South Central Ambulance Service NHS Foundation Trust

Quality Report

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Date of inspection visit: 3 - 6 May 2016 and unannounced 13 and 16 May 2016
Date of publication: 20/09/2016

This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this trust	Good
Are services at this trust safe?	Good
Are services at this trust effective?	Requires improvement
Are services at this trust caring?	Good
Are services at this trust responsive?	Good
Are services at this trust well-led?	Good

Summary of findings

Letter from the Chief Inspector of Hospitals

South Central Ambulance Service NHS Foundation Trust (SCAS) was formed on 1 July 2006, after the merger of the Royal Berkshire Ambulance Service NHS Trust, the Hampshire Ambulance Service NHS Trust, the Oxfordshire Ambulance Service NHS Trust and part of the Two Shires Ambulance Service NHS Trust. The trust provides NHS ambulance services in Berkshire, Buckinghamshire, Hampshire and Oxfordshire in the South Central region. This area covers approximately 3,554 square miles with a residential population of approximately 4.6 million. On 1 March 2012, the trust achieved foundation trust status.

The trust provides an accident and emergency (A&E) service to respond to 999 calls, a 111 service for when medical help is needed fast but it is not a 999 emergency, patient transport services (PTS). There is also Resilience and Specialist Operations offering medical care in hostile environments such as industrial accidents and natural disasters. This team is known as Hazardous Area Response Team (HART) based in Hampshire.

The trust also offers the following services: First Aid Training to organisations and the public, a commercial logistics collection and delivery service for our partners in the NHS, and Community First Responders (volunteers trained by SCAS to provide life-saving treatment).

Services are delivered from the trust's main headquarters in Bicester, Oxfordshire, and a regional office in Otterbourne, Hampshire. Each of these sites includes an emergency operations centre (EOC) where 999 and NHS 111 calls are received, clinical advice is provided and from where emergency vehicles are dispatched if needed. There was a PTS contact centre at each EOC. The trust also works with air ambulance partners; Thames Valley and Chiltern Air Ambulance (TVAA) and Hampshire and Isle of Wight Air Ambulance (HIOWAA).

Our inspection took place on 3 to 6 May 2016 with unannounced visits on 13 and 16 May 2016. We inspected the trust as part comprehensive inspection of ambulance service. We looked at four core services: access via emergency operations centres, emergency and urgent care services including Resilience and Specialist Operations, patient transport services and the NHS 111 service provided by the trust. The logistical and commercial training services were also not inspected as these do not form part of the trust's registration with the Care Quality Commission (CQC).

Overall, we rated the trust as 'good'. We rated, the emergency operations centre (EOC) patient transport services and NHS 111 services as 'good' and emergency and urgent care as 'requires improvement'.

Overall, we rated the trust's services as being 'good' for providing safe, caring, responsive and well led services and 'requires improvement' for effective services. The trust was rated as 'good' for well-led overall.

Is the trust well-led?

- The trust had a five year vision and clinical strategy to provide excellent, sustainable services, and to coordinate mobile responsive healthcare services so that people received the right care at the right time in the right place (including care that could be closer to home). This strategy was being revised as the trust operational, financial and performance position had change and assumptions about the level of demand and acuity of patients had been underestimated.
- Governance arrangements in the trust had been evaluated and the trust had a level of assurance around this framework. The arrangements had been reviewed to reflect the trust current challenges. There was a comprehensive and detailed integrated performance report, and risk and quality issues were being appropriately escalated to the board though the divisional structures. Although some risks and mitigating actions, and the assurances around these, were not always clearly identified.
- The leadership team showed commitment and enthusiasm to develop and continuouslyimprove services. There had been good pace and progress to modernise the service and to identify and take action on further service developments. The board had identified the need to steady the organisation and focus on improving performance.
- Overall, the trust had a positive, open and transparent relationship with its stakeholders and partners.
- The leadership of the service had improved across all service areas. Many staff reported the excellence and

Summary of findings

support of team leaders and the support and care of colleagues. Staff engagement and communication had improved. The trust was similar to other trust for staff engagement in the NHS Staff survey.

- Staff were positive about working for the trust and recognised the value of their service. However, morale was low across many areas, particularly for frontline emergency 999 staff. The main issues were around shift patterns and rotas. Staff could clearly understand the need to direct resources to meet demand, but this was taking its toll on staff wellbeing. Staff reported being frustrated and tired. The trust had recently started to review arrangements.
- The trust had evaluated its equality delivery system (EDS) uniquely using community groups to do so. The EDS aims to improve patient outcomes and patient access to services and to have a representative and supportive workforce and inclusive leadership. The majority of indicators were achieved. The trust was taking further action to reduce discrimination and recruitment bias (also identified in the staff survey) in the trust and ensure patient safety.
- Public engagement took place through a variety of means, such as campaign work, liaison work, use of social media and surveys. There were a high number of volunteers and community first responders.
- The trust had a highly innovative culture and staff were encouraged to suggest new 'bright ideas' to improve service delivery. Innovation was managed and evaluated through a programme office and there were many examples of service innovation and improvements developed by the trust and its staff.
- In previous years, the trust had been in a position of financial surplus but was currently working in an environment where there were constraints, and a predicted deficit. The trust had a financial recovery plan but had yet to agree financial targets with the local clinical commissioning groups.

