

South East Coast Ambulance Service NHS Foundation Trust

Inspection report

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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 East Coast Ambulance Service NHS Foundation Trust was formed in 2006 following the merger of the former ambulance trusts in Kent, Surrey and Sussex and became a foundation trust in March 2011.

The trust covers a geographical area of 3,600 square miles across Brighton & Hove, East Sussex, West Sussex, Kent, Surrey, and North East Hampshire. This includes densely populated urban areas, sparsely populated rural areas and some of the busiest stretches of motorway in the country.

It has a population of over 5 million people. There are 12 acute hospital trusts, four specialist and mental health trusts and 22 Clinical Commissioning Groups (CCGs) within this area.

There are almost 3,300 staff working across sites in Kent, Surrey and Sussex. Almost 90 per cent of the workforce is made up of operational staff – those caring for patients either face to face, or over the phone at the trust's emergency operations centre where they receive 999 calls.

Staff work from 110 sites across the south east coast region including Kent, Surrey, Sussex and parts of north east Hampshire and Berkshire.

The trust provides assessment and treatment advice to callers with less serious illnesses and injuries using a service known as “hear and treat”. The trust also has two Hazardous Area Response Teams (HARTs) and provides NHS 111 services across parts of the region.

Overall summary

Our rating of this trust improved since our last inspection. We rated it as **Good  **

What this trust does

The trust provides a range of services including emergency and urgent care, and handling of calls through the 999 service and the 111 service.

There are two emergency operations centres located in Crawley and Coxheath, where 999 calls are received, clinical advice provided, and emergency vehicles dispatched if needed. Calls coming into the emergency operations centres are responded to using a set form of triage which determines the response time based on a set of measures called the ambulance response programme. The four categories enable call handlers more time to assess 999 calls that are not immediately life threatening, and callers whose needs indicate when a faster response is required.

There are eight vehicle ‘make ready’ centres, 33 ambulance stations and 69 ambulance community response posts out of which ambulance crews may be dispatched. They may also be sent directly to callers from previous call out locations or emergency departments where they take patients to.

South East Coast Ambulance NHS Foundation trust has a crucial role in the national arrangements for emergency preparedness, resilience and response. The trust has two Hazardous Area Response Team locations, at Ashford and Gatwick. Staff working within these teams have additional training to enable them to work in hazardous environments.

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?

Summary of findings

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. During the past year we have held regular engagement meetings with the trust and attended a range of meetings. These activities enabled us to have continued oversight of the trust activities and progress it was making on a number of quality improvement initiatives. This information was used together with other data to inform our inspection.

This inspection included the core service areas of emergency operations centres (EOC) and emergency and urgent care (E&UC). These core services had a number of areas which required improvement at the previous inspection and our inspection was designed to assess the progress made. We inspected the 111 service and undertook a well-led review. We did not expect the resilience core service, but when aggregating the overall rating, the ratings from the previous inspection in 2018 were used for this core services.

As part of our inspection we visited trust premises including offices, ambulance stations and emergency operations centres. We also observed care on ambulances and visited hospitals and other health care locations to speak with patients and staff about their experiences of the ambulance service.

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

What we found

Overall trust

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

- Safe, effective, caring, responsive and well led were good.
- Emergency and urgent care services were rated as outstanding overall. The service was rated as good for safe, effective, responsive and outstanding for caring and well led. This was an improvement from our last inspection.
- The emergency operations centre was rated as good overall. It was rated good for safe, effective, caring, responsive and outstanding for well led. This was an improvement from our last inspection.
- The 111 service was rated as good overall. It was rated as good for safe, caring, responsive, well led and requires improvement for effective. This was the same as the last inspection.
- In rating the trust, we took into account the current ratings of the service not inspected this time.

Are services safe?

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

- The trust had made a number of changes following the last inspection which improved the safety of the service and were fully embedded.

Summary of findings

- Patient safety incidents were managed consistently throughout the trust. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team, the wider service and partner organisations. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service provided mandatory training in key skills including the highest level of life support training to all staff and made sure everyone completed it. The trust had improved its oversight of training data, so it had a good understanding of which staff had completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The trust had improved the way it provided feedback about safeguarding incidents to staff.
- The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- The trust had clear systems and processes to safely prescribe, administer, record and store medicines. We found a high standard of audit and quality control processes to monitor the management and administration of medicines. We saw outstanding practice in the management of controlled drugs.
- The trust had staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix and gave bank and agency staff a full induction. However, staffing levels were not always fulfilled due to shortages of certain staff grades.
- The trust used monitoring results well to improve safety. Staff collected safety information and made it publicly available.

However,

- Staffing levels for clinical staff remained low in the emergency operations centre. This affected the service's ability to offer clinical advice to emergency medical advisors, carry out welfare checks and carry out audits. To address this, the trust implemented a number of initiatives to reduce the risk to patients. They had carried out a demand and capacity review, surge management plan, made improvements to the dispatch system and had introduced a variety of roles to reduce the impact on staff.
- The figures for safeguarding training children and vulnerable adults' level two training for emergency operations staff indicated they were below the trust target.

Are services effective?

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

- The trust consistently provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patient's subject to the Mental Health Act 1983.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief advice in a timely way. This was carried out in line with best practise and had improved since the last inspection.
- The trust monitored and met some agreed response times so that they could facilitate good outcomes for patients. They used the findings to make improvements.

Summary of findings

- Services monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The trust made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development. Staff had completed appraisals in line with trust targets.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- There were processes to audit the quality of care being delivered according to evidence-based guidelines. However, the required number of clinical call audits was not being met.

However,

- Patients were not always able to access care and treatment from the 111 service within an appropriate timescale for their needs as performance fell below target in relation to abandoned calls and call answering times.

Are services caring?

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. From April 2018 to March 2019, the trust scored 100% recommended on six months, for the friends and family's test.
- Feedback from people who used the service, those who were close to them and stakeholders was continually positive about the way staff treated people. People told us staff go the extra mile and their care and support exceeds their expectations.
- There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs. People's emotional and social needs were seen as being as important as their physical needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- The trust was committed to supporting its staff following traumatic experiences and events. Leaders were trained in and had specialist skills to debrief and support staff. A range of services were available for staff to be signposted to.

Are services responsive?

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

- The trust had developed their relationships with all system partners to contribute to an improvement in patient pathways and experiences.
- Services for patients were planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. The trust had developed a wide variety of services specific to the needs of different members of the population.

Summary of findings

- The trust was inclusive and took account of patients' individual needs and preferences. The service made reasonable adjustments to help patients access services.
- People could access the service when they needed it, in line with national standards, and received the right care in a timely way. The trust had worked collaboratively with system partners to reduce hospital handover delays, despite the increase in numbers of patients being attended to. They had developed a wide range of initiatives to reduce conveyances to hospital and ensured patients were seen in the most appropriate environment, by the most appropriate health care professional.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff, including those in partner organisations. The trust had improved its response to complaints times.

Are services well-led?

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

- Several changes in the leadership had happened at our last inspection and some leaders that were new to the organisation had now embedded into their role. These changes had a positive impact on the organisation.
- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The trust had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The trust collected reliable data and analysed it. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, 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.

Summary of findings

Outstanding practice

We found examples of outstanding practice in the emergency and urgent care service and in the emergency operations centre.

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

Areas for improvement

We found six things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

For more information, see the areas for improvement section of this report.

What happens next

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

Outstanding practice

Emergency and urgent care:

- There were various initiatives that demonstrated outstanding service and innovative ways of working.
- The joint working with a paramedic and a therapist to attend to patients who had fallen at home and potentially did not require conveyance to hospital
- There was a designated lead to reduce handover times and delays at hospitals that had helped to reduce the number of hours lost waiting by establishing better working relationships with hospitals and services.
- At two make ready centres, a paramedic practitioner hub was available to answer calls from colleagues for clinical advice and support. This gave staff the opportunity to discuss clinical concerns with familiar colleagues and to share local knowledge.
- Ongoing work to improve services for mental health patient included a resource dispatched with a paramedic and mental health nurse to reduce the need to transfer patients to hospital emergency departments.
- The trust had a 'Longest One Waiting' vehicle (LOWVe) which was a dedicated ambulance used to attend to patients waiting a long time for a crew to respond.
- The Joint Response Unit (JRU) in Kent which was a pilot service in conjunction with Kent Police. One paramedic and one police officer man a vehicle on Friday and Saturday evenings and used to attend call outs with possible violence or mental health issues.
- Medicines management was safe, efficient and automated so that there was a robust audit trail for medicines usage and storage.
- The wellbeing hub was a trust initiative with a range of resources to provide physical and mental health support for staff.

Emergency operations centre:

- The pregnancy advice line continued to be successful. The collaboration between the midwifery service of acute trusts and the trust had been recognised and the collaboration had won two awards.

Summary of findings

Areas for improvement

Emergency operations centre:

- The trust should take action to ensure there are a sufficient number of clinical staff in each emergency operations centre at all times.
- The trust should take action to meet the national performance target relating to call answering times.
- The trust should take action to ensure all staff have completed the level two adult and children safeguarding and all relevant staff have completed level three adult and children's safeguarding.
- The trust should take action to ensure the clinical welfare calls are completed within the targeted timeframes.

111:

- The trust must ensure care and treatment is provided in a safe way to patients.
- The trust should take action to ensure patient feedback mechanisms are fully established.

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.

- The trust had introduced and sustained improvements in a number of areas to support staff in delivering high quality services and excellent clinical care.
- Leaders at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. Board members had a variety of backgrounds and experiences which provided the balance of knowledge and experience necessary to run all elements of the board. Non-executive directors received a comprehensive induction package. Leaders worked hard to ensure they were visible across the trust, via a programme of visits and fed back to the board to discuss challenges to staff and services. Board meetings had taken place at the different make ready centres, the non-executive directors had undertaken quality assurance visits and had been reviewing staff morale, safety of the estates and looking at quality of care.
- The executive leadership team recognised the training needs of managers at all levels, including themselves, and worked to provide development opportunities for the future of the organisation. This included a board development programme, executive coaching and the provision of high-quality appraisals and career development conversation. Steps had been taken to address succession planning and this was in the process of being extended to other senior leaders.
- A restructure of management levels ensured that there were middle and senior managers with the right skills and abilities to run services to provide high quality care. Managers demonstrated behaviours which were aligned to the trust's values. The trust had taken action to address behaviours and performance that were not consistent with their values and vision. Staff reported an improvement in the level and management of poor behaviour within the organisation, such that it was no longer of concern.

Summary of findings

- The trust had a clear vision for what it wanted to achieve. The trust involved staff in the development of the strategy, which was directly linked to the vision and values of the trust. There was a clear five-year plan with objectives set out to deliver high-quality care and sustainable change, which the trust refreshed in line with changing demands of the health care economy.
- A demand and capacity plan had been drawn up after extensive consultation with commissioners and other partners in the wider health care economy to ensure that the trust would be able to meet the needs of its communities and achieve its performance targets.
- The trust and clinical commissioners agreed to implement the recommendations of the demand and capacity review which led to the services and delivery transformation plan. This involved investment in clinical staff in the emergency operations centre, additional clinical staff to increase the see and treat capacity and both staff and vehicles to meet national performance standards.
- The trust board had ownership of financial plans and performance. They restructured the finance function and introduced finance business partners to support budget holders. The trust has set out clear policies on areas of poor financial control in the past and committed to providing clear reporting on how the additional funds agreed with commissioners after the demand and capacity review were used. The finance director published a regular communication to staff updating on financial performance and asking for staff ideas on areas such as cost improvements.
- There was a clear governance structure which enabled safe, high quality care. The executive team understood the importance of underpinning improvement with clear lines of accountability and effective governance. There was a comprehensive committee structure which ensured the trust had a systematic approach to ensuring the quality and safety of its services and being assured of this. The board ensured quality and risk reviews were not undertaken in isolation.
- There were systems to identify performance issues and to manage these. The trust produced a range of performance reports to monitor performance in the full range of trust functions. The board reviewed performance reports that included data about the services and results from national audits were used to develop improvement plans relating to patient outcomes.
- A business intelligence system allowed managers to apply real time data to challenges to be able to identify solutions to areas of challenge. The trust was assured of the quality of its data. There was a combination of internal and external audits to monitor data quality and the capture of accurate information.
- The trust had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Risk registers were used effectively to identify, mitigate and monitor risks. All members of the board were well sighted on the organisation risks and the mitigations in place to manage these.
- Managers across the trust promoted a positive culture that supported and valued staff, they told us staff were the trust's greatest strength. Staff we spoke to told us the leadership team were visible, approachable and ensured staff felt valued and cared for. Staff knew the names of the leadership team and told us they frequently saw members of the team visiting their core services and actively seeking the views and opinion of the workforce.
- We found there had been a considerable shift in the culture of the organisation with staff at all levels describing improvements and behaviour changes throughout the trust. The executive team described closer working relationships, more interaction across all levels within the organisation and a better structure for executive support. Visibility of the board was sustained, with the leadership walk round based around a structured template for engagement.

Summary of findings

- The culture of bullying and harassment no longer existed to the extent it had previously within the organisation and staff spoke of improvements and steps taken by managers at all levels to address bullying within the service. Staff felt confident to speak up if they observed behaviours which did not reflect the values of the trust.
- All staff were provided with feedback on their performance and had development opportunities. There were schemes that recognised and rewarded achievement. Staff generally felt supported, respected and valued and felt proud to work at the trust. The results of the most recent staff survey indicated that more staff felt that their work was being recognised and valued by the trust than previously.
- Senior leaders and managers engaged with staff and listened to their views. The executive team showed a genuine desire to understand what mattered to staff, because they saw this as a key aspect of good leadership, ensuring sustainability and consistency in service quality. Staff valued their approach and as a result felt very engaged, and confident their views and feedback were valued and acted upon.
- Equality and diversity was not consistently promoted within and beyond the organisation. There were no black or ethnic minority representatives at board level and no action planned to address this shortcoming. Board members recognised that they had work to do to improve diversity and equality across the trust and at board level
- The well-being hub provided staff with a single point of access to a range of resources for support around both physical and mental health. The executive team used a range of methods to communicate with staff across the whole region and staff engagement leads to make it easier for staff to get involved.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The trust had systems to learn from safety incidents, complaints and deaths. Staff could describe their responsibilities to report incidents and near misses using an electronic reporting system. Incidents, complaints and safeguarding's were reported, investigated and learned from and used to prevent future recurrence. However, it was not always clear how learning would be shared and embedded across the organisation.

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 ↑ Aug 2019	Good ↑ Aug 2019	Good ↔ Aug 2019	Good ↑ Aug 2019	Good ↑ Aug 2019	Good ↑ Aug 2019

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 2019	Good ↑ Aug 2019	Outstanding ↑ Aug 2019	Good ↑ Aug 2019	Outstanding ↑↑ Aug 2019	Outstanding ↑↑ Aug 2019
Emergency operations centre (EOC)	Good ↑ Aug 2019	Good ↑ Aug 2019	Good ↔ Aug 2019	Good ↑ Aug 2019	Outstanding ↑↑ Aug 2019	Good ↑ Aug 2019
Resilience	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018	Requires improvement Oct 2018	Good Oct 2018
111	Good ↔ Aug 2019	Requires improvement ↓ Aug 2019	Good ↔ Aug 2019	Good ↔ Aug 2019	Good ↓ Aug 2019	Good ↔ Aug 2019
Overall	Good ↑ Aug 2019	Good ↑ Aug 2019	Good ↔ Aug 2019	Good ↑ Aug 2019	Good ↑ Aug 2019	Good ↑ Aug 2019

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

Outstanding   

Key facts and figures

SECAmb has over 3,300 staff working across 119 sites in Kent, Surrey and Sussex, making it one of the largest ambulance trusts in the country. The trust headquarters is in Crawley with a regional office in Coxheath, Maidstone.

The trust has qualified ambulance staff including paramedics and technicians on all front-line services. SECAmb also employs advanced practitioners such as consultant paramedics, critical care paramedics and paramedic practitioners. These are experienced paramedics who have undertaken extended training to enable them to 'assess and treat' patients and discharge them 'at scene' as appropriate. All these roles are supported by associate practitioners, emergency care support workers and community first responders.

The service has two emergency operations centres where 999 calls are received, clinical advice provided, and emergency vehicles dispatched if needed. These are located at the headquarters building and at Coxheath. In addition to the 999 service, the trust also provides the NHS 111 service across the region.

The ambulance service facilities operated by the trust included:

- Eight vehicle 'make ready' centres
- 33 ambulance stations
- 69 ambulance community response posts
- Two vehicle fleet maintenance centres

During our inspection, we visited 14 ambulance stations or make ready centres across Kent, Surrey and Sussex. At the ambulance stations we reviewed the facilities provided for staff, vehicles and stores for medical equipment and consumable items. We checked 37 ambulances in detail and reviewed 20 patient care records.

Our inspectors and specialist advisors accompanied ambulance crews during their shifts to see the care provided. In addition, we visited four hospital emergency departments where we observed interactions between ambulance crews and hospital staff. We watched ten patient handovers and spoke with 14 patients and relatives who used the service. We also spoke with three emergency department staff and two police officers to get feedback on the service provided by the ambulance trust.

As part of our inspection, we talked with 47 staff in various roles including managers, clinical team leaders, paramedics and paramedic practitioners, emergency medical technicians, associate practitioners, trainees, students and administrators.

We also reviewed trust policies and protocols along with a variety of performance targets and metrics

Summary of this service

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

- The service was good in safe, effective, responsive, well led and was outstanding in caring. Four out of five domains had improved since our last inspection.

Emergency and urgent care

- Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Is the service safe?

Good  

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

- The trust had made a range of changes following the last inspection which improved the safety of the service.
- The service provided mandatory training in key skills including the highest level of life support training to all staff and made sure everyone completed it. The trust had improved its oversight of training data, so it had a good understanding of which staff had completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The trust had improved the way it provided feedback about safeguarding incidents to staff.
- The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- The service had staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix and gave bank and agency staff a full induction. However, staffing levels were not always fulfilled due to shortages of certain staff grades.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team, the wider service and partner organisations. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Emergency and urgent care

- The service used monitoring results well to improve safety. Staff collected safety information and made it publicly available.

Is the service effective?

Good ● ↑

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

- The service consistently provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patient's subject to the Mental Health Act 1983.
- The service provided care and treatment based on national guidance and evidence-based practice.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief advice in a timely way. This was carried out in line with best practice and had improved since the last inspection.
- The service monitored and met some agreed response times so that they could facilitate good outcomes for patients. They used the findings to make improvements.
- From December 2017 to March 2019 the trust was consistently better than the England average in response to Category 1, Category 1T and Category 2 calls. However, improvements were still needed to ensure that category 3 and category 4 calls were reached within target times.
- The service monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The trust had an annual audit plan which was put together with the trust's clinical governance teams, to collect, assess and priorities clinical audit topics.
- The trust's proportion of face-to-face calls without the need for transport was consistently higher than the England average from December 2017 to March 2019.
- 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 development. Staff had completed appraisals in line with trust targets.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Is the service caring?

Outstanding ☆ ↑

Our rating of caring improved. We rated it as outstanding because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. From April 2018 to March 2019, the trust scored 100% recommended on six months, for the friends and family's test.

Emergency and urgent care

- Feedback from people who used the service, those who were close to them and stakeholders was continually positive about the way staff treated people. People told us staff go the extra mile and their care and support exceeds their expectations.
- There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs. People's emotional and social needs were seen as being as important as their physical needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- The trust was committed to supporting its staff following traumatic experiences and events. Leaders were trained in and had specialist skills to debrief and support staff. A range of services were available for staff to be signposted to.

Is the service responsive?

Good ● ↑

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

- The trust had developed their relationships with all system partners to contribute to an improvement in patient pathways and experiences.
- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. The trust had developed a wide variety of services specific to the needs of different members of the population.
- The service was inclusive and took account of patients' individual needs and preferences. The service made reasonable adjustments to help patients access services.
- People could access the service when they needed it, in line with national standards, and received the right care in a timely way. The trust had worked collaboratively with system partners to reduce hospital handover delays, despite the increase in numbers of patients being attended to. They had developed a wide range of initiatives to reduce conveyances to hospital and ensured patients were seen in the most appropriate environment, by the most appropriate health care professional.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff, including those in partner organisations. The trust had improved its response to complaints times.

Is the service well-led?

Outstanding ☆ ↑↑

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

Emergency and urgent care

- Several changes in the leadership had happened at our last inspection and some leaders that were new to the organisation had now embedded into their role. These changes had a positive impact on the organisation. The operational leadership team attended the same leadership development programme as senior leaders to embed a consistent leadership approach, which focussed on culture. This had a positive impact on the change in culture, which was evident during inspection.
- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Outstanding practice

- There were various initiatives that demonstrated outstanding service and innovative ways of working.
- The joint working project with a paramedic and a therapist attending patients who had fallen at home and potentially did not require conveyance to hospital
- There was a designated lead to reduce handover times and delays at hospitals that had helped to reduce the number of hours lost waiting by establishing better working relationships with hospitals and services.
- At two make ready centres, a paramedic practitioner hub was available to answer calls from colleagues for clinical advice and support. This gave staff the opportunity to discuss clinical concerns with familiar colleagues and to share local knowledge.
- Ongoing work to improve services for mental health patient included a resource dispatched with a paramedic and mental health nurse to reduce the need to transfer patients to hospital emergency departments.

Emergency and urgent care

- The trust had a 'Longest One Waiting' vehicle (LOWVe) which was a dedicated ambulance used to attend to patients waiting a long time for a crew to respond.
- The Joint Response Unit (JRU) in Kent which was a pilot service in conjunction with Kent Police. One paramedic and one police officer man a vehicle on Friday and Saturday evenings and used to attend call outs with possible violence or mental health issues.
- Medicines management was safe, efficient and automated so that there was a robust audit trail for medicines usage and storage.
- The wellbeing hub was a trust initiative with a range of resources to provide physical and mental health support for staff.

Emergency operations centre (EOC)

Good  

Key facts and figures

South East Coast Ambulance Service NHS Foundation Trust provides emergency and urgent care services to the population of South East England. The trust operates in a diverse geographical area of 3,600 square miles including densely populated urban areas, inhabited rural areas and some of the busiest parts of the motorway network in the country.

The trust has two emergency operations centres serving its region, at its headquarters in Crawley, West Sussex and in Coxheath, Kent.

The trust operates the emergency operation centre, which is a central command and control facility responsible for carrying out the triage, assessment and response of 999 calls from members of the public and other emergency services. It provides advice and dispatches ambulances and crew according to need.

The categories are as follows:

- Category one: For calls to people with immediately life-threatening and time critical injuries and illnesses. These should be responded to in an average time of seven minutes.
- Category two: Foremergency calls, including stroke patients. These should be responded to in an average time of 18 minutes.
- Category three: For urgent calls including patients treated by ambulance staff in their own home. These types of calls should be responded to before 120 minutes.
- Category four: For less urgent calls and patients who may be given advice over the telephone or referred to another service. These less urgent calls should be responded to within 180 minutes.

To manage times of high demand for the service, the trust uses a surge management plan. The plan is an escalation process ranging from level one through to level four. Level one is when the trust could meet patient call capacity. At level four, the trust has reached maximum capacity and the service becomes unable to deliver care to all patients and the service is unable to dispatch an ambulance to some patients. During times when the plan is at level three and four the service continues to monitor patient's health and triage the patient to identify if the patient's condition has deteriorated. These patients are placed within a 'clinical stack' to be triaged and are reviewed by a clinician.

The trust provides assessment and treatment advice to callers with less serious illnesses and injuries using a service known as "hear and treat". Callers receive advice on how to care for themselves and direct or refer to other services that could be of assistance, such as a pharmacist, GP, community services or social care professionals. The centre also manages requests from healthcare professionals to convey people between hospitals or from community services into hospital.

As well as reconfiguring its centres, recent improvements included the introduction of a new and more reliable Computer Aided Dispatch system and telephone system. The dispatch system was used by emergency medical advisors (EMA's) to assess and prioritise 999 calls, and dispatchers to dispatch ambulance crews as appropriate.

The service works jointly with three acute trusts staffed by midwives to provide a pregnancy advice line in the Crawley centre.

Emergency operations centre (EOC)

During our inspection we spoke with staff including call takers, dispatchers, clinicians and operational unit managers. We observed 999 calls, centre policies and a variety of performance data, including incidents, complaints and national ambulance quality indicators (AQI).

Summary of this service

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

- The service improved to good in safe, effective, responsive and well led, remained good for caring.
- The service had implemented a demand and capacity review model to improve and increase staffing within the centre. We found the service had actively looked at ways to increase staff and attract the right people to apply for specific centre roles.
- The service provided care and treatment based on national guidance and evidence-based practice. The trust continuously reviewed policies to reflect national guidance. We found both centre site staff were aware of current policies and there had been an improvement in how staff access and record that they have read updated or new guidance.
- The computer aided dispatch system was introduced in July 2017 prior to our previous inspection. Following recommendations given during our last inspection the trust had improved the dispatch system to provide better information in regard to the patients age, gender and condition. Clinicians told us that this new update was working well to triage and prioritise patients within the clinical stack.
- A clinical safety navigator (CSN) had been newly introduced during our last inspection of the service. The CSN role was to have full oversight of the clinical stack, prioritise and triage patients to make sure all patients received a clinical review or a welfare call within targeted timeframes. During our last inspection we found staff did not understand the role of the CSN and there were no clear guidelines for the role in place. However, we found during this inspection, the trust had a clear policy in place for the role and responsibility of the CSN. We found clinicians fully understood the role of the CSN and recognised this was an important role in managing the clinical stack under times when there were high pressures and long waits within the service.
- The Manchester Triage system was fully embedded and used by registered clinical staff. Clinicians recognised the benefits of the system as it had increased clinical hours on average of 127 per week since January 2019. Manchester triage enabled clinicians to assign a clinical priority to patients, based on presenting signs and symptoms, without assuming the underlying condition.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. There was a strong, visible person-centered culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.
- Staff provided emotional support to patients, families and carers to minimise their distress. Staff were always calm when patients or callers were anxious. We observed team leaders supporting staff during difficult calls with patients.
- We found that since our previous inspection the trust had put a number of initiatives in place to manage the risks to 'no send' patients during times when surge management was active. The new surge management plan had been reviewed to improve how category three and four calls were managed more effectively.

Emergency operations centre (EOC)

- During our last inspection, we found that there was not a clear oversight of long lying patients or elderly fallers. The update to the dispatch system gave better oversight to the age of the faller and a clearer oversight of where the patient was, the environment around them and if they were supported due to the free field text on the dispatch system. Clinicians told us that this enabled them to triage a patient and to prioritise the patient to a category two.
- The time taken to review complaints had improved significantly from the previous year with complaints taking on average 17.1 days to review compared to 33 days the previously. This met the trust target of 25 days.
- The leaders within the centre service showed they had integrity, were knowledgeable, experienced and well respected by all staff we spoke with during our inspection. There were comprehensive and successful leadership strategies in place to ensure delivery and to develop the desired culture. Staff told us they knew who to approach for guidance and advice and they described the service leaders and senior staff as approachable.
- We found leaders had a clear oversight of the centre risk register and potential risks to service delivery and safety. During our last inspection, leaders were unclear as to the extent of the poor quality of the voice recordings. However, we found the leaders were clear that the voice recordings were no longer a risk. There was clear monitoring of voice recordings and a new telephony system was in place which recorded calls clearly.

However:

- The service did not have enough clinicians in post to meet the demands of the service. Staff felt there were not enough clinicians to manage the demand of the service within the centre. We observed clinical staff rotas which showed there was a lack of clinicians and the senior clinical operations manager (SCOM) recognised the concerns also.
- We reviewed clinical audits which showed us clinical welfare calls were not completed within the specified timeframe. This was likely to be due to lack of clinicians and high demand on the service.
- Staff told us that the service was often in surge management. We were told there was mostly large numbers of patients waiting within the clinical stack and we found there were not enough clinicians at times to meet the demand. This raised concerns that the service was unable to effectively manage the demand of the service and was a risk to patients. For example, the risk of deterioration to health for category three patients such as elderly fallers.

Is the service safe?

Good  

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Information received prior to our inspection showed the service did not meet the trust target of 95%. However, during the inspection we observed mandatory training targets and found staff were meeting the trust target. Senior managers told us there was a delay in the recording of training on the central system, which meant the figures given previously were not a true reflection of current training rates. Managers within the service kept their own record of training to gain assurance that staff were up to date.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- In the emergency operations centre non-clinical staff were just below the trust target for 95% for safeguarding level two adults and safeguarding level two children.

Emergency operations centre (EOC)

- Clinicians had completion rates of 58.5% for level two safeguarding in adult and safeguarding in children's training. However, during our inspection all staff we spoke with had completed their safeguarding training and the senior clinical operations manager told us all clinicians were up to date. We found the training figures were collated from April to March and there was a delay in the training figures being updated on the trust's electronic recording system. This meant clinicians were on target to reach the trust target of 95%.
- There was 94.23% of eligible staff had completed level three adult and children safeguarding training. This almost met the trust target of 95%.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. However, the service did not have enough clinicians in post to meet the demands of the service. The clinical management team had actively tried to recruit more clinicians to the centre and had put plans in place to mitigate the risk to patients by managing the demands of the service. The trust had completed a number of recruitment drives for clinicians and were keen to recruit GP's and pharmacists within the service to provide more hear and treat to patients. Mental health clinicians were recruited into the service to triage and support mental health patients and frequent callers.
- Staff could work remotely from either the Crawley and Coxheath centre to cover clinical support or if there were staff shortages in one particular area. This provided support and staff felt this worked well. The clinical management team were currently looking to employ agency staff to meet the demands of the service and to support the clinical team. Paramedics trained in the Manchester triage system were also deployed within the centre to support clinicians and review patients within the clinical stack.
- A demand and capacity review model was introduced to improve and increase staffing within the centre. The service had actively looked at ways to increase emergency medical advisors and attract the right people to apply for specific centre roles. This included increasing salary and staff banding for certain key roles as well as offering a retention package for staff who had stayed within the service for a year.
- The dispatch team were in a process of change with a 50:50 split of dispatch staff between the Coxheath and Crawley centre services. This meant that there was a current shortage of dispatch staff and the aim was to use a similar recruitment drive that was used for emergency medical advisors. The operating unit manager for dispatch had also spent some time with recruitment looking at how to reword job adverts so that the service could attract more applicants for the position.
- The service-controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. There were procedures for emergency medical advisor staff to manage information about infection prevention to minimise the risk when patients were transported. Emergency medical advisors staff relayed information related to health associated infections through to dispatch teams and then onto ambulance crews. The risks or concerns were recorded on the computer aided dispatch system. This allowed crews to take additional precautions for their own safety, such as personal protective equipment to minimise the spread of infections
- Staff gave advice on medicines in line with national guidance. Clinicians provided medicine advice to patients when required and through hear and treat. The Joint Royal College Ambulance Liaison Committee (JRCALC) provided current guidance and this could be accessed electronically.
- At both the East and West sites there were learning boards with themes of incidents, shared learning and key messages which had emerged following review and completing a route cause analysis. Staff we spoke to knew what the current incident themes were and they felt information was fed down well via the shared learning bulletin via email or the trust intranet.

Emergency operations centre (EOC)

- The dispatch system was introduced in July 2017 prior to our previous inspection. Following recommendations given during our last inspection the trust had improved the dispatch system to provide better information in regard to the patients age, gender and condition. Clinicians told us that this new update was working well to triage and prioritise patients within the clinical stack.
- A clinical safety navigator had been introduced during our last inspection to the service. The clinical safety navigator role was to have full oversight of the clinical stack, prioritise and triage patients to make sure all patients received a clinical review or a welfare call within targeted timeframes. During our last inspection we found staff did not understand the role of the clinical safety navigator and there were no clear guidelines for the role in place. However, we found during our recent inspection, the trust put a clear policy in place in regard to the role and responsibility of the clinical safety navigator. We found clinicians fully understood the role of the clinical safety navigator and recognised this was an important role in managing the clinical stack under times when there were high pressures and long waits within the service.
- An 'at risk' marker was automatically added to the dispatch system at the time of a 999 call to notify the emergency medical advisors of a high priority or high-risk patient. Staff reported to us that the markers were a good prompt to ascertain any patient risk or concerns so that this information could be fed back to the ground staff. The markers also identified a patient's care plan through IBIS (Intelligence based information system). IBIS identified vulnerable or complex known patients or patients with a specific medical condition. This information is sent through to the dispatch teams and the ambulance crews.
- We found that since our previous inspection the trust had put a number of initiatives in place to manage the risks to no send patients during times when surge management was active. The new surge management plan had been reviewed to improve how category three and four calls were managed more effectively.
- There was a clear focus on 'no send' patients having a clinical review, and this was monitored frequently through clear timeframes by providing a clinical welfare call. Patients who were reviewed as not requiring an ambulance were assessed and closed.
- Since our last inspection the service made sure all welfare calls were made by an NHS pathways or Manchester triage system trained emergency medical advisor or clinician. This meant that during each call a patient was triaged and assess whether their condition had deteriorated.
- We found during our last inspection that there was not a clear oversight of long lying patients or elderly fallers. The update to the dispatch system gave better oversight to the age of the faller and a clearer oversight of where the patient is, the environment around them and if they are supported due to the free field text on the dispatch system. Clinicians told us that this enabled them to triage a patient and to prioritise the patient to a category two.

However:

- The service did not have enough clinicians in post to meet the demands of the service. Staff felt there were not enough clinicians to manage the demand of the service within the centre. We observed clinical staff rotas which showed there was a lack of clinicians and the senior clinical operations manager recognised the concerns also.
- We reviewed clinical audits which showed us clinical welfare calls were not completed within the specified timeframe. This was likely to be due to lack of clinicians and high demand on the service.
- Staff told us that the service was often in surge management. We were told there was mostly large numbers of patients waiting within the clinical stack and we found there were not enough clinicians at times to meet the demand. This raised concerns that the service was unable to effectively manage the demand of the service and was a risk to patients. For example, the risk of deterioration to health for category three patients such as elderly fallers.

Emergency operations centre (EOC)

Is the service effective?

Good  

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

- The service consistently provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. There had been an improvement in how staff accessed and recorded that they had read updated or new guidance. Staff protected the rights of patient's subject to the Mental Health Act 1983.
- The service provided care and treatment based on national guidance and evidence-based practice. The trust had introduced a new electronic system produced by The Joint Royal College Ambulance Liaison Committee (JRCALC). This was available to all staff and alerts were produced to alert a staff member when new guidance was available.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief advice in a timely way.
- The service monitored and met some agreed response times so that they could facilitate good outcomes for patients. They used the findings to make improvements. The service benchmarked data against other national ambulances with data reported monthly and performance indicators were shared trust wide. The trust took part in national audits and submitted this data to the National Ambulance Information Group (NAIG).
- We observed the trust followed guidance for patient outcomes regarding their response to the national ambulance response programme (APR). The trust collected data for patient outcomes. The outcomes for the centre included the proportion of patients re-contacting 999 within 24 hours of the original emergency call which was closed with telephone advice. National benchmarking data showed us the service had significantly improved since our last inspection.
- The service monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The Manchester Triage system was fully embedded and used by non-clinical staff. Clinicians recognised the benefits of the system as it had increased clinical hours on average of 127 per week since January 2019.
- The service monitored and had showed a trust improvement in median times to answer calls from January to March 2019 was similar to the England average of 1.1 seconds.
- From January to March 2019, the mean times at the trust for times to answer calls were more similar to the England average. In the most recent month, March 2019, the trust had a mean time to answer calls of 6.0 seconds, compared to the England average of 5.3 seconds.
- The service continued to provide a frequent caller service with the frequent caller team. We found the team since our last inspection was continuing to regularly follow up on frequent callers with good results. Between 2018 to 2019 the team had managed 34,000 frequent caller calls, they assisted the service with 1,500 hear and treat calls and non-conveyance of over 2000 patients.
- 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 development. Staff had completed appraisals in line with trust targets.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

Emergency operations centre (EOC)

- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. The trust had recruited two mental health locality leads as well as a nurse consultant to improve mental health training and advice and guidance to staff. During our inspection the trust had employed a mental health trained clinician. The service was in the process of recruiting mental health professionals to provide specialist advice and assessment within the centre.

Is the service caring?

Good ● → ←

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. There was a strong, visible person-centered culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.
- Staff provided emotional support to patients, families and carers to minimise their distress. Staff were always calm when patients or callers were anxious. We observed team leaders supporting staff during difficult calls with patients.
- Staff provided continuous emotional support to unwell patients and callers by phone, when an emergency ambulance response was on its way and until the ambulance crew arrived at the scene
- Staff listened to patients and clarified information when necessary to obtain information about the patient's condition They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Staff spoke slowly and clearly to patients or callers. They repeated questions or advice to make sure the patients fully understood the questions being asked.
- The trust was committed to supporting its staff following traumatic experiences and events. Leaders were trained in and had specialist skills to debrief and support staff. A range of services were available for staff to be signposted to. Staff were given the opportunity following a difficult or distressing call to have time away to reflect or debrief.

Is the service responsive?

Good ● ↑

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- It had put in a number of initiatives which enabled them to prioritise the patients with the greatest need and alter their service in a timely way to deliver that service. This included the surge management plan, regular clinical review of patients and improvements to the computer aided dispatch system.
- The service was inclusive and took account of patients' individual needs and preferences. The service made reasonable adjustments to help patients access services. The frequent caller team was fully embedded within the service and continued to deliver positive results in managing the individual needs of patients. Frequent callers were

Emergency operations centre (EOC)

patients aged 18 or over who made five emergency calls or more relating to individual episodes of care in a month or 12 or more emergency calls relating to individual episodes of care in three months from a private address. Each frequent caller had a management plan in place and the team completed home assessments to ascertain whether there were any social concerns in regard to the patient calls to the service.

- The trust's intelligence-based system (IBIS) enabled clinicians to review patients care plan to review complex and vulnerable patients. A 'history marking' system was in place, where a note could be placed against a patient's address on the dispatch system to include information about the patient or their condition. For example, if a patient had a language need or if it was difficult to access the patient's property.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff, including those in partner organisations. Since our last inspection we found the number of complaints received by the centre had reduced and there was a clear structure for responding to complaints. The time taken to review complaints had improved significantly from the previous year with complaints taking on average 17.1 days to review compared to 33 days the previously. This met the trust target of 25 days.

Is the service well-led?

Outstanding   

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles. The leaders within the centre service showed they had integrity, they were knowledgeable, experienced and well respected by all staff we spoke with during our inspection. There were comprehensive and successful leadership strategies in place to ensure delivery and to develop the desired culture. Staff told us they knew who to approach for guidance and advice and they described the service leaders and senior staff as approachable.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress. The trust had a five-year strategic plan in place which was developed through engagement with staff, patients and stakeholders. Staff were committed in providing a caring, high quality and efficient service to patients.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear. Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. During our last inspection, leaders were unclear as to the extent of the poor quality of the voice recordings were. A new telephony system was in place which recorded calls clearly and there were regular checks of this in place.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

Emergency operations centre (EOC)

- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients. There was a positive atmosphere at both centre sites and there was a clear ethic of team working and positive working between the two sites. The culture within the centre was open and transparent and staff felt valued and empowered to speak up.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research. The inclusion hub advisory group worked with patients and service users to develop services and priorities

Outstanding practice

- The pregnancy advice line continues to be successful. The collaboration between the midwifery service of acute trusts and South East Coast Ambulance Service NHS Foundation Trust had been recognised and the collaboration has won two awards.

Areas for improvement

Action the location SHOULD take to improve

- The trust should take action to ensure there are a sufficient number of clinical staff in each centre at all times.
- The trust should take action to meet the national performance target relating to call answering times.
- The trust should take action to ensure all staff have completed the level two adult and children safeguarding and all relevant staff have completed level three adult and children's safeguarding.
- The trust should take action to ensure the clinical welfare call are completed within the targeted timeframes.

Our inspection team

Catherine Campbell, Head of Hospital Inspection and Louise Thatcher, Inspection Manager led the inspection.

The team included six inspectors, one executive reviewer and nine specialist advisers, with expertise in emergency and urgent care, emergency operations centres, safeguarding and board level positions.

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.