

# South East Coast Ambulance Service NHS Trust Headquarters

## Inspection 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 location

Good 

Are services safe?

Good 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

**This service is rated as Good overall.** (Previous inspection May 2017 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at South East Coast Ambulance Service NHS Trust Headquarters (SECAmb) on 2 and 3 July 2019 as part of our inspection programme. At this inspection we found:

- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- The service reviewed the appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- 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.

- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were not always able to access care and treatment from the service within an appropriate timescale for their needs as performance fell below target in relation to abandoned calls and call answering times.
- Staff felt supported and valued, and spoke highly of the leadership team.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- Ensure care and treatment is provided in a safe way to patients

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

Take action to ensure patient feedback mechanisms are fully established.

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector with access to a specialist advisor. The team included a CQC Inspection Manager, a second CQC inspector and an Assistant CQC Inspector.

## Background to South East Coast Ambulance Service NHS Trust Headquarters

South East Coast Ambulance Service NHS Foundation Trust (SECAmb) provides NHS 111 services to North and West Kent and Sussex. 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 assistance.

SECAmb supports 11 clinical commission groups in providing NHS111 and receives approximately 15 million calls a year.

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

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

# Are services safe?

We rated the service as good for providing safe services.

## Safety systems and processes

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

- The provider conducted safety risk assessments. It had safety policies, including Control of Substances Hazardous to Health and Health & Safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training. The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The service worked with other agencies to support patients and protect them from neglect and abuse. For example, sharing concerns of risk with GP practices and actively following up referrals made through local safeguarding processes. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Eleven members of staff were trained as safeguarding champions, so that there was always a point of contact for raising a safeguarding query on each shift.
- There was an effective system to manage infection prevention and control, including appropriate steps taken to detect and prevent the spread of legionella (a bacterium found in water systems) and staff immunisation against influenza.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions.

## Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective system in place for dealing with surges in demand. For example, bringing home workers on line for specific periods of high demand.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need. Systems were in place to manage people who experienced long waits. We saw that staff who were undertaking activities not related to answering calls were transferred to call answering, when the numbers of callers waiting for their call to be answered reached predetermined levels.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.
- When there were changes to services or staff the service assessed and monitored the impact on safety. A recent change was introduced to the service's host system, designed to improve the quality of dynamic risk assessment within the clinical queue. This was subject to the change review process, to ensure that the change facilitated the desired improvements in the handling of the clinical queue without introducing issues or risks. Information to deliver safe care and treatment Staff had the information they needed to deliver safe care and treatment to patients.
- The NHS Pathways system records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.

## Are services safe?

- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system for receiving and acting on safety alerts. We saw actions taken to disseminate National Patient Safety Alerts to staff to ensure they understood possible complications from medicines.
- Joint reviews of incidents were carried out with partner organisations, including the local A&E department, GP out-of-hours and ambulance 999 service.

### Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. For example, following an incident being identified a call handler was removed from call taking, an action plan was put in place, audit feedback was provided during supervision sessions and training was also provided
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. On the inspection we saw a monthly report of all incidents was reviewed and discussed by the quality board. Feedback and actions from this were then disseminated to the local team. To ensure wider learning the service had implemented “buzz” sessions, which were short face to face sessions for all staff on specific areas of lessons learned. Staff involved in incidents were involved at all levels.
- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including remote and agency staff.
- The provider took part in end to end reviews with other organisations. Learning was used to make improvements to the service. For example, a system error allowed call handlers to close calls in error. The provider worked with the local NHS Trust and the IT system provider, to identify, track and mitigate or eliminate issues which arose and minimise the likelihood of reoccurrence.

# Are services effective?

## We rated the service as requires improvement for providing effective services because:

- Performance levels were below target and national averages.
- The required number of clinical call audits were not being met.

### Effective needs assessment, care and treatment

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

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed.
- Telephone assessments were carried out using NHS Pathways, a national operating model. Staff had received specific training in line with national guidelines for this clinical tool, used for assessing, triaging and directing contact from the public to other services such as urgent and emergency care services and GP services in and out of hours. NHS Pathways provided regular 'hot topic' updates such as treatment of sepsis to ensure staff maintained their awareness and were familiar with the process.
- Other operating processes were in place such as clinical validation. (Clinical validation is the review of a call handler assessment and functions to review the assessment and where necessary improve treatment responses without reducing quality and safety).
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Where patient need could not be met by the service, staff redirected them to the appropriate service such as the Clinical Assessment Service (CAS). (CAS comprises of a range of clinicians offering different clinical skills, who can close calls through clinical telephone consultation. This impacted by decreasing the need for face to face assessments and providing faster access for patients). The introduction of specialist clinicians to the CAS

- service was a relatively new development. Pharmacists and mental health clinicians had only recently been recruited and we saw plans for the introduction of GPs and dental specialists in the near future.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. For example, patients with mental health needs were able to speak with a clinician who was best able to meet their needs.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. There was a system in place to identify frequent callers and patients with particular needs, and protocols were in place to provide the appropriate support. Staff we spoke with were able to demonstrate their knowledge of these processes and we saw no evidence of discrimination when making care and treatment decisions.
- When staff were not able to make a direct appointment on behalf of the patient clear referral processes were in place. These were agreed with senior staff and clear explanation was given to the patient or person calling on their behalf.
- Staff assessed and managed patients' pain where appropriate.

### Monitoring care and treatment

Whilst improvements were being seen in relation to call answering times and abandonment rates further improvement was required in order to meet targets.

The service had a programme of quality improvement activity and routinely received the effectiveness and appropriateness of the care provided, such as emergency dispositions and the need for clinical validation of ambulance dispositions.

Providers of NHS 111 services are required to submit call data every month to NHS England by way of the Minimum Data Set (MDS). The MDS is used to show the efficiency and effectiveness of NHS 111 providers. We reviewed results, for the period since the change of contract and when SECamb became the sole provider of the service (April – June 2019) which showed a variable but improving picture of key performance indicators.

Abandonment Rates (Abandonment rates indicate the number of service users who abandoned the call. This can

## Are services effective?

indicate risk to patients with a serious illness being unable to access timely treatment). National targets were not consistently being met however improvement over the three-month period was seen.

- In April 2019, the service had an abandonment rate that met the required national target of 5% on 8 out of 30 days. The highest abandonment rates were at weekends with the highest rate being 22% against the national target of 5%. An improvement was seen in May 2019 with the national target achieved on 15 out of 31 days and the highest percentage abandonment rate being 17%. A further improvement was seen in June 2019 with the national target being achieved on 23 out of 30 days and the highest abandonment rate being 11%. However further improvements were still required.
- The provider had set themselves a stretch target of achieving less than 2% abandonment rate. In April 2019 this was not achieved on any day, in May 2019 it was achieved on 3 days and in June 2019 on 6 days of the month.

Call answering within 60 seconds for which the national target is 95% and an average national monthly achievement of 80%.

- April 2019: varied between 22% and 85% with a mean average of 64%
- May 2019: varied between 34% and 88% and a mean average of 68%
- June 2019: varied between 54% and 98% with a mean average of 75%

Where the service was not meeting the target, the provider had put actions in place to improve performance in this area:

- There was a comprehensive escalation plan in place which was triggered when performance level issues were identified. Each escalation level had a set of triggers which resulted in predetermined actions being taken to minimise the impact on performance.
- The service used information about care and treatment to make improvements such as updated national sepsis guidance.
- The service made improvements using completed audits. The service audited call recordings against criteria such as the NHS Pathways tool and the directory of services (DOS). However, the service was below the 100% target of the required number of clinician call

audits. In recognition of the additional workload during mobilisation of the new contract, dispensation had been given by the clinical commissioning group (CCG) to reduce the required number of audits for the first three months following mobilisation, but these were not being met either. We saw that the achievement was 74% for April 2019 and 88% for May 2019. Following the inspection, we were sent a clinical audit recovery plan which projected full compliance by the end of July 2019.

- A programme of audit was in place to evaluate and monitor treatment. For example, an audit process was developed in partnership with NHS England and commissioners to provide assurance on the safety of cases with extended clinical wait times. Cases which were found to have exceeded the threshold risk level were investigated as an incident entered and learning from the investigation went toward personal or wider feedback to ensure improvements were implemented.
- All calls entering the service which required CPR instructions to be given were identified and audited, to ensure that these are managed effectively areas identified for improvement.

### Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. This covered such topics as mandatory training and NHS Pathways training. To facilitate integration and development from training to go-live a “diamond pod” had been implemented which provided additional support for new starters to make the transition phase more effective.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The provider understood the learning needs of staff and provided protected time and training to meet them. For example, the service had developed and implemented a bespoke mental health training package and a mental health first aid kit to improve support for staff in this clinical area.
- Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

# Are services effective?

- The service provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. If a member of staff failed a call audit specific learning needs were identified and implemented on an individual basis. We also saw that when it was identified that probing on calls could be more effective all staff attended probing workshops.

## Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred. Care and treatment for patients in vulnerable circumstances was coordinated with other services such as community nursing. Staff communicated promptly with patient's registered GP's so that the GP was aware of the need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary. There were established NHS Pathways for staff to follow to ensure callers were referred to other services for support as required.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

- The service ensured that care was delivered in a coordinated way and considered the needs of different patients, including those who may be vulnerable because of their circumstances.
- There were clear and effective arrangements for booking appointments, transfers to other services, and dispatching ambulances for people that require them. Staff were empowered to make direct referrals

## Helping patients to live healthier lives

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

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

## Consent to care and treatment

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

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

# Are services caring?

**We rated the service as good for caring.**

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information. Call handlers gave people who phoned into the service clear information. There were arrangements and systems in place to support staff to respond to people with specific health care needs such as end of life care and those who had mental health needs. Involvement in decisions about care and treatment Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):
- Interpretation services were available for patients who did not have English as a first language.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.

- Staff communicated with people in a way that they could understand, for example, communication aids such as a video relay service that allows access to a British Sign Language (BSL) interpreter through a video call and the NHS 111 textphone service for people with difficulties communicating or hearing.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

## **Privacy and dignity**

The service respected and promoted patients' privacy and dignity.

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

# Are services responsive to people's needs?

**We rated the service as good for providing responsive services.**

## Responding to and meeting people's needs

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

- The provider understood the needs of its population and tailored services in response to those needs. For example, the provider had entered into a joint working agreement with a local pregnancy advice line to work collaboratively with all providers of maternity services. A team of midwives, employed by three trusts, formed a bespoke hub based at SECamb to provide a 24hour service and single point of access to patients and offered telephone triage, advice and sign posting to the most appropriate place for their care.
- The provider engaged with commissioners to secure improvements to services where these were identified and improved services where possible in response to unmet needs. For example, the expansion of the specialist clinical skill sets being provided by the Clinical Assessment Service to ensure patients' needs were met in the most appropriate way.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service such as those patients receiving end of life care or those with specific treatment plans. Care pathways were appropriate for patients with specific needs, for example, babies, children and young people.
- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when people found it hard to access the service such as the NHS 111 textphone service.
- The service was responsive to the needs of people in vulnerable circumstances as they worked within the main contractors standard operating procedures for population groups which improved access to care and treatment. For example, there were specific processes where the NHS Pathways system could be exited early, and the call transferred to a clinical assessment service for rapid advice and treatment.
- A member of the senior leadership team sat on the Inclusion Advisory Group to ensure engagement with the wider community to support vulnerable patients. Training and awareness sessions had been carried out

with staff to improve confidence and abilities to support callers from vulnerable groups, such as the traveller community and those who had been a victim of sexual assault.

## Timely access to the service

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

- Patients were able to access care and treatment at a time to suit them. The service operated 24 hours a day, seven days a week.
- Patients did not always have timely access to initial assessment and treatment. We reviewed the most recent results for the service (April – June 2019) which showed the provider was below national monthly averages in relation to call abandonment rates and answering calls within 60 seconds.
- Where the service was not meeting the target, the provider was aware of these areas and we saw evidence that attempts were being made to address them such as the escalation processes and reviews of breaches. Safety netting advice was provided through the automated call wait system. • Where people were waiting a long time for an assessment or treatment there were arrangements in place to manage the queue system. We reviewed episodes of higher than average abandonment rates and saw where possible additional staff had been allocated to rotas. The service forecasted times when demand and access to the service may increase. At times where, high abandonment rates had been recorded we saw these mainly correlated with local forecasting for increased service demand. Listening and learning from concerns and complaints The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. We saw that 120 complaints were received in the last year. In May 2019, four complaints were received, which was the lowest number in any month over the previous four years. We reviewed 15 complaints and found that they were satisfactorily handled in a timely way.

## Are services responsive to people's needs?

- Issues were investigated across relevant providers, and staff were able to feedback to other parts of the patient pathway where relevant. For example, the main contract holder had oversight, monitored complaints, requested case reviews and where necessary took the lead on investigations.
- The service learned lessons from individual concerns and complaints and from analysis of trends. It acted as a

result to improve the quality of care. Following a complaint about an information governance breach, staff were updated on correct procedures however, despite this, errors remained. The provider adapted call audit scoring to assess this competency, to ensure correct processes were applied consistently

# Are services well-led?

**We rated the service as good for leadership.**

## Leadership capacity and capability

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

Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.

They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. We saw that the leadership team were consistent in what the greatest challenges for the business were and saw plans to manage and mitigate the risks associated with these. For example, it was recognised that challenges with recruitment and retention and absence impacted on rota fill which impacted on performance. Strategies to deal with this had led to improved recruitment of key staff. Between December 2018 and June 2019 there had been a 28% increase in workforce. An enhanced induction and training programme, as well as a staff wellbeing strategy and access to a wellbeing hub had been implemented to reduce attrition and absence rates. We were told that sickness rates had reduced from 22% to 11% and that the target was to reduce this further, to 4.5%.

Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. For example, members of the senior leadership team worked at desks within the call handling centre. The service had implemented a colleague of the month award voted for by all staff. The previous month a member of the senior leadership team had received this award.

Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use. For example, senior clinical advisors were available on all shifts. This enabled them to support staff in real-time and improve outcomes for patients through clinical assessment or advice at the time of the patient's call.

The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

## Vision and strategy

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

There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities. We saw that the provider monitored progress against delivery of strategy.

The service developed its vision, values and strategy jointly with patients, staff and external partners.

Staff were aware of and understood the vision, values and strategy and their role in achieving them. The services' core values were well embedded and visible to all staff throughout the premises. Staff told us that Trust value cards were given to colleagues to recognise good practice and badges were given to honour achievements.

The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population.

The provider monitored progress against delivery of the strategy, recognised where further improvements were needed and had realistic action plans to address these.

The provider ensured that staff who worked away from the main base felt engaged in the delivery of the provider's vision and values. For example, we were told that remote clinical workers needed to work at the premises once a month to ensure they remained connected and engaged with their colleagues.

## Culture

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

Staff felt respected, supported and valued.

The service focused on the needs of patients.

Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. All complaints and incidents were reported and analysed monthly. These were discussed, and actions determined and reviewed at risk meetings. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. We saw instances where the provider had complied with duty of candour

## Are services well-led?

Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary and there was a system in place to ensure clinicians remained on relevant professional registers.

Clinical staff were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.

There was a strong emphasis on the safety and well-being of all staff. There was comfortable break out areas throughout the premises allowing staff time away from their desks. There was also a sensory quiet room, available for staff to spend time following a challenging and stressful call.

The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.

There were positive relationships between staff and teams. We were told by staff that they felt that all teams delivered on the ethos of “Caring for our patients and caring for each other”.

### Governance arrangements

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

Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

### Managing risks, issues and performance T

There were clear processes for managing risks, issues and performance, which were effective apart from those relating to call and consultation audits.

There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.

The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

There was a comprehensive process of continuous clinical and non-clinical call auditing used to monitor quality and performance of employed staff. We saw where performance fell below the required standard that staff had coaching plans, which included staff development to support them.

However, we found that not all staff had received the number of audits in line with pathways requirements, nor the reduced number in quarter one that had been agreed with the commissioners.

Leaders had oversight of incidents, and complaints.

Leaders had a good understanding of service performance against the national and local key performance indicators.

Whilst at the time of the inspection performance was not at the expected level there were strategies in place to further improve these, and we saw that performance had improved monthly since the provider had undertaken sole accountability for the services provided. Performance was regularly discussed at senior management and board level and was shared with staff and the local CCG as part of contract monitoring arrangements.

The providers had plans in place and had trained staff for major incidents.

The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

# Are services well-led?

## Appropriate and accurate information

The service acted on appropriate and accurate information.

Quality and operational information was used to analyse and improve performance.

Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

The service used performance information which was reported and monitored, and management and staff were held to account.

The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

The service used information technology systems to monitor and improve the quality of care.

The service submitted data or notifications to external organisations as required such as serious incidents and complaints.

At the time of the inspection an updated statement of purpose had not been submitted to CQC which detailed the site from which NHS111 services were being delivered. However, the provider quickly responded and submitted the appropriate documentation.

There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

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

Patient feedback surveys had not been undertaken since the provider became the sole contract holder. Patient surveys were available for the time prior to this but included data from both the current provider and the subcontracted provider. However, the service had a patient engagement strategy which included a plan to gather a full and diverse range of patient views and concerns that they could act on to shape services and culture. We were shown

the survey that had been designed and which would be sent to patients soon. At the time of the inspection, learning from complaints and engagement with Healthwatch was utilised to improve patient experience.

Members of the public were invited to attend a forum in order that the service fully understood how to meet the needs of patients with specific requirements.

Staff were able to describe to us the systems in place to give feedback such as a suggestion box and ask the senior leadership team sessions to discuss issues.

The service adapted ways of working for staff who had specific requirements. For example, there were systems in place to facilitate employees who found it challenging to work in an office environment to work from home.

The service was transparent, collaborative and open with stakeholders about performance.

The provider fully engaged with external stakeholders such as A&E Delivery Boards, Out of Hours services, Clinical Commissioning Groups and NHS England.

## Continuous improvement and innovation

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

There was a focus on continuous learning and improvement at all levels within the service. For example, prior to the mobilisation of the new contract, visits were made to other NHS111 services to identify best practice. We were told that arrangements were being made for another NHS111 provider to visit SECAmb to offer an objective view and identify where further improvements could be made.

Skills mapping work had been undertaken to ensure patients received the most appropriate clinical resource to meet their needs. This had been shared with NHS England and was to be shared with other Integrated Urgent Care services, in order to potentially shape how other providers design workforce profiles going forward.

Staff knew about improvement methods and had the skills to use them. The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

| Regulated activity  | Regulation   |
|---|--|
| Diagnostic and screening procedures<br>Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Care and treatment was not always provided in a safe way for service users.</b></p> <p>The service provider was not ensuring that care and treatment was always provided in a safe way. In particular;</p> <ul style="list-style-type: none"><li>• They were failing to meet performance targets in relation to call answering times and abandonment rates.</li><li>• They had not ensured that the required number of clinical call audits had been undertaken.</li></ul> <p><b>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b></p> |

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.