Are services safe?

- Staff were clear about their responsibilities to report incidents and there was a culture of learning from incidents that was promoted in the trust. However, not all staff received feedback from incidents or had the time to report incidents when they happened, particularly in patient transport services (PTS).
- Processes to protect people from harm, such as infection control, the cleanliness of vehicles, the safe handling of medicines and equipment and vehicle safety checks were being followed, although this was inconsistent in some areas.
- Patients were appropriately assessed and appropriate action was taken in response to risk.
- Patient records were accurately kept and special notes were kept for patients with specific conditions. Records were stored securely.
- Staff were aware of safeguarding and how to recognise and report abuse or neglect. The trust however, did not have formal systems to ensure safeguarding alerts were sent in a timely way out of hours or at the weekend. If issues were urgent, then the police would be informed.
- Overall, levels of compliance for statutory and mandatory training did not meet trust targets. This was mainly due to operational pressure, although in some areas time allocated to training had not been broadened to include this essential training. The trust was affected by the national shortage of paramedics and had staffing vacancies across all services, in the operations centres and in patient transport services. Action was being taken on recruitment and bank, agency and independent providers were being used to fill staffing gaps. However, many staff were working long hours, some without breaks and they were working under pressure to meet performance targets. Staffing rotas had been changed to meet peaks in demand, but this was affecting staff work /life balance. The trust was working to introduce new rotas to improve the work life balance of staff, whilst continuing to meet the challenge of rising demand.
- The ambulance service was classified as a Category 1 responder under the Civil Contingencies Act 2004.Category 1 responders are the organizations at the core of an major emergency response. The trust understood their duties under the Civil Contingencies Act 2004 and staff were of their responsibilities. The trust worked with partners to improve the ways in which police, fire and ambulance services worked together at major and complex incidents. Pre-identified high-risk sites in the region were identified so there could be an effective coordinated response in a local area, there were joint training events with other

Summary of findings

services, such as the police and fire services, and the trust participated in emergency plans and rehearsals to be able to respond to chemical, biological, radiological, nuclear or explosive incident scenarios.

Are services effective?

- Care and treatment for patients was planned taking account of current evidence based guidance, standards and best practice. Clinical and medical protocols were used to ensure standards met national practice guidelines.
- The trust monitored national ambulance quality indicators in emergency and urgent care services. There was less evidence of the routine use of clinical audit to monitor standards of care and outcomes.
- The average time to respond to emergency calls was worse than the England average and the trust had some of the longest call waiting times. The trust was taking action on this. The proportion of the calls abandoned before being answered had decreased and was now better than the England average.
- The proportion of the calls abandoned before being answered had decreased and was now better than the England average.
- The trust was performing above the England average for emergency calls resolved by telephone advice and support only ("hear and treat").
- The trust performed above the England average for the number of patients managed without need for transport to hospital, referred to as 'see and treat'. The re-contact rate for patients, that is, for patients who called the services within 24 hours of their first call, was similar to the England average.
- Response targets for 999 emergency services for patients with life threatening or urgent conditions were not being met. The trust had an improvement plan in place.
- Following a cardiac arrest, the Return of Spontaneous Circulation (ROSC) (for example, signs of breathing, coughing, or movement and a palpable pulse or a measurable blood pressure) is a main objective for all out-of-hospital cardiac arrests, and can be achieved through immediate and effective treatment at the scene. Percentage of patients with ROSC at time of arrival at hospital was better than England average. However, using the Utstein Comparator Group (a more comparable and specific measure of the management of cardiac arrest) the percentage of patients with ROSC at time of arrival at hospital was worse than England average.
- A response targets for the transport of mental health patients in crises who needed a place of safety (section 136) within 30 minutes was being met for 74% of patients. The trust was above the England average of 62% (range 31% to 90%).
- Most patients who had suffered a stroke received an appropriate care bundles. However, patients who had suffered a heart attack did not always receive an appropriate care bundle. The trust was implementing a recovery action plan to improve this.
- The trust was above national targets for using care bundles for hypoglycaemia, limb fractures, and febrile convulsion. The trust had not met the target for asthma care.
- New contracts had extended the operating hours of the patient transport service (PTS), to support the development of a seven-day service. However, key performance indicator data for 2015/16 showed PTS target times had not consistently been met for the arrival and collection of patients following hospital outpatient appointments or discharge. Transport times for renal patients in general met national standard times and had significantly improved from the previous financial year.
- There was effective coordination of services with other providers and good multidisciplinary working to support seamless care, admission avoidance and alternative care pathways. For example, hospital ambulance liaison officers and hospital liaison officers were viewed by positively by hospital staff to coordinate emergency ambulance services and patient transport services respectively.
- Staff had good induction procedures and access to training. The trust was supporting staff to enhance their roles, for example, specialist paramedics. However, many paramedic staff identified difficulties with accessing training and qualification opportunities.
- Many staff did not receive regular supervision although, most staff had an appropriate annual appraisal. Some staff in PTS services had not received a recent appraisal

Summary of findings

- Staff followed consent procedures. Many staff did not have a clear understanding of the Mental Health Act, although this had improved for staff working in emergency 999 services and there was support for staff from mental health practitioners.

Are services caring?

- Staff across all services were caring, compassionate and treated patients with dignity and respect. Patients were positive about the service they received and the way they were treated.
- Staff supported patients to cope emotionally with their care and treatment. They were also supportive and reassuring when dealing with patients who were distressed.
- Call handlers took time to ensure callers understood the advice and to explain treatment or expectations to callers in a way the callers could understand.
- Ambulance crews explained treatment and care options in a way that patients understood and involved them and their relatives in decisions about whether it was appropriate to take them to hospital or not.
- Care was outstanding in patient transport services were patients reported well developed supportive and caring and trusted relationships particularly regular users, such as renal or mental health patients. Patients appreciated this personal approach and the respect shown by staff for their social and emotional needs.
- Patients could receive advice from clinicians to manage their own health. Clinicians would also provide information to patients about managing conditions if symptoms worsened and would signpost patients to alternative services non-emergency services such as their GP or local urgent care centres.
- There were only a few examples where patients had highlighted being treated inappropriately and without care.

Are services responsive?

- The trust had developed services in order to meet the needs of the local population and respond to the increasing demand for emergency and patient transport services. Many services were being introduced to manage demands on the service, avoid hospital admissions and refer patient to alternative non-urgent pathways of care.
- The emergency operations centres had clinical specialists, for example, in mental health, and support staff. More community first responders (CFR) and co-responders were being used to respond to emergency calls.
- Prolonged delays at some acute hospital's emergency departments had reduced the capacity of front line staff to respond to patient's needs. The number of long waits for an ambulance had steadily increased.
- Action was being taken to address the increasing demand for emergency ambulance services. There were demand practitioners in post to manage frequent calls and provide patients with individual care plans. Services were being developed to ensure waiting times for an ambulance arrival met national targets, for example, more resources were being identified to support GPs calling for an ambulance calls. More specialist paramedics had been employed who could treat patients at the scene or at home in order to avoid hospital admission.
- The air ambulance services could respond to calls within their region within 15 minutes. In addition, night flying had commenced (until 2am) to meet the demand of the service.
- Patient transport services (PTS) had been extended to operate over seven days. The service was accessible to all eligible patients irrespective of any additional needs. Staff could identify patients who needed prompt transport, for example, if they had significant pain, a chronic illness or were to receive a home care package from the detailed notes. However, the electronic systems did not flag patients as a priority for collection to ensure this happened in a systematic way.
- Patients and staff experienced delays when calling the contact centres to identify when transport would be available. Call response times were not met. A new on line PTS booking system had been introduced to try to reduce delays. The online 'book ready' system was also introduced to prevent vehicles being sent when a patient was not ready for collection. The system also allowed hospital staff to see the estimated time of arrival. Patients could access this information through the 'my booking' section of the trust website.

Summary of findings

- There was support for vulnerable patients, for example, people with a mental health condition, a learning disability and those living with dementia. Staff told us they had more awareness of meeting the needs of vulnerable patients.
- There was provision to provide ambulance transport for bariatric patients.
- Staff had access to translation and interpreter services for people whose First language was not English. Callers also had access to services that supported patients with hearing and speech impairments
- There was a clear process for the management of complaints, staff were aware of their responsibilities, and complaints were investigated at local level. However, information and learning from complaints was not always shared effectively in PTS services. The trust was not routinely responding to complaints in a timely manner.

Are services well-led?

- Services had a clear vision and strategies were being developed or revised to take account of increasing numbers of emergency admissions and changes to patient transport services.
- Staff were engaged with the trusts vison and strategy and displayed the trusts values in their own work.
- Many staff were positive about their local leadership and felt supported within their teams. Team leaders were given support and training to do their roles
- Staff were proud to work for the organisation, although staffing pressures were affecting staff moral and wellbeing. Staff in all areas were working long hours and under pressure with late or missed meal breaks. Many staffing cited disruptions to their work/ life balance. The trust was recruiting to all roles including overseas recruitment for paramedics. They were also supporting staff development and training some emergency medical technicians to paramedic level.
- Governance arrangements to monitor the quality and safety of services were in place. The level of staff involvement and understanding, the feedback and sharing of information and the monitoring of services through audit varied. Staff in frontline emergency 999 services had an awareness of risk but sometimes lacked knowledge on the progress being made and the action being taken to manage locally identified risks.
- The trust could demonstrate some improvements to the service following the last inspection in September 2014.
- Not all staff groups were given the opportunity to attend team meetings and some did not have time to attend team meetings. This did limit opportunities for some staff to raise concerns, share in learning or contribute to service development.
- There was a focus on improving the health and wellbeing of staff and the trust had recognition and reward schemes for staff.
- Services could demonstrate innovative practices.

We saw several areