range.

### Action the trust **SHOULD** take to improve:

#### Urgent and emergency care

- The trust should ensure staff store and dispose of medicines appropriately in line with the trust's policy.
- The trust should ensure all ambulances and rapid response vehicles are clean and dust free
- The trust should ensure resource centres are maintained to a safe standard for staff to carry out their duties safely.
- The trust should ensure patient complaint leaflets and information are readily available to all staff to give to patients on board ambulances.
- The trust should ensure staff store medical gases safely and in line with the trust's policy.



# Summary of findings

- The trust should ensure they request friends and family feedback to help improve the service.

## Resilience

- The service should continue to act to increase the number of HART paramedics to fulfil the requirements of NHS specification 2016/17: Hazardous Area Response Teams.
- The service should continue to have dialogue with national commissioners regarding the recruitment of a dedicated HART trainer, to plan and coordinate training and maintain governance of the HART training programme.
- The service should act to improve the appraisal rates for the HART team so they meet the trust's target for completion of appraisals

## Trust well led

- The trust should appoint a Freedom to Speak Up Guardian (FSUG).
- Ensure families and patients are actively involved in the investigation of serious incident and this is clearly documented.
- Ensure there is a clear agreed work plan for the quality and safety committee.
- Considered the role of the Board Assurance Framework (BAF) and ensure it is used effectively or agree an alternative process.
- Review the narratives of the BAF and corporate risk register (CRR) to ensure fully reflect risks and assurances.

## Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

Our rating of well-led at the trust stayed the same. We rated well-led as good because.

- The leaders had the skills, knowledge and integrity to run the organisation. There was strong support and constructive challenge among the leadership team and the trust board. The leaders were visible and approachable and they understood the challenges the trust faced.
- The trust had a clear vision and set of values with quality and sustainability as the top priorities. They had aligned the strategy to local plans in the wider health and social care economy and had developed it with external stakeholders. This included active involvement in sustainability and transformation plans. The needs of the population the trust serviced had been considered.
- Staff felt respected, supported and valued. The trust's strategy, vision and values underpinned a culture which was patient centred. Staff felt positive and proud about working for the trust and their team. The trust recognised staff success by staff awards and through feedback.
- Staff felt equality and diversity were promoted in their day to day work and when looking at opportunities for career progression. Staff networks were either in place or being developed promoting the diversity of staff. The trust had an enthusiastic equality and diversity lead as well as a local LGBT network with representation on the national ambulance network. A disability network was in the earlier stages of development.

# Summary of findings

- The trust had structures, systems and processes in place to support the delivery of its strategy. Non-executive and executive directors were clear about their areas of responsibility. Papers for board meetings were of a reasonable standard and contained appropriate information
- There was a Board Assurance Framework (BAF), a corporate risk register (CRR) and risk management process in place. Senior management committees and the board reviewed performance reports.
- The trust was aware of its performance through the use of KPIs and other metrics. Information was in an accessible format, timely and accurate. The main trust working document was the integrated performance report.
- The board received annual risk management training as part of a board seminar. Staff received training in risk management which included identification, management and reporting of risks. Staff had access to the risk register and could effectively escalate concerns as needed.
- Medicines safety was effectively integrated into the governance structure of the trust. The medicines and research manager led on medicine optimisation for the trust. They were also the medicine safety officer (MSO) for the trust.
- The trust measured medicines optimisation against the strategy approved by the trust board. The medicines optimisation strategy aimed to improve medicines optimisation during the transfer of patient care between different health and social care providers and people's places of work and homes.
- The trust had a structured and systematic approach to engaging with people who use services, those close to them and their representatives. Communication systems such as the intranet, the internet and newsletters were in place to ensure staff, patients and carers had access to up to date information about the work of the trust and the services they used.
- The trust had systems in place to identify learning from incidents, complaints and alerts and make improvements. The governance team regularly reviewed these systems. Staff had time and support to consider opportunities for improvements and innovation and this led to changes.

However

- There were systems to ensure Duty of Candour was applied appropriately. However serious incident investigation reports did not clearly detail the family or patient involvement.
- The quality and safety committee did not have a formalised work plan and therefore it was not clear how they were ensured all areas on their remit was given sufficient oversight.
- We found the board meeting minutes were detailed and robust. However, the minutes of some meetings lacked detail with actions not always clearly defined meaning there was a risk actions may not be followed up.
- While the trust had processes for monitoring risk and performance the role of the board assurance framework (BAF) was less clear. The BAF was not being used as a tool to drive the board agenda or it was not clear how it provided assurance against the delivery and attainment of the trust's strategic objective.
- There were avenues for staff to speak up, however the trust had not appointed a freedom to speak up guardian.

## Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	→←	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

\* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good	Good ↑	Good	Good	Good	Good
Aug 2018	Aug 2018	2018	Aug 2018	Aug 2018	Aug 2018

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

## Ratings for ambulance services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good ↔ Aug 2018	Good ↑ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↑ Aug 2018	Good ↑ Aug 2018
Patient transport services	Requires improvement May 2016	Good May 2016	Outstanding May 2016	Good May 2016	Good May 2016	Good May 2016
Emergency operations centre	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018
Resilience	Good Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018
<b>Overall</b>	Good ↑ Aug 2018	Good ↑ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↑ Aug 2018	Good ↑ Aug 2018

Overall ratings are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

# Emergency and urgent care

Good 

## Key facts and figures

South Central Ambulance Service NHS Foundation Trust (SCAS) is part of the National Health Service (NHS). The trust was established on 1 July 2006 following the merger of four ambulance trusts in the counties of Berkshire, Buckinghamshire, Hampshire and Oxfordshire. This area covers approximately 3,554 sq. miles with a residential population of over four million. On 1 March 2012, SCAS became a foundation trust.

They provide the '999' service and handle around 500,000 emergency and urgent calls each year. There are around 1,700 operational staff working from 30 sites with 280 vehicles. Staff include specialist paramedics, paramedics, emergency medical technicians (EMT's) and emergency care assistants (ECA's) working on the front-line services.

In the last 12 months the Trust dispatched a response to 565,000 calls to the '999' service.

The trust currently owns or leases 30 ambulance stations (resource centres), two HQ/operation centres plus additional standby points, and support buildings. In addition to 280 front-line ambulances SCAS operates, a fleet of rapid response vehicles and supports the operation of two air ambulance helicopters which are operated by the Helicopter Emergency Medical Service (HEMS). These were all included in the emergency and urgent care core service inspection.

The service covers 10 acute hospital sites, 2 Major Trauma Centres, 7 specialist sites and 5 mental health trusts.

The trust supports the work of voluntary community and emergency first responders across the region who give basic lifesaving interventions prior to the arrival of the ambulance crew; this is co-ordinated by the trust.

We spoke with 206 staff which included specialist paramedics including HEMS staff, paramedics, team leads, clinical mentors, EMT's, ECA's, administration staff, NHS staff from local trusts and members of the make ready teams.

We conducted focus groups with staff and governors prior to our inspection to hear their views about the service. This included frontline ambulance staff, call handlers and the trust's governors.

We inspected 27 ambulances including rapid response vehicles and reviewed seven patient report forms. We visited nine hospitals across each county where we observed interactions between ambulance and emergency department staff. We spoke with staff in the emergency departments and other areas of hospitals including the maternity units about their experience of working with the trust.

We spoke with 15 patients and relatives.

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

At the last inspection, we rated two key questions for the service at requires improvement so we re-inspected all five key questions.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

## Summary of this service

Our rating of this service improved. We rated it as good because:

# Emergency and urgent care

- We noted positive changes since our last inspection in 2016.
- Staff understood their roles and responsibilities in relation to safeguarding adults and children. The trust had up to date safeguarding policies and procedures that reflected current best practice guidance and staff reported concerns appropriately.
- There was openness and transparency about safety, and the trust encouraged continual learning. The trust supported staff to report incidents, including near misses.
- Staff were aware of when and how to report incidents and there was an effective investigation and feedback process to share learning. Risks were fed into the risk management structure for possible inclusion on the trust wide risk register.
- Staff planned and delivered care in line with evidence-based guidance, standards and best practice and met the individual needs of patients through careful care planning. Staff followed care pathways on electronic, multidisciplinary patient records to support practice.
- Staff received annual appraisals and the trust supported new staff to complete their competency assessments, and helped to maintain and further develop their skills and experience.
- Patients and relatives gave positive feedback about the care and kindness received from staff. All patients and relatives we spoke with were happy with the care and support provided by staff. We observed staff treated patients with compassion, kindness, dignity and respect. Staff worked in partnership with patients and their relatives in their care.
- The trust introduced the new ambulance response performance (ARP) measures in November 2017. The mean response times for category 1 met the seven-minute target national standard twice in April and May 2018, and consistently performed better than the England average for all months in the period of November 2017 to May 2018
- The trust set quality performance targets, and reviewed these regularly against internal and external targets.
- The trust had governance, risk management, and quality measures to improve patient care, safety, and outcomes.

However:

- Infection control was not always effective, we saw three vehicles including rapid response vehicles and ambulances that were dirty and dusty and two grab bags which had ingrained dirt.
- Three resource centres within the trust were in poor repair for example we noted trip hazards for staff and toilet and changing facilities were in poor condition.
- The trust did not consistently store medicines safely. Staff did not monitor the storage temperatures of medicines in ambulance stations which could affect their effectiveness. We raised this with the trust who took immediate action to address this.
- Guidance on how to make a complaint was not readily available on ambulances while this information was available on the trust's website not all patients and their families may have internet access and therefore would not have access to this information.
- Staff experienced excessive hand-over times at some acute hospitals, which impacted on the trust's resources and reduced the ability to meet service demand. However, the trust was actively working with other providers and stakeholder to find a solution to patient flow issues.
- Staff reported there were still gaps in their training regarding patients living with mental health conditions, some expressed they did not feel adequately prepared to support patients experiencing mental ill health.

# Emergency and urgent care

## Is the service safe?

Good   

Our rating of safe stayed the same. We rated it as good because:

- The service had enough staff with the right qualifications, skills, training and experience, to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The trust planned and reviewed staffing levels and skill mix so people received safe care and treatment.
- The service provided mandatory training in key skills to all staff and monitored staff compliance.
- Staff understood how to protect patients from abuse and the service worked effectively with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The trust managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learnt with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- There were appropriate systems and processes to respond to and manage risks that may impact on patients.
- Vehicles were well-maintained by a dedicated team of specialist mechanics and received appropriate servicing and repairs at planned intervals or as and when required.

However:

- In some areas we found some expired medicines not disposed of in a timely or appropriate way and staff did not monitor the storage temperatures of medicines in ambulance stations which could affect their effectiveness
- Management of medical gases was not always appropriate for example in some areas we found gas stores were internal and lacked ventilation, lacked appropriate signage, cylinders were incorrectly stacked or segregated which was against the trust's storage of medical gases policy.
- We observed three vehicles including rapid response vehicles and ambulances that were dusty and dirty and two grab bags had ingrained dirt.
- We observed three resource centres within the trust were in poor repair for example we observed trip hazards for staff and toilet and changing facilities were inadequate.
- Four out of the five staff roles exceeded the trust's 6% sickness target from April 2017 to March 2018. Staff morale remained high despite some staff groups having sickness levels higher than the trust's 6% sickness target from April 2017 to March 2018. To mitigate staff shortages and ensure the service provision was safe, the trust subcontracted work to seven independent ambulance services.

## Is the service effective?

Good  

Our rating of effective improved. We rated it as good because:



# Emergency and urgent care

- The service provided care and treatment based on national guidance and provided evidence of its effectiveness in line with national guidelines such as the Joint Royal Colleges Ambulance Liaison Committee and the National Institute for Health and Care Excellence.
- Patients had their pain assessed and managed effectively by staff. When required medicines were administered or supplied to patients in a safe and timely manner. Staff used appropriate pain scales to assess and treat pain in all patients, including children and patients with learning disabilities or living with dementia.
- The trust introduced new ambulance response performance (ARP) measures in November 2017. The mean response times for category 1 met the seven-minute target national standard twice in April and May 2018, and consistently performed better than the England average for all months in the period of November 2017 to May 2018.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- From November 2017 to May 2018 the trust consistently managed a higher proportion of face-to-face calls without the need for transport compared to the England average. Trust performance ranged from 32.3% to 34.8% compared to the England average range of 28.0% to 30.1%.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported staff to provide good care.
- Staff had access to enhanced clinical support and used this when necessary. Clinical advice was available through the emergency operations centre.
- The service effectively promoted and empowered service users to manage their own health, care and wellbeing to maximise their independence.

However:

- Staff reported there were still gaps in their training regarding patients living with mental health conditions, some expressed they did not feel adequately prepared to support patients experiencing mental ill health.
- Quality indicators of return of spontaneous circulation (ROSC) and ST-Elevation Myocardial Infarction (STEMI) (serious heart attack) showed an inconsistent picture with fluctuating results across the months.

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with a great deal of compassion, treating them with dignity and respect.
- Staff provided emotional support to all patients and their families to minimise their distress.
- Patients, families and carers gave positive feedback about their care.
- Staff involved patients and those close to them in decisions about their care and treatment. We observed caring and compassionate interactions between staff and their patients.

However:

- The trusts response rate for the friends and family test had been low for 10 out of 12 months.

# Emergency and urgent care

## Is the service responsive?

Good   

Our rating of responsive stayed the same. We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people. For example, the 'Falls and Frailty' service operating in the Reading and Hampshire areas. A paramedic and occupational therapist worked on a vehicle and offered treatment for patients, over the age of 65 who had fallen with a review to reduce hospital admissions and improve patient outcomes.
- The trust took into consideration the diverse needs of patients and their families and a translation service was available to them.
- Several NHS trusts we visited had a hospital ambulance liaison officer (HALO) present in the emergency and urgent care department to support NHS trust and ambulance staff with patient flow. NHS trust staff we spoke with said this role worked closely with the staff to achieve positive patient outcomes and improve patient flow through the department.
- Staff demonstrated a good understanding of the needs of the local population where they worked.
- The service took account of patients' individual needs.
- Information sharing had improved with the roll-out of the electronic patient record, and the trust shared care summaries in real time with other healthcare providers.
- The trust monitored progress and performance against the Ambulance Response Programme standards daily through trust-wide operational calls and reported to the National Ambulance Advisory Council (NAAC), which benchmarked performance data from all ambulance trusts nationwide.

However:

- Staff experienced excessive hand-over times at some acute hospitals, which impacted on the trust's resources and reduced the ability to meet the service demand. However, they were seeking to find resolutions with local NHS trusts.

## Is the service well-led?

Good  

Our rating of well-led improved. We rated it as good because:

- Managers at all levels had the right skills and abilities to run the service and provide high quality sustainable care.
- Leaders had the skills and experience to do their jobs and staff spoke highly of the chief executive.
- The service had a vision for what it wanted to achieve and were actively working towards achieving the vision.
- The trust's strategy, vision and values underpinned a culture which was patient centred.
- There was good interagency working with other emergency services to respond to non-injury fallers in the community.
- The service used a systematic approach to continually improve the quality of its services and safeguard high standards of care.

# Emergency and urgent care

- The service had effective systems for identifying risks, planning to eliminate or reduce them and coping with both the expected and unexpected.
- Risk registers were aligned with what staff perceived to be the biggest risks to the service.
- The service collected, managed and used information to support its activities.
- The service engaged well with staff and partner organisations to plan and manage services.
- The trust was committed to improving the service by learning from when things went well and when they went wrong, promoting training, research and innovation.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Emergency Operations Centre

Good   

## Key facts and figures

South Central Ambulance Service NHS Foundation Trust (SCAS) is part of the National Health Service (NHS). It was established on 1 July 2006 following the merger of four ambulance trusts in the counties of Berkshire, Buckinghamshire, Hampshire and Oxfordshire. This area has a residential population of over four million, covering an area of approximately 3,554 square miles from Milton Keynes in the North to Portsmouth and Southampton in the South, and from Slough in the East to Newbury in the West.

On 1 March 2012, SCAS became a foundation trust.

They provide the '999' service and handle around 500,000 emergency and urgent calls each year. There are around 1,700 operational staff working from 30 sites with 280 vehicles.

SCAS operates its control services from the Emergency Operations Centre (EOC) Southern House in Otterbourne, Hampshire and the Emergency Operations Centre (EOC) Northern House in Bicester, Oxfordshire.

Both sites operated as one virtual control room with emergency calls directed to the next available emergency call taker across both EOCs. The EOC had three core sections; emergency call takers, dispatchers and clinical support that is operational 24-hours a day, every day of the year. Dispatchers and clinical support staff also operated as one service across two sites, except for welfare call back checks where Northern House and Southern House clinical support desks were geographically divided for this task.

EOC functions included:

- Providing a command and control function, delivering call answering to all patients.
- Providing safe, effective triage to determine the most appropriate care package and adhering to effective clinical governance.
- Provision of regular structured welfare calls to patients who were awaiting an ambulance response.
- Distribution and dispatch of resources such as ambulances and rapid response vehicles.
- To optimise patient care by referral and/or deployment.
- Maintain capacity and capability to co-ordinate and manage any significant/major incidents.

We undertook a short notice announced on the day of inspection of the EOC to enable us to observe routine activity. When we last inspected the EOC in May 2016 we rated EOC as good overall. On this inspection we reviewed all key questions: Are services safe? Are services effective? Are services caring? Are services responsive? Are services well-led?

## Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- Staff provided care and treatment based on national guidance and evidence. Staff cared for patients with compassion, involved patients and those close to them in decisions about their care and treatment, and provided emotional support.

# Emergency Operations Centre

- There were appropriate methods and processes to respond and manage risks to patients. Staff understood their roles and responsibilities in relation to safeguarding vulnerable adults and children.
- Staff knew how to report incidents and the trust carried out detailed investigations; there was some feedback to staff, patients and families.
- The trust EOC had risk management and quality measures to improve patient care, safety, and their outcomes.
- There was local leadership at each emergency operations centre. There was generally an inclusive and constructive working culture within EOC services.
- Senior managers had identified risks to the retention of call taking and dispatch staff.
- Services were planned to meet local needs, and managers monitored the effectiveness of care and treatment through local and national audits.
- The trust took complaints seriously and once concluded staff had opportunities to learn from when things went wrong.
- Staff spoke positively of the one to one meetings and appraisals to support them.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

However:

- The EOC had periods where they were not able to meet the required number of forecast hours of emergency call takers. There had been a turnover of staff including clinicians and call takers. At times call answering times were below the national average.
- Three out of six mandatory training compliance rates did not meet the trust targets. Although information provided by the trust post inspection showed this had improved by July 2018 with all subjects being compliant.
- The environment at Southern House EOC was not visibly clean or well-maintained. Staff's views of the layout and noise level was that it was not conducive to a good working environment. The trust's plan to improve the environment had met the approval of the staff who were looking forward to the changes.
- The trust risk register acknowledged a lack of dedicated EOC clinical governance lead in March 2018.

## Is the service safe?

Good   

Our rating of safe stayed the same. We rated it as good because:

- There was a good incident reporting process, which staff followed. Detailed investigations were carried out and the learning was shared with staff. Feedback as relevant was provided to staff, patients and families.
- Staff understood their roles and responsibilities in relation to safeguarding vulnerable adults and children. The trust had up to date safeguarding policies and procedures, which reflected current best practice guidance and staff reported concerns appropriately.
- There were appropriate methods and processes to manage and respond to patient risks.
- Staffing levels and skill mix were planned and implemented to keep people safe. The trust last reviewed the workforce plan four years ago.

# Emergency Operations Centre

- Staff met good practice standards described in relevant national guidance, including in relation to non-prescribed medicines.

However:

- The environment at Southern House EOC was not visibly clean or well-maintained and staff's views of the layout and noise level was that it was not conducive to a good working environment. The trusts plan to improve the environment had met the approval of the staff who were looking forward to the changes.
- From information provided the trust training compliance rates did not meet the trust's standards for some mandatory training modules. Additional information received following the inspection indicated mandatory training compliance rates had been met by July 2018. Due to the staffing levels, staff were not always able to undertake required safety training during their work hours but were offered overtime. Quiet hours at night were an opportunity to complete IT based e learning.

## Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- Patient's care and treatment was planned and delivered in line with current evidence-based guidance, standards, best practice and technologies. This was monitored to ensure consistency of practice.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- There was evidence of multidisciplinary team working within the EOC to benefit patients.
- From February 2017 to October 2017, the proportion of calls from patients for whom locally agreed frequent caller procedure was in place was higher than the national average. The trust had frequent caller procedures in place and individual patient treatment plans.
- The EOC monitored the effectiveness of care and treatment through national and local audits.

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff consistently demonstrated kindness, respect and dignity during all interactions with patients and callers in some difficult and demanding circumstances.
- Staff understood the importance of involving patients in their interactions.
- Staff supported patients, those close to them and callers in their emotional response to the medical emergency.
- Staff communicated with people and provided information in a way that they could understand.

# Emergency Operations Centre

## Is the service responsive?

**Good** ● → ←

Our rating of responsive stayed the same. We rated it as good because:

- People could access the service when they needed it.
- The trust investigated complaints and learned some lessons from the results.
- The trust was using hospital ambulance liaison officers when delays occurred at emergency departments. They provided handover to hospital staff and monitored the patient's condition to relieve ambulance crews back on the road.

However:

- The trust could not always handover patients in a timely way at some emergency departments. This impacted on the ambulance being available for the dispatchers in the EOC to allocate work, which resulted in longer waiting times for patients to receive an ambulance.

## Is the service well-led?

**Good** ● → ←

Our rating of well-led stayed the same. We rated it as good because:

- Leaders had the experience and capability to provide effective leadership with clearly defined roles and responsibilities. Leaders understood the challenges surrounding good quality care and risks to performance were addressed.
- The EOCs had sub teams with their own vision that was reflective of the trusts vision and strategy. Teams had champions to promote key topics for staff awareness and development.
- There were processes for providing all staff with the development they needed, including high-quality appraisal and career development conversations.
- Senior managers had identified risks to the retention of staff, recognising some had sought promotion or career changes within the trust. Northern House EOC was more challenging to recruit call handlers to, the trust had reviewed the allocation of transferring the vacancies to Southern House EOC, where recruitment was more likely to be achieved.
- The trust had governance, risk management, and quality measures to improve patient care, safety, and outcomes.
- Performance information was used to hold management and staff to account.
- There was some evidence of remote cross working and communication between emergency call takers and dispatchers between the EOC sites.
- The trust proactively engaged and involved staff and ensured that the voices of staff were heard and acted on to shape services and culture.

However:

- The trust risk register acknowledged a lack of dedicated EOC clinical governance lead in March 2018.



# Emergency Operations Centre

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Resilience services

Good 

## Key facts and figures

The trust's resilience service provides major incident planning and response as a Category 1 provider under the Civil Contingencies Act 2004 (Part1).

The trusts resilience services include the Hazardous Area Response Team (HART), the Resilience and Specialist Operations service and the management of business continuity.

The HART team provide NHS paramedic care to patients in a hazardous environment, that would otherwise be beyond the reach of NHS care. This includes provision of care within the inner cordon or 'hot zone' of incidents such as chemical, biological, radiological, nuclear and explosive (CBRN(E)) incidents and marauding terrorist firearms attack (MTFA) incidents as well as support in reaching, providing care and treatment and extracting patients from difficult to reach environments, such as confined spaces and patients injured at height.

The Resilience and Specialist Operations Service is responsible for planning for and responding to other major emergencies, as well as including preparedness for, and the support of events and mass gatherings.

The business continuity service manages the continuity of service, both when it is only the provider affected, such as loss of facilities, or as a wider event such as adverse weather or pandemic influenza.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

As part of the inspection we visited the HART ambulance station, three other ambulance resource centres where resilience vehicles were stationed and an emergency operations centre to assess how major incidents and resilience related incidents are managed from the emergency operations centre. We spoke with seventeen members of staff, which included managers, HART paramedics, frontline (emergency and urgent) ambulance staff, emergency operations centre staff, and administration staff. We also spoke with or had electronic communication with four of the partner organisations that the service worked with. We reviewed documents about the service.

This was the first time the resilience service had been inspected as a separate core service. Previous inspections had included aspects of the resilience service in the emergency and urgent care core service. On this inspection we reviewed all key questions: Are services safe? Are services effective? Are services caring? Are services responsive? Are services well-led?

