South East Coast Ambulance Service NHS Trust Headquarters

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection of the NHS 111 service provided by South East Coast Ambulance Service NHS Foundation Trust (SECAmb) on 4 and 5 May 2016. At this time SECAmb were contracted to deliver the NHS 111 service to Kent, Medway, Surrey, Sussex and the North Hampshire area with the NHS 111 service provided by SECAmb from their base in Ashford, Kent. There was a shared management structure in place with Care UK Surrey, with whom they sub-contracted to provide the NHS 111 service across the same geographical area as SECAmb. At this inspection we rated the service as Requires Improvement as performance was not at the expected standard, with a lack of strategic leadership. Most importantly patients were not always being dealt with in a timely manner, with many calls remaining unanswered at some peak periods of usage.

We re-visited the service on 17 and 18 May 2017 and found that there had been many improvements in the service that was being provided. In particular our key findings were as follows:

- The complaints procedure was comprehensive with all complaints dealt with by the service in a thorough and timely manner.
- Risk management was embedded and the risk register was up to date and completed with relevant action points.
- There was a culture of transparency and communication between all staff.
- Significant events and staff concerns were embraced as opportunities for learning and development.
- Staff were encouraged in their career and working life and supported in their wellbeing.
- Feedback from staff, providers and patients was encouraged and acted upon when necessary.
- High standards were promoted and owned by all provider staff.
- Team working was encouraged and embedded.
- Safeguarding was a priority for learning and training was implemented to a high level.
- There were effective systems in place to monitor and improve service.
- Response times for calls answered at peak times had improved and was an ongoing priority for all management.
- Daily, weekly and monthly monitoring and analysis of the service achievements was measured against key performance targets. This information was shared with the Lead Commissioner for the County clusters in Surrey, Sussex and for Kent and Medway. Account was also taken of the ranges in performance in any one time period.

Summary of findings

- The system of working with other providers was systematic and professional.
- There was good collaborative working with the partner organisation.
- Senior management understood the governance structures and there was oversight at local and trust level.
- The service had long and short-term plans in place to ensure staffing levels were sufficient to meet anticipated demand for the service.
- There was evidence of innovation and a continuous assessment for future planning and improvement.

We saw one area of outstanding practice:

There was a well-developed leadership structure that had supported innovative practice and the implementation of new systems, which were becoming embedded across the service. For example the diamond pod training structure, where staff had instant access to supervisory help on the floor. This allowed new staff to be nurtured and valued without pressure of call targets, with more experienced staff able to give their time appropriately. There were initiatives to increase safety and welfare in the call centre for staff and patients, such as bright orange cards that could be used by call handlers to easily signal that immediate help was required. There was also a focus on continuously improving working relationships within the service management with Care UK and the wider health and care service. SECAmb management was striving to find more efficient and responsive ways of sharing and utilising knowledge from the acute and primary health providers, social care providers and voluntary agencies in order to improve service to patients and the working environment for all staff.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The Trust's NHS 111 service is rated as good for providing safe services.

The provider is rated as good for providing safe services.

- Safety was seen as a priority.
- Service performance was monitored and reviewed and improvements implemented.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- All opportunities for learning from internal incidents were discussed to support improvement. Information about safety was valued and used to promote learning and improvement.
- Risk management was embedded and recognised as the responsibility of all staff.
- Staff took action to safeguard people using the service and were aware of the process to make safeguarding referrals.
- Clinical advice and support was readily available to call handlers (health advisors) when needed.
- Capacity planning was a priority for the provider and there were sufficient numbers of trained, skilled and knowledgeable staff available at all times; even at times of fluctuating demand.

Are services effective?

Good

The Trust's NHS 111 service is rated as good for providing effective services.

The provider is rated as good for providing effective services.

- Daily, weekly and monthly monitoring and analysis of the service achievements was measured against key performance targets. This information was shared with the Lead Commissioner for the County clusters in Surrey, Sussex and for Kent and Medway. Account was also taken of the ranges in performance in any one time period.
- Appropriate action was undertaken where variations in performance were identified. Staff were trained and rigorously monitored to ensure safe and effective use of NHS Pathways.
- Staff received annual appraisals and personal development plans were in place, and had the appropriate skills, knowledge and experience.

Summary of findings

- Staff ensured that consent as required was obtained from people using the service and appropriately recorded. There was an effective system to ensure timely sharing of patient information with the relevant support service identified for the patient and their GP.
- People's records were well managed, and, where different care records existed, information was coordinated.
- Staff used the directory of services and the appropriate services were selected.

Are services caring?

Good

The Trust's NHS 111 service is rated as good for providing caring services.

The provider is rated as good for providing caring services.

- Feedback from people about the service was predominantly positive.
- People using the service were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated people with kindness and respect, and maintained people's confidentiality.

Are services responsive to people's needs?

Good

The Trust's NHS 111 service is rated as good for providing responsive services.

The provider is rated as good for providing responsive services.

- The service had long and short-term plans in place to ensure staffing levels were sufficient to meet anticipated demand for the service.
- The provider implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback.
- There was a comprehensive complaints system and all complaints were risk assessed and investigated appropriately.
- Action was taken to improve service delivery where gaps were identified.
- Care and treatment was coordinated with other services.
- There was collaboration with partners to improve urgent care pathways.
- Staff were alerted, through their computer system, to people with identified specific clinical needs and for safety issues.
- The service engaged with the lead clinical commissioning group, NHS England and other providers to review

Summary of findings

performance, agree strategies to improve, and work was undertaken to ensure the Directory of Services (DOS) was kept up to date. (The DOS is a central directory about services available to support a particular person's healthcare needs and this is local to their location.)
- Some local engagement had been undertaken with the Healthwatch services and further engagement was planned.

Are services well-led?

Outstanding ☆

The Trust's NHS 111 service is rated as outstanding for being well-led.

The provider is rated as outstanding for being well-led.

- There was a clear leadership structure and staff felt supported by management. The senior leaders were visible and accessible to staff and ensured that they were regularly on the operations floor.
- The provider had clear and appropriate policies and procedures to govern activity. Regular meaningful engagement with staff took place and there was evidence that this delivered their intended outcomes, whether strategic or operational. A Unified NHS 111 Recovery Plan had been recently implemented and was evidenced to have improved results and strengthened policy development.
- There were effective systems in place to monitor and improve the service.
- The provider had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- There was evidence of innovation and collaborative working with other agencies.
- A systematic approach was taken to working with other organisations to improve care and treatment outcomes, tackle health inequalities and obtain best value for money.
- High standards were promoted and owned by all provider staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best provider.
- The provider carried out proactive succession planning.
- There was a high level of constructive engagement with staff, including staff who did not work conventional office hours (e.g.

night shift workers) and a high level of staff satisfaction. There were also opportunities for home working where this was applicable and a flexible and proactive working with staff in order to best suit employee requirements and requests.

- The provider gathered feedback from a range of different patient groups using effective methods and encouraged text messaging as the most efficient form of feedback from callers. Feedback from forums, patients and staff was used to drive improvements
- The leadership had focused on innovative ways to improve service to patients and to retain and motivate staff.
- The management were continually researching and implementing new approaches to collaborative working with other health and social providers.
- Career progression was encouraged for all NHS 111 employees, and this included opportunities within the wider South East Coast Ambulance Service NHS Foundation Trust.

South East Coast Ambulance Service NHS Trust Headquarters

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspection manager, the team included a second CQC inspector, an assistant inspector and a specialist advisor with knowledge and experience of the NHS 111 service.

Background to South East Coast Ambulance Service NHS Trust Headquarters

South East Coast Ambulance Service NHS Foundation Trust (SECAmb) provides NHS 111 services to Kent, Medway, Surrey, Sussex and parts of North Hampshire.

SECAmb NHS 111 service operates 24 hours a day 365 days a year. It is a telephone based service where people are assessed, given advice and directed to a local service that most appropriately meets their needs. It is a free to-call single number service for urgent and not emergency medical help.

The contract for the NHS 111 service is held by SECAmb and then part of the service is subcontracted to be delivered by Care UK Surrey. The joint NHS 111 service is known as KMSS 111 (Kent, Medway, Surrey, and Sussex) and covers a geographical area of 3,600 square miles, including 17 clinical commissioning groups and a population of approximately 3.5 million people. This led to the service answering around 1.1 million calls in the year 2016-2017. KMSS 111 is one of the largest NHS 111 service providers nationally.

Care UK Surrey was inspected at the same time SECAmb as part of the inspection of KMSS 111. To read the report for Care UK Surrey please go to http://www.cqc.org.uk.

Management responsibilities are shared between SECAmb and Care UK Surrey and managers worked across both call centres. The senior leadership team includes operational and clinical leadership roles from both organisations.

The SECAmb NHS 111 service was delivered from the following location:

Ashford NHS 111 Centre,

Orbital House

Moat Way,

Willesborough,

Ashford,

Kent,

TN24 0TT.

Detailed findings

Why we carried out this inspection

We carried out a comprehensive follow up inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection follows a comprehensive first inspection of the service in May 2016 which resulted in a rating of requires improvement for the NHS 111 delivery of the South East Coast Ambulance Trust NHS 111. A warning notice was also served for regulation 18 of the Health and Social Care Act 2008 in relation to insufficient staffing levels. The inspection was planned to check whether the provider is now fully meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting the NHS 111 service, we reviewed a range of information that we held about the service provider, South East Coast Ambulance Service NHS Foundation Trust (SECAmb) and reviewed the information on their website. We asked other organisations such as commissioners to share what they knew about the NHS 111 service.

We previously inspected the NHS 111 service provided by SECAmb and Care UK Surrey, their sub-contractor as part of the wider inspection of the South East Ambulance Service NHS Foundation Trust inspection which was undertaken from 4 May 2016 to 7 May 2016. This report found that the NHS 111 delivery was found to be requiring improvement.

This follow up report was undertaken from 17 May 2017 to 18 May 2017. This report relates to the NHS 111 service delivered by SECAmb, a separate report has been produced in respect of Care UK Surrey. Both reports may be read in conjunction with each other.

During our inspection of the NHS 111 call centre location in Ashford, Kent, we;

- Observed the call centre environment over two weekdays and during a peak weekday evening when GP practices were closed.
- Listened to NHS 111 active calls with the consent of the patients.
- Observed health advisors and clinicians carrying out their role and supported patients who used the service.
- Spoke with a range of clinical and non- clinical staff, including health advisors, clinicians, senior health advisors, deputy call centre managers, section managers, senior managers and a lead trainer which included NHS Pathways training.
- Spoke with two representatives from the unions.
- We looked at a range of records including audits, staff training, patient feedback and complaints.
- We were unable to speak with patients who used the service.

To get to the heart of people's experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Please note that when referring to information throughout the report this relates to the most recent information available to the CQC at that time. The data we used is at service level and therefore relates to the combined service provided by Care UK Surrey and SECAmb.

Good

Are services safe?

Our findings

At our previous comprehensive inspection in May 2016, the NHS service delivered by South East Coast Ambulance Service Ambulance Service NHS 111 was rated as inadequate for providing safe services.

- Patients were at risk of harm because systems and processes were not in place to keep them safe.
- The provider was unable to demonstrate the safety of its patients that abandoned their calls, or experienced long delays.
- The provider did not conduct audits of abandoned calls to provide evidence of patient outcomes.
- Service performance for some aspects of the NHS 111 service were monitored, reviewed and action taken to improve. However, improvements had not yet happened and patients had difficulty accessing the service.

At our comprehensive inspection in May 2017 we found the following:

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- The template for recording significant incidents had been reviewed and improved since our initial inspection in May 2016. Serious incidents were investigated under their own dedicated policy and followed the NHS England Serious Incident Framework 2015 that made sure all incidents were reported within 48 hours. Additionally a portion of calls were monitored by senior management to provide extra monitoring of safety processes and quality.
- Staff told us they would inform their manager of any adverse incidents and there was a recording form available on the service's computer system. Employees were being encouraged to use this system for all relevant incidents or concerns. The incident recording form supported the recording of notifiable incidents under the Duty of Candour. (The Duty of Candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The recording of significant events had improved since the previous inspection in May 2016 and there was an increased focus on operating a 'Fair Blame Culture' to further foster a culture of reporting and continually revising learning from investigations rather than individual blame. There was a monthly clinical governance report produced for external stakeholders to view complaints and resultant actions.
- There had been a significant event at the end of 2016, when the recording of calls and the telephony went off line for around two hours. A limited call answering service was available in those two hours but there had been an omission and a further continuing delay to check that the voice recorder was activated. The business continuity plan had therefore been updated and there was now a defined process for when IT or power failed that all management were aware of and which ensured that failure to check systems would not re-occur.
- Health advisors and clinicians told us they received feedback on incidents via their regular meetings with their managers, or more immediately when needed. Auditing of calls and improvements in complaint handling was leading to further focused auditing and help with training requirements.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. A monthly complaints report was shared with all staff across the service to facilitate shared awareness and trends.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety. Complaints, concerns, health care professional feedback, significant events and non-compliant call audits were reported on in a monthly clinical governance report and these were reviewed at the monthly SECAmb NHS 111 Quality and Patient Safety meetings. Following the review the managers were able to consider if there were any themes identified and then undertake any changes needed, for example up dating local operating policies.

We saw evidence that incidents that were reported as serious events were reported into the wider SECAmb governance processes and the Trust Board for wider organisational learning. There had been an evolution in the Serious Incident Decision Panel that investigated all high graded complaints. The NHS 111 service was therefore

becoming more integrated into the whole organisation and learning for all serious events were now being shared with other parts of SECAmb. There was also a legal services manager being recruited for the trust as a whole for advice and expertise.

Overview of safety systems and processes

The service had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Specifically safeguarding notifications and incident reporting was now evidenced to have improved as all call handlers have been trained in the systems, including face to face training where their reporting had been rejected for a reason and there was a need to discuss the issues and concerns.
- Staff we spoke with demonstrated they understood their responsibilities and we saw evidence that all had received training on safeguarding children and vulnerable adults relevant to their role. All new staff received safeguarding training as part of their induction and mandatory training requirements.
- There was a clinical member of SECAmb staff on site who was appointed safeguarding champion. This role included undertaking safeguarding audits with monthly feedback to all staff, or immediate feedback if an urgent concern.
- All the health advisors were trained to safeguarding level two and clinicians to level three, including face to face training.
- Health advisors and other staff, in line with NHS England guidelines had access to patient "special notes" to alert them to patients with, for example, pre-existing conditions or safety risks where the GP practice had submitted information on behalf of their patients. The staff had access to other patient records including Share My Care for a local health and social care organisation, and a certain number of relevant mental health records for patients in Kent.
- The operations room was continuing to operate an Orange flag policy. This allowed staff members who were having difficulty in managing a call to raise the orange flag and receive immediate assistance from a supervisor. All staff asked on the day told us that this ensured they receive support in a timely manner. There was an embedded system in place where clinical advisors were immediately available to liaise, via a shared headset, with the caller whilst they were on the call to a call handler if the call handler indicated that this was needed. This provided an increase in safety within the call and, potentially, a better resultant disposition for the caller.
- There were clear processes in place to manage the transfer of calls, both internally within the NHS 111 service, to ensure a safe service and also to the wider trust to the 999 operations room and the ambulance dispatch. The NHS 111 managers had agreed a range of local operating procedures (LOPs) to ensure that staff employed in the NHS 111 service followed the same procedures to ensure consistency and effectiveness.
- Staff were provided with a safe environment in which to work. We saw that where adjustments were needed for individual members of staff they had been implemented. There was a system in place that was referred to as the 'Diamond Pod' where newly trained staff were supported with immediate experienced help by staff who sat nearby. This support structure could be requested by staff if they felt unsure or needed some continuing assistance.
- Risk assessments and actions required had been taken to ensure the safety of the premises. There was an ongoing assessment into ways to regulate the temperature of the working environment as the air conditioning did not currently always provide a suitable ambient temperature.
- Work stations were clean and tidy with ergonomic furniture and adjustable desks. Each member of staff had their own headset that was supplied with its own cleaning materials. Any damaged equipment was exchanged when required. There were two infection and control leads within the clinical staffing team with a remit to continue to improve standards within the control centre.
- Eye vouchers were available that provided staff with free eye tests and a financial contribution towards glasses if required.

Monitoring safety and responding to risk

Risks to patients were assessed and managed.

Good

Are services safe?

- Since the previous inspection in May 2016 the service had collaborated with the Commissioners to implement an NHS 111 Unified Recovery Plan. This plan focused on agreeing targets to be met, along with actions and corresponding risk assessments in order to improve timely care and treatment for patients using the service. The resultant plans had seen an increase in calls answered within 60 seconds and a reduction in abandoned calls, referrals to 999 and emergency departments.
- The was a continuing effort to improve the planning and monitoring of staff numbers to provide the best possible staff availability for peak times of usage. This was improving in the last year and there was evidenced to be a noticeable reduction in abandoned calls.
- The service had initiated a new programme called the Terema Human Factors programme that was centred on safety in call taking. This followed an incident where a clinician did not follow the correct safe process when handling a call with the result that CPR instructions were not given over the telephone to the caller as they should have been. By implementing this programme and rolling it out to all staff, the service has recognised that there needs to be help readily and easily available when even the most experienced staff member is confronted with a scenario that challenges them or catches them unaware. Prompt cards are now also on every work station so that advisors can refer to them if they find that they need an extra help resource.
- The service has also recognised that there are many policies and procedures in place that can confuse staff and cause issues operationally. This has led to the service introducing a communications matrix that works to find the best way to give information to all operational staff. This has also resulted in 'buzz' sessions as part of the regular rota and are where staff receive important safety information and updates to procedures in a face to face environment.

Arrangements to deal with emergencies and major incidents

The service had adequate arrangements in place to respond to emergencies and major incidents.

- SECAmb call centre had a detailed and comprehensive business continuity plan in place. This detailed the arrangements that were in place in the event of equipment failure for example the telephone or computer systems and issues in relation to the building and staffing. It gave emphasis to the need to reactivate the recording of all calls on the Avaya system and to make sure that all Front End Messages were tested and reactivated. This was following an incident where these were not immediately activated after an IT issue in 2016.
- If the SECAmb call centre was unable to take calls, it was possible to transfer them to the Care UK Surrey call centre, which gave an additional layer of support if required. Care UK had an additional capacity to then use their national network for call answering if there were any further issues with call taker availability.

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our previous comprehensive inspection in May 2016, the NHS service delivered by South East Coast Ambulance Service Ambulance Service (SECAmb) NHS 111 was rated as requires improvement for providing effective services.

- SECAmb had only identified limited actions to improve their performance and when these had failed to provide the necessary results there was a lack of improved action planning.
- The recruitment and retention of staff was identified as an area of high risk and although an action plan had been put in place this had not made a significant impact on the numbers of staff in post.

At our comprehensive inspection in May 2017 we found the following:

Effective needs assessment

SECAmb assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

SECAmb had systems in place to ensure all staff were kept up to date. Clinical staff had access to guidelines from NICE and used this information to help ensure that people's needs were met.

SECAmb monitored that these guidelines were followed. These were delivered in face to face 'buzz' sessions where it was deemed appropriate.

SECAmb used the Department of Health approved NHS Pathways system (a set of clinical assessment questions to triage telephone calls from patients). The tool enabled a specially designed clinical assessment to be carried out by a trained member of staff who recorded the patients' symptoms during the call. When a clinical assessment had been completed, a disposition outcome (i.e. what the patient needed next for the care of their condition) and a defined timescale was identified to prioritise the patients' needs. Health advisors and clinicians call handling skills and their use of the NHS Pathway systems were monitored regularly to ensure that dispositions reached at the end of the call were safe and appropriate.

We saw evidence that all health advisors and clinicians had completed a mandatory training programme to become a licensed user of the NHS Pathways programme. Once training was completed, health advisors and clinicians were subject to structured call quality monitoring. A minimum of three calls per month were audited against a set of criteria such as active listening, effective communication and skilled use of the NHS Pathways functionality.

We were shown evidence that all required call audits for staff had been completed for example;

- January 2017 required 523 audits and completed 523 – pass rate 75%.
- February 2017 required 490 audits and completed 490 – pass rate 75%.
- March 2017 required 434 audits and completed 434 – pass rate 80%.
- April 2017 required 522 audits and completed 522 – pass rate 79%.

All calls needed to achieve 86 points out of 100 in order to pass. We saw evidence that all calls, including those that were both passed and failed, had comprehensive and timely feedback given to the call handlers involved. The audits showed a general improvement month on month from January 2017 and there was a vision to achieve the 86% point threshold by continually increasing training and communication in this area.

In addition the service has commenced a series of compulsory audit levelling sessions where all the coaching staff were able to listen to the same failed audit calls and score them in order to see that all coaches were able to assess their own judgement and approach to NHS Pathways call taking. This in turn has led to shared learning topics to be shared with staff around areas such as a sleeping patient where the caller refuses to wake them, and how to approach this through NHS Pathways. In addition clinical advisor calls were audited by a clinical team leader who gave feedback on a one-to-one basis to track trends and approaches. All calls which reached a home management disposition by the health advisor call taker, and which subsequently reached an emergency ambulance disposition when passed to a clinical advisor, were audited without exception.

SECAmb used the Directory of Services (DoS) which provided health advisors with real-time information about services available to support a particular patient. SECAmb had a DoS manager within the organisation who regularly

Good

Are services effective?

(for example, treatment is effective)

ensured that the stored information was accurate. The commissioners of the NHS 111 service were responsible for ensuring these resources were available and were correctly updated.

Staff were able to directly book out of hours appointments for patients with those providers that worked with the Trust as part of the inter-working plan. In turn these providers were able to advise the NHS 111 service regarding their capacity issues.

SECAmb was initiating a collaborative working with the care line agencies in order to improve the effective management of the best course of action for these patients that require a response but are unable to liaise with NHS 111 directly. This has been co-ordinated alongside the 999 operations department and the SECAmb Frequent Caller Lead.

Management, monitoring and improving outcomes for people

SECAmb NHS111 Service monitored their performance against the National Minimum Data Set (MDS) and Key Performance Indicators (KPIs), some of which were locally agreed. Performance was monitored by their Quality and Patient Safety Committee as well as by the national NHS 111 service governance framework via the Regional NHS 111 Governance Committee who included senior clinical commissioning group managers for safety and GP clinical leads.

After our previous inspection in May 2016, the service implemented a service recovery plan, which addressed shortfalls in call handling. This was shared with the commissioners and regularly progress meetings were held throughout the year. The recovery plan was signed off as completed in April 2017.

Data from June 2016 to April 2017 showed that SECAmb NHS 111 service had improved on call handling performance since our previous inspection in May 2016. It should be noted that SECAmb NHS 111 was providing cover for East Kent over the period of October to December 2016 whilst the new provider for this area was unable to mobilise, which may be reflected in the data.

For example:

- In November and December 2016, call waiting times were 77.53% and 80.74% respectively; this had improved to 92.48%, 92.52% and 95.52% in February, March and April 2017 respectively. The England average was 91.36%. The key performance indicator is that more than 95% of calls are answered within 60 seconds.
- In November and December 2016, abandoned calls were 3.71% and 4.03% respectively; this had improved to 0.74%, 0.90% and 0.55% in February, March and April 2017. The England average was 1.90%. The key performance indicator is that less than 2% of calls are abandoned. (Calls abandoned is a marker of patient experience, a high call abandoned rate is considered not to be safe and may reflect a high level of clinical risk for patients).
- The percentage of calls, in January 2017, where patients were referred to A&E was 6.43% compared to the England average of 7.06%. (The key performance indicator is less than 7% of patients are referred to A&E.)
- The percentage of calls where an emergency ambulance was arranged, in January 2017, was 9.30% compared to the England average of 9.93 %.(the key performance indicator is less than 9% of patients are referred for an emergency ambulance.)

Data for calls back by a clinical advisor within 10 minutes showed:

- In November and December 2016 calls backs by a clinical advisor were 60.42% and 60.37% respectively. In February, March and April 2017, the figures were 62.26%; 62.46% and 67.71% respectively. These were significantly higher than the England average of 45.12%. This demonstrated that patients received appropriate advice in a timely manner.

Call backs from patients after referral by the service to the relevant out of hours service continued to average around 2,000-3,000 per month. All of these were logged and shared with the clinical commissioning groups and respective providers.

There were wall boards in the call centre which displayed performance by defined county areas. Calls were shared equally amongst the call handlers. The screens showed calls waiting and time waiting, availability of clinical staff, and calls answered. This supported managers to see incoming call demand, other pressures in the call volumes and enabled them to consider redeploying staff to support changes in the demand levels or other areas of pressure.

Good

Are services effective?

(for example, treatment is effective)

This was done in consultation with the staff of Care UK Surrey with whom the provider worked. There were several information systems in the call centre, which were used to coordinate care and monitored to deliver effective care across services. During our inspection we saw staff redeployed to assist in call answering during a spike in call volumes.

There was evidence of quality improvements through the use of completed audits:

- Audits including call reviews were carried out regularly with staff involvement and there was a new policy to significantly increase the level of audits of all calls taken, to ensure compliance with the NHS Pathways requirements.
- Staff were supported to deliver effective care and treatment through meaningful audit feedback and any areas for learning identified.
- Where necessary action plans or training and development were put in place.

Where any knowledge gaps were identified from random audits, or learning from an incident or investigation, these were discussed at one to one meetings. Where necessary staff received additional coaching or formal training, or were taken off advisory duties until such time as effective re-training had been completed. This re-training could include a specific coaching plan and/or re-visiting specific training modules. Following this process, staff would have an increased number of calls audited each month until managers were satisfied that the required standard had been reached.

We saw records of call audits and feedback provided to staff during meetings. Auditing staff told us that they had focused on making the auditing process a more positive and constructive process. When asked staff told us they understood the importance of regular call audits to maintain the standard of care provided to patients. Staff told us they found the process supportive, constructive and helpful. This had led to learning being shared in one to ones, a probing workshop delivered and a hot topics learning prompt for staff. Audits were also used to identify themes. An example of this was when there was a complaint from a patient with regards to obtaining their blood test results. After this all calls requesting blood results were audited for a set period of time to see if improvements in procedure could be made or training given to call handlers. We also saw examples of when audits had been used for research into why certain services, such as Walk In Centres were rejected by callers as a suitable solution at the end of a call.

Effective staffing

Staff employment, training and retention had been one of the main focuses for SECAmb since the previous inspection in May 2016 when it was highlighted as an area for improvement. There was now an embedded three strand approach to the issue of effectively staffing the NHS 111 service in relation to the volume of calls:

- Strand 1 - Planning and analysing staff coverage in the short, medium and long terms. Each previous week's performance was analysed and actions resulting from this were reviewed on the weekly operations conference call each Monday and Friday in conjunction with the Care UK national resourcing manager. The medium term focus was around two months ahead.
- Strand 2 - Managing resources daily and being receptive to any changes or events. There was a roster heat map in place that measured the fit of the rosters against the call volume profiles on an hourly, daily and monthly basis. This instant access to data meant that plans were reviewed in detail twice a week and corrective actions could be implemented quickly. The operations managers at both SECAmb and Care UK Surrey sites spoke every morning regarding daily staffing levels.
- Strand 3 - Looking back at the processes and review staff numbers and performance.

Schedules were planned three months in advance and shared with all staff. Supervisors had the ability to proactively manage shifts and escalate issues using the escalation plan where deemed appropriate. Development and training time was protected.

At the previous inspection it was found that SECAmb NHS 111 had experienced a number of challenges to the delivery of its service which included that of recruitment and retention of staff. New recruitment initiatives had been incorporated by SECAmb with the aim to more effectively staff the NHS 111 service. The trust continued to use a recruitment tracker in order to help understand and meet demand over a rolling 12 month period. This was updated weekly in order to be reactive to changes in service demand and staff retention and reviewed with commissioners.

Good

Are services effective?

(for example, treatment is effective)

At the time of our inspection SECAmb NHS 111 employed 130 health advisors (of which only 4 were agency staff) and 47 clinical advisors. There had been an official policy in place to reduce the number of agency staff used to supplement this number. This had resulted in both financial and clinical improvements. Less staff had left the service over the year 2016-2017 than had in the previous year. We saw from the recruitment tracker that the Trust was still recruiting regularly and was close to the desired projected totals for staff requirements.

The service had a range of measures in place to continue to improve staffing levels which included:

- Clear advertising for new staffing posts that outlined the exact demands of the job role.
- Thorough recruitment assessment procedures that included initial targeting of competencies, role playing and listening to a pre-recorded tape of a caller in distress in order to prepare them further of the demands of the job.
- Shortlisting of suitable staff by the SECAmb Trust centrally with a thorough checking of all qualifications.
- The service had an induction programme for all newly appointed staff. This covered topics such as safeguarding, information governance, display screen equipment, recent Pathways hot topics bulletins, staff support systems and processes, and awareness of mental health and domestic violence.
- Supportive onward monitoring using a 'diamond pod' that was devised by SECAmb. This meant that staff received consistent support and management until they were confident to manage calls solo. All staff, when asked during the inspection, appreciated this approach and felt that they were included as part of a team. It also meant that their call taking targets were increased gradually to allow them to adapt to their new role. We saw evidence that this pod environment had increased overall call handling time for the whole call centre.
- Consultation with staff with regards to favourable rota systems.
- Development of a career progression scheme throughout the NHS 111 service and also throughout the SECAmb Trust.
- Fairness with regards to staff being able to take certain holidays off on request – for instance working every other Christmas.
- An increase in the number of flexible home working arrangements, as home workers (clinicians) could often support the service in areas of short term increased demand, for example between 6pm and 8pm.
- Increased communication between all staff and management and moving staff into teams that meant there was a greater affiliation with colleagues.
- Encouraging staff to utilise Datix (on-line system database) to log all issues and recording all risks in order that improvements can be quickly assessed and actioned.
- Senior management interaction with the operations staff once a month when the SECAmb Director would walk the operations room floor.
- The service maintained a system that encouraged shared learning across both sites and ensured opportunities were used to embed learning into practice. They had adapted frequency and the style of communication to ensure it was accessible to all staff. The staff that we spoke with during the inspection commented on how much communication they now received and this assisted them in completing their roles.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of their development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included use of the clinical pathway tools, how to respond to specific patient groups, Mental Health Act, Mental Capacity Act, safeguarding, fire procedures, and information governance awareness. Most staff had a regular on-to-one meeting every few months with their team leader in addition to more formal appraisals and buzz sessions, which were agenda driven and minuted meetings where staff could give and receive updates on policies and procedures. All these were protected time in the staff rota.
- The service recognised the challenges that working in the NHS 111 environment included, for example dealing with emergency calls in emotive situations. The service had introduced measures to support staff. For example, the training schedules and mentoring support staff were adjusted to include some working hours to cover periods of high call demand. This allowed staff to have some experience of the busiest times during their induction where they could be closely monitored and supported.

Good

Are services effective?

(for example, treatment is effective)

- Staff were encouraged to succeed through the use of initiatives such as 'Call Audit of the Month' and 'Health Advisor of the Month'. Patient compliments were given back to staff through the Datix to their respective line manager. Recognition was also shown through senior management letters to the staff.
- Executive engagement sessions were open to all staff with the purpose to further encouraging transparency and to be able to discuss areas of concern or improvement.
- Social media was employed by staff to inform colleagues of any changes or relevant news.

Working with colleagues and other services

Staff worked with other providers to ensure patients received co-ordinated care.

- SECAmb had in place a range of protocols setting out who they would work with in primary and secondary care.
- There were plans to further integrate the working of NHS 111 with other areas of SECAmb Trust, including the 999 operations room in order to produce a more efficient and effective response to the patient needs and provider capacity.
- SECAmb was aware of the times of peak demand and had communicated these to the ambulance service. This included the arrangements in place when demand was outside of the expected pattern.
- There were arrangements in place to work with social care services including information sharing arrangements. We saw positive examples of care pathways adjusted with liaison and consultation with social services and other providers, for example a specialist pathway for anyone who may have experienced a sexual assault.
- Staff knew how to access and use patient records for information and when directives may impact on another service for example advanced care directives or do not attempt resuscitation orders. This included the provision for clinical advisors to access patient summary care records.
- Staff were supported throughout their training and had a sustained period of mentorship after training. This meant that for a period of time they had access to immediate supervision and advice. This benefitted staff welfare and provided a more effective service as staff were retained for longer and answered calls more appropriately.
- SECAmb had local systems in place to identify 'frequent callers' and staff were aware of the procedure to follow.
- Information about previous calls made by patients was available, staff could use this if callers rang back and the information was relevant to support the decision making process. All information was then utilised when relevant with GP surgery meetings and other providers.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- The process for seeking consent was monitored through call audits.
- Access to patient medical information was in line with patient's consent, particularly with reference to care records and special patient notes.

At the end of each call, the patient was asked to consent to their information being transferred to their GP. Staff also gave examples when they would override a patients' wishes or did not receive consent, for example where they believed there was significant risk of harm of the patient if no action was taken.

Good

Are services caring?

Our findings

At our previous comprehensive inspection in May 2016, the NHS 111 service delivered by South East Coast Ambulance NHS Foundation Trust was rated as good for providing caring services.

At our comprehensive inspection in May 2017 we found the following:

Dignity, respect and compassion

Due to the nature of the service we were unable to speak with patients directly about the service they received. However we listened in to several calls, with the consent of the patient/carer. We observed that call handlers spoke respectfully with patients, and treated callers with care and compassion.

KMSS 111 service used monthly patient surveys to obtain feedback from patients via text messaging service. We noted from these results that:

- From April 2016 to March 2017 the service had rated between 79.2% to 85.1% when patients were asked if they would recommend the service to others. This was based on an average of just over 410 respondents per month.
- There was evidence that the trends in responses were showing overall improvements, particularly regarding likelihood to recommend the service and whether the caller felt that they had been treated with respect.

KMSS 111 had compiled their own database of compliments that the service had received in the year April 2016 to March 2017. These included over 40 positive comments on the good service received and the professionalism of the call handler or clinician involved in the call.

All the caller interactions we heard were non-judgmental and treated each patient as an individual whatever their circumstances were. In addition systems were in place to identify high intensity

users or repeat callers and staff used the 'special notes' facility to log information. Special notes were a way in which the patient's usual GP can raise awareness about their patients who might need to access the out-of-hours service, such as those nearing end of life or those with complex care needs and their wishes in relation to care and treatment.

Involvement in decisions about care and treatment

We found that throughout the telephone clinical triage assessment process the call handlers and clinicians checked each patient for understanding of what was being asked of them. Call advisors and clinicians were confident in navigating through the NHS Pathways programme and the patient was involved and supported to answer questions thoroughly.

The final disposition (outcome) of the clinical assessment was explained to the patient and agreement sought that this was appropriate. In all cases patients were given advice about what to do should their condition deteriorate. Staff used the Directory of Services (DoS) to identify available support close to the patient's geographical location.

Support to cope emotionally with care and treatment

The service had a clear policy with regards to emotional support for patients, callers and staff. All managers made themselves visible within the call centre and interspersed throughout the call handling areas in order to encourage staff to be able to approach them when necessary. This encouraged transparency and an openness throughout the service. All managers we spoke to delivered a clear attitude that staff should be supported in their work life, and in their personal life when necessary, and that communication was key to this. There was additional support for staff within the Trust as a whole.

We listened to how patients and/or their carers were informed of the final outcome of the NHS Pathways assessment. We observed health advisors speaking calmly and reassuringly to patients. We also saw that the advisors repeatedly checked that the patient understood what was being asked of them and that they understood the final disposition (outcome) following the clinical assessment.

We observed staff taking the time to answer patients' questions and to ensure they understood the information they were being provided with.

Health advisors and clinicians were clear on the local operating procedures in place which detailed the actions they world take in the event that a patient refused the final disposition.

Good

Are services caring?

Call handling was planned to allow staff short breaks between calls and around 20% of call handler time was planned as non-patient time so that staff had time to prepare mentally and physically with the tasks involved in call taking. Those staff we spoke to at the inspection all stated that they were allowed breaks when needed and generally did not feel pressured to answer the phone if they were not ready. Staff were provided with training in how to respond to a range of callers, including those who may be abusive. Our observations were that staff handled calls sensitively and with compassion.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous comprehensive inspection in May 2016, the NHS 111 service delivered by South East Coast Ambulance NHS Foundation Trust (SECAmb) was rated as good for providing responsive services.

At our comprehensive inspection in May 2017 we found the following:

Responding to and meeting people's needs

- Since the previous inspection in May 2016 the service had continued to review the needs of its local population and engaged with the NHS England Area Team and clinical commissioning groups (CCG) to secure improvements to services where these were identified.
- Staffing levels and skill mix per shift were closely monitored to try and ensure that the service was constantly responding to the needs of the number of callers.
- We saw that the joint senior management team, with Care UK Surrey, worked collaboratively to review the care that was being delivered to the local community. The management team had tailored services to meet the needs of individuals and patients with complex care needs.
- We saw a number of examples of proactive innovative measures taken to tailor services and improve the care to people whose circumstances may make them vulnerable. This included engaging other service providers and ensuring a patient centred approach to develop integrated models of care. This included end of life care and patients who had experienced sexual assault. The service recognised how important the correct service referral was in these extremely difficult circumstances. This led to the service engaging with the relevant agencies to tailor specific new pathways and service models. We saw evidence that there had been an extensive training programme initiated that helped staff to recognise and deal with victims of assault or sexual violence and that this training had been delivered in face-to-face workshops.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a patient, this included special patient notes and patient specific care plans.
- There was a Clinical Queue Manager process that was used by clinical supervisors in busy call taking periods to triage and manage those callers in the queue for clinical advice. This was also important in mitigating risk by prioritising resources.
- The service used translation services where there were found to be communication issues, and all staff we spoke with were confident in accessing this service for callers who did not speak English. We found that between April 2016 and March 2017, 1,731 calls were managed through the language line facility. There was a programme of specialist training for clinicians within the service so that they were more able to access the most appropriate specialist reference sources in the optimum time scale. This involved training in the National Poisons Information Service (NPIS) and suitable medicines reference sources. There was already evidence that due to the training there had been a drop in calls to the NPIS helpline as the clinicians had more confidence in being able to handle poisons and toxic substance calls themselves.
- Pharmacy training had been given to clinicians and this was also evidenced to have increased clinician competence in handling calls where this knowledge was required.
- Healthwatch had been invited to visit the call centre in Ashford by SECAmb, and were giving feedback to the service on their findings.
- There had been two meetings with the Patient Experience Group where patient experience, staff updates and trust news were discussed. These meetings included staff, clinical managers, operations and quality management, public governor, patients and carers.
- The service was engaged with a dementia charity in order to provide tailored help to this group of vulnerable patients.

Tackling inequity and promoting equality

- New staff received training in equality and diversity during their induction and this training was updated for all staff on an annual basis.
- The staff had engaged with local voluntary and charity projects to support local people who were experiencing difficulties, for example people who have been displaced due to violence, loss of their home or were awaiting information in relation to their asylum applications.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- The SECAmb NHS 111 managers had engaged with local people with learning difficulties to support an art project which helped improve integration and awareness of the needs of this group of people.
- Reasonable adjustments had been made so that disabled people could access and use services on an equal basis to others for example they used a text talk service for patients with hearing impairment.

Access to the service

The service was monitored against the national Minimum Data Set (MDS) and adapted National Quality Requirements (NQRs).

- In November and December 2016 calls backs by a clinical advisor were 60.42% and 60.37% respectively. In February, March and April 2017, the figures were 62.26%; 62.46% and 67.71% respectively. These were significantly higher than the England average of 45.12%.
- The telephone system was easy to use and supported patients to access advice. Technology was used to support timely access.
- Action was taken to reduce the length of time people had to wait for subsequent care or advice where possible. SECAmb aimed to reduce the length of time people had to wait for subsequent care or advice where possible, for example the estimated demand was measured against staff resourcing in 15 minute intervals to try to provide the correct staffing levels.
- Calls transferred for clinical advice were in line with the England averages.
- The service prioritised people with the most urgent needs at times of high demand. For example a senior clinician had responsibility for overseeing any waiting calls and identifying the call priority for clinical advice, or escalating to the 999 service if required.
- Referrals and transfers to other services were undertaken in a timely way.
- Assessments could be supported through a third party or advocate on the patient's behalf and call handlers were aware of the how to safely triage adults with additional needs or children.

Listening and learning from concerns and complaints

The complaints process had been reviewed in the last year and we saw evidence that all complaints were acknowledged within three working days and categorised according to severity and content. A report was produced weekly in order to both track all complaints and to ensure that all complaints continued to be dealt with in an appropriate manner. More staff had been employed to the Trust in order to continue to improve the entire process with relation to patient liaison and sharing knowledge and a legal services manager had been recruited centrally by SECAmb in order to further improve how claims and inquests were managed. Complaints were dealt with centrally within the Trust in a newly formed team and there was also a dedicated complaints manager for the NHS 111 calls who took ownership of every NHS 111 complaint and communicated weekly with Care UK Surrey and the SECAmb Trust. It was evidenced that all complaints received to the year end April 2017 had been investigated and analysed fully and all informative data had been gathered into an easily understandable format for all staff to understand and access. We also saw evidence that learning points were taken from all complaints, regardless whether they were upheld or not.

SECAmb NHS 111 managers had an openness and transparency in dealing with and managing complaints. We saw they were taken seriously and any opportunity to share any learning or ways to improve the service identified from complaints was valued. Feedback was seen as an opportunity to learn and develop; this culture was embedded and evident throughout the inspection.

SECAmb NHS 111 management team worked jointly with the Care UK Surrey team in investigating and managing the complaints, often arranging thematic reviews in conjunction with the audit team when themes had been identified. An example included a thematic review into how to locate and deliver blood test results following a patient complaint.

Quality Team leaders were responsible for recording and monitoring all complaints and concerns received. This allowed the quality team to analyse more effectively the issues raised by the complainant and pull out themes and trends. The identification of these themes and trends were used to target specific training of staff to improve their performance. Training included end of life care, understanding third party triage (Hot Topic) and Information Technology guidance. These Quality teams, together with the Senior Manager for Clinical Governance and Quality, had undertaken focus groups throughout Kent and Medway in order to assess the public's knowledge of the NHS 111 service. These focus groups also contributed

Good

Are services responsive to people's needs?

(for example, to feedback?)

to a review of the front end messages that patients listen to when they dial 111 and led to improvements so that there was more clarity and help in re-directing calls to the appropriate service.

SECAmb also had access to any themes identified within the wider Care UK organisation, due to their close working relationship, they used this to identify if there were any other themes and look at any areas for improvement. Staff told us they felt they were given time and resources to complete investigations and to feedback to staff. The team maintained a strong ethos to be the best NHS 111 provider with quality as central, including quality feedback on investigations.

Complaints were regarded by the service as an opportunity for learning. They also led to internal shared learning information sheets for call handlers which outlined the type of complaint, the investigative process that was undertaken because of this and the learning points to be taken from it. New processes had also been implemented where call handlers would take down the details of the complaint or concern, rather than referring to the clinical supervisors, in order to try and capture even more of these concerns or complaints. There was an emphasis too on using the Datix system in order to log and track these.

Feedback was encouraged from health care professionals and had led to KMSS 111 preparing an engagement document to share with stakeholders that included a breakdown of the issues around patient complaints.

Are services well-led?

Outstanding ☆

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

Our findings

At our previous comprehensive inspection in May 2016, the NHS 111 service delivered by South East Coast Ambulance NHS Foundation Trust (SECAmb) was rated as requires improvement for providing well-led services.

- Both SECAmb and Care UK Surrey had recognised the challenges to effective collaborative working and in response to meet these challenges developed a senior management team staffed by people from both organisations.
- SECAmb was aware that their performance in achieving the expected standards for the NHS 111 service (the national minimum data set) was not good enough and regularly failed to meet the required performance indicators.

At our comprehensive inspection in May 2017 we found the following:

Vision and strategy

KMSS NHS 111 had a clear vision which was outlined in their Mission, Vision and Values document, and which included the overall value of 'Caring for our patients and each other'. There was still consultation on the finalising all the next steps in maintaining this vision. There was importance placed on continuing to build on, and enhance, the reputation of quality, patient care, openness, transparency and collaboration.

A Unified NHS 111 Recovery Plan had been implemented since the previous CQC inspection in May 2016. This plan had focused on recruitment and retention of staff, operations, strategic planning and external engagement.

SECAmb had focused on building their strategy by firstly consolidating their basic approach to providing a NHS 111 service before embarking this year on a strategy of continued improvement. From next year the service intended to build on this with quality of care and clinical outcomes improvement, increase in speed of response and investment in staff.

There was an ongoing challenge to continue to develop one vision for the service, especially with both Care UK Surrey and SECAmb NHS 111 developing their own plans for further integration within their own organisations. There was a current contract extension in place for KMSS 111 to continue as they have been, and all staff reiterated that there was positive working with Care UK – Surrey, and that the future strategy was a combined one. Senior managers for KMSS 111 were splitting their time equally between Ashford and Dorking (Care UK Surrey) locations and there was a continual assessment on best approaches for forward and integrated working policies and procedures.

Governance arrangements

Since the previous inspection in May 2016 we saw evidence that KMSS 111 had become much more integrated into the Trust's governance framework and was an increasingly integral part of their operations which was evidenced when we returned in May 2017. SECAmb had in place strategic and operational policies and procedures which were supported and monitored by their own governance structures and arrangements. SECAmb NHS 111 managers reported to and attended governance meetings in line with their organisational governance structure.

The complaint handling process had been invested in and the approach was of a more integrated approach with shared learning across the Trust and in particular between the emergency and urgent directorates. As evidenced in May 2016, changes had been made to the serious event investigation process and a series of local operating procedures (LOPs) had been devised. These new procedures and LOPs were now further integrated into the SECAmb governance structure and into the Trust's processes.

There was a governance structure for the NHS 111 service with clear arrangements for the monitoring of all aspects of the service provided. There was an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- A monthly detailed clinical governance report was produced that was sent to all stakeholders, commissioners and NHS England that had a focus on examples of good practice. It also reported on, for example, details of performance, complaints, feedback, significant incidents and provider interactions.
- There continued to be a clear staffing structure. Staff were aware of their own roles and responsibilities.
- The LOPs had been agreed between the SECAmb and Care UK Surrey managers, which ensured that all staff employed were working to the same procedures and protocols and there was evidence that managers

Are services well-led?

Outstanding ☆

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

communicated regularly between the two sites to ensure compliance. If trend analysis of complaints or significant events showed a certain LOP was not being correctly followed then updates were provided to all staff.

- There was an increasing understanding of the performance of the service and a policy to maintain and improve upon this. There were daily telephone calls to monitor performance and staffing levels at both call centres and a shared attitude of flexibility and a desire to constantly improve targets.
- The clinical governance of the service was managed internally by the Quality and Patient Safety Group which provided oversight of the entire geographical area. This group reported to the NHS 111 Contract Review Group and also to the clinical governance committees for SECAmb and Care UK.
- External governance and assurance was supported by a Regional Quality and Governance Advisory Group, which was a joint commissioner and provider group.
- The senior leadership team met weekly to check the progress of the daily delivery of quality measures and patient care.
- Auditing remained an essential part of the quality improvement process with a high quantity of audits being undertaken and the quality rigorously checked. The quality was subject to a new process of levelling to ensure consistency, and this levelling within NHS 111 was to be adopted across all calls taken within the SECAmb Trust, and to include 999 calls taken as a comparison.
- Thematic reviews of audits had been undertaken in when requested for research or in response to a complaint or significant event. These reviews identified areas of good practice and areas where improvements could be made. Identified shared learning was cascaded to staff.
- Risks were identified through suitable sources including staff feedback and complaints. There was a clear and considered risk register that reflected both the larger trust issues and also those that concerned the NHS 111 service and which were shared with Care UK. Each risk was thoroughly researched and given a score to reflect the severity or impact. Then each was followed through with an updated status.

Leadership, openness and transparency

There had been recognition by SECAmb that there needed to be a contract extension for the current NHS 111 contract beyond the current term in order to maintain the confidence of the staff. SECAmb had displayed leadership in maintaining an ongoing dialogue with the commissioners and the two organisations and reaching an agreement regarding an extension. The management team continued to work to ensure a consistent approach across both SECAmb and Care UK; the managers had a shared purpose to deliver high quality patient focused care. There was a joint strategy across both providers that ensured that patients should receive the same level of care and treatment regardless of which location answered the NHS 111 call.

There was a senior leadership team engagement forum that SECAmb considered vital to their future strategic and tactical plans. This team was responsible for producing several key documents including the recruitment trackers for both health advisor call takers and clinical call takers; monthly operations reporting of key targets; public holiday performance; and the Ambulance Trust 111 benchmarking table.

Best practice was identified and used by the senior leadership team to cascade to the rest of the service. An example of this was the bespoke leadership programme entitled 'Simplicity, Clarity, Honesty' that was rolled out to clinical supervisors, and which the team considers has united the two supervisory teams of SECAmb and Care UK Surrey.

There were arrangements in place to provide support to staff in the event of any traumatic event or serious incident. For example, during staff induction examples of potentially difficult calls or situations were discussed and staff were advised how to gain support from their line managers. The service continued to successfully implement an Orange Flag policy, which staff could raise and received immediate assistance and support with calls that were traumatic. Notices in the call centre environment and in communal staff areas highlighted the importance of seeking support and help if they had experienced any difficult or traumatic calls. Staff we spoke with were aware of the counselling and well-being support services available.

There were clears lines of accountability at both locations for the service and the Head of Service for SECAmb NHS 111 had the overall responsibility and accountability for the

Are services well-led?

Outstanding ☆

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

overall contract. Operational staff were clear about their line management arrangements as well as the clinical governance arrangements in place. Staff felt that management was approachable, visible and personable.

Public and staff engagement

The quality team were generally responsible for patient involvement and collated data from complaints, compliments and incidents.

The senior manager for clinical governance and quality attend the Patient Experience Group with SECAmb staff, patients and members of the public. There were also other forums that were utilised for engagement such Healthwatch and NHS 111 staff surveys.

SECAmb had collated staff results that focused on whether there were staff shortages, harassment at work, working environment, feedback and personal and career support. There was evidence that all the results were being fed back to senior management and were influencing policy and procedure.

There were also formal and informal internal engagement meetings with staff together with regular appraisals and the opportunities for staff to be involved with working groups and policy development reviews.

SECAmb were committed to pursuing specialist training and we saw evidence of commitment to helping callers who needed advise on for example sexual assault or dementia.

Continuous improvement

Before this inspection in May 2017 the NHS 111 SECAmb service had received an unannounced inspection from a Quality Assurance Team, which included Commissioners, in April 2017. Amongst other findings this survey had found that the staff were smart, friendly and professional and demonstrated all the attributes expected of employees working in a patient oriented environment. The team also found that the senior managers had showed strong leadership and management skills and operated an open and transparent culture.

At this inspection we found that there had continued to be a focus on learning and improvement since the inspection in May 2016. Staff recruitment and retention had improved considerably and there was a strong presence of senior and middle management that were forward looking and enthusiastic. Systems that improved staff welfare and patient care were becoming embedded into the organisation, such as the diamond pod protected training method and the call handlers' use of the orange flag for emergency assistance in the call centre. Employees were seen to be appreciated and communicated with, and there were regular informal and formal meetings taking place, including the 'buzz' sessions that encouraged shared learning and communication of essential updates. There was a continuing coherent working relationship with the partner organisation of Care UK in Dorking and managers stated that there was a continuing improvement in communications between the two sites and the two organisations.

Further examples of innovation, improvement and sustainability included the Enhancement of Pharmacy Urgent Repeat Medication Services and the End of Life Contingency Cover – an agreement with GP out of hours providers. There has been further collaboration in approach by KMSS 111 to working with SECAmb 999 and other departments within the trust. There have been regular meetings and the sharing of data. Information was in place to ensure that key stakeholders were engaged with and aware of the key issues, challenges and opportunities.

The End of Life Contingency Cover started as a pilot initiative at Easter 2016 as a response to the need to provide automated referral options for 111 call handlers for highly sensitive and urgent dispositions such as an out of hours provider closing. The Easter pilot resulted in nine successful referrals being made via the agreement, facilitated by a standalone profile on the Directory of Services, which remained open at all times for the relevant dispositions. As a result of the pilot, and discussion by all relevant providers in the run-up to the Christmas period, this process was re-activated for two out of hours providers in Kent and Sussex. In addition to palliative care the 'Urgent Lab Results' disposition was considered sufficiently important to be added to the agreement.

There was an increasing focus with management to further explore innovative working with other providers in the primary and acute health service, and also social care, and we saw evidence of initiatives that were being considered.

There were proposals within the Trust to further integrate the NHS 111 service centre into SECAmb as a whole. The

Are services well-led?

Outstanding ☆

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

aim was to improve resilience by having the NHS 111 and 999 call centres in one geographical location and to look into working more closely together with staff and equipment to further improve the patient care offering.