## Summary of this service

The service provided safe care and treatment. There were processes and staff followed them to lessen risks to patients, staff and the public posed by the challenging environments and staff had to operate in. Staff followed national guidelines for the delivery of services and care and treatment.

There was effective collaborative working with trust staff and partner agencies to manage local, regional and national risks. This ensured paramedic care and treatment was delivered in a timely manner to patients in challenging circumstances, such as major incidents and mass casualty incidents.

Training provision met the national guidelines. Staff were highly skilled in the delivery of paramedic care in a safe manner to patients in challenging and dangerous environments.

# Resilience services

The service, location and vehicles, was planned to meet the needs of the local population. This was based on the need to respond to major incidents at government defined sites of strategic importance, major incidents in other areas of the SCAS geographical region and provide mutual aid to neighbouring ambulance trusts in a timely manner.

The leadership of the service promoted a positive culture in the resilience service. Innovation was encouraged and staff were encouraged to join national improvement groups to influence changes in protocols, processes, equipment and training. There were examples of innovation, that was being incorporated into national practices.

## Is the service safe?

**Good** 

We have not rated this service before. We rated it as good because:

- Patients were protected from avoidable harm and abuse. Legal requirements were met.
- The service provided mandatory training in key skills, including required enhanced training to the Hazardous Area Response Team (HART) and made sure everyone completed it.
- Staff understood how to protect people from abuse. There were clearly defined and embedded systems and processes to keep people safe and safeguarded from abuse and staff knew how to use them.
- The service controlled infection risk well. Staff had equipment to protect them from risks of cross contamination.
- The service had suitable premises and equipment and looked after them well. The HART vehicles and the resilience vehicles met national specifications and had the relevant equipment in them. Staff followed processes to ensure all vehicles and equipment were in working order.
- Staff identified and managed risks to patients. Staff used a nationally recognised monitoring tool to monitor, identify and manage deteriorating patients. At major incidents, staff followed processes to identify patients who needed urgent treatment and those that did not.
- Staff kept records of patient's care and treatment. Records were completed electronically and could be shared by all health care professionals looking after the patient, including receiving hospitals.
- Staff followed best practice when giving, recording and storing medicines. Paramedics followed national guidelines about which medicines they could administer and received additional training to administer specialist medicines.
- The service managed safety incident well. Staff knew how to report incidents and there was a culture of learning and improving services in response to local and national incidents.
- Business continuity was embedded into the running of the service. Staff completed business continuity impact assessments and plans, to ensure the service could respond to emergencies in the event of disruption to normal business.

However,

- The service did not meet the national requirements for Hazardous Area Response Teams staff numbers. There were frequently not six HART staff on duty for live deployments. The service had processes to lessen the risk to safety this posed, which included a recall to duty process.

# Resilience services

## Is the service effective?

**Good** 

We have not rated this service before. We rated it as good because:

- The service provided care and treatment based on national guidance. Staff had access to clinical pathways that followed national guidance. HART paramedics followed national guidance for carrying out their specialised roles, such as safe working at heights and urban search and rescue procedures.
- Staff managed patients pain levels effectively. The HART paramedic team had additional skills to administer an alternative pain relieving medicine for patients whose pain was not effectively managed with routine pain relieving medicines.
- Processes were followed to ensure the HART team deployed to incidents with in the timescales stipulated in the national guidance.
- The continuing development and maintenance of staff skills, competence and knowledge was recognised as being integral to ensuring high quality care and treatment. The HART team met the national standards that they have 37.5 hours protected training time every seven weeks. This gave them opportunity to train and update their skills and competencies in the specialised activities they were required to carry out. Training was delivered to ensure all staff across the trust had the necessary skills and knowledge to respond appropriately in the event of a major incident or mass casualty incident.
- The resilience service, (HART, resilience and specialist operations and business continuity), was committed to working collaboratively with staff across their organisation and from different organisations to benefit patients and support the resilience of the service. The HART and the resilience and specialist operations service worked closely with other organisations such as the police, fire and rescue and military services, the Local Resilience Forums and with voluntary ambulance and healthcare providers. There was consistent positive feedback from external organisations and from staff within SCAS about how the HART team and the resilience and specialist operations team worked collaboratively with them.
- Staff understood how and when to assess whether a patient had capacity to make decisions about their care and treatment. Consent to care and treatment was obtained and recorded in line with legislation and guidance. Staff recorded best interest decisions when patients did not have capacity to consent to their care and treatment.

However,

- The HART team did not have a dedicated trainer to plan and coordinate the training for the HART paramedics. The risk of not having a dedicated trainer had been identified and a business case been submitted to national commissioners for funding to recruit a dedicated HART trainer.
- Appraisals rates for the HART team did not meet the trust's target rate of 95%.

## Is the service caring?

We have not rated this service before.

We inspected, but did not rate 'caring', as we were unable to collate sufficient evidence. We were unable to observe interaction between staff and patients. There was limited feedback about patients' experiences relating to the resilience and specialist operations, HART or business continuity services of the trust.

# Resilience services

## Is the service responsive?

**Good** 

We have not rated this service before. We rated it as good because:-

- The service was planned to meet the needs of the local population. The location of the HART site was based on the need to respond to major incidents at government defined sites of strategic importance. Location of the resilience vehicles was determined by road infrastructures and assessment of risks.
- Where possible the resilience service took account of patient's individual needs. There was limited scope for the resilience and HART service to take account of patient's individual needs, as their main priority was the safety of patients, themselves and the local population during major incidents. However, staff did complete training about supporting people with dementia and training about managing conflict and challenging behaviours.
- The service was planned to deliver care and treatment to patients when they needed it. The service followed the national guidelines about response times for major and mass casualty incidents. The location of the resilience vehicles was planned to ensure additional support for mass casualty and major incidents was provided in a timely manner.
- The service had not received any complaints about their service. Discussion with staff and managers showed there was a positive culture of learning from events and incidents. This indicated that if a complaint was received staff would act appropriately to investigate and take any learning from the results of the investigation to improve the service provided.

## Is the service well-led?

**Good** 

- We have not rated this service before. We rated it as good because:
- Managers at all levels had the right skills and abilities to run the service and provide high quality sustainable care. There was a clear leadership structure for the resilience and specialist operations department and leaders had the experience and capability to deliver the service.
- The service had a vision for what it wanted to achieve and were actively working towards achieving the vision. Staff were engaged with the delivery of the vision of the service.
- Managers had a shared purpose and strove to deliver and motivate staff to succeed. Staff were proud of the service as a place to work and spoke highly of the culture. Staff felt supported and valued by all levels of the organisation. There was strong, team-working and a common focus on improving quality and sustainability of care and patient's experiences.
- The service used a systematic approach to improve the quality of its services and safeguard high standards of care. The service used the national annual Emergency, Prevention, Preparedness and Response (EPPR) self-assessment to support the monitoring of their performance against national and local standards and identify areas for improvement. There was direct representation from the resilience and specialist operations team on trust board committees, which meant travel of information was direct to and from team members.

# Resilience services

- The service had effective systems for identifying risks, planning to eliminate or reduce them and coping with both the expected and unexpected. Local and national risks were managed collaboratively with team members and with external partners such as the Local Resilience Forums.
- The service collected, managed and used information to support its activities. Information submitted to the National Ambulance Resilience Unit (NARU) supported accurate monitoring of the HART performance. The service followed information sharing legislation and guidance when sharing information with partner agencies and during mutual aid assignments.
- The service engaged well with staff and partner organisations to plan and manage services. There was effective and productive engagement both within the trust and with external partners. The service was committed to improving the service by learning from when things went well and when they went wrong, promoting training, research and innovation. There was a strong record of sharing work locally and nationally.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

**Please note:** Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website [www.cqc.org.uk](http://www.cqc.org.uk))

**This guidance** (see [goo.gl/Y1dLhz](https://goo.gl/Y1dLhz)) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	



# Our inspection team

Lisa Cook inspection manager and Helen Rawlings head of inspection led the inspection. An executive reviewer, Anthony Gadsby Non-executive Director supported our inspection of well-led for the trust overall.

The team included a further two inspection managers, nine inspectors, one assistant inspector, and 13 specialist advisers.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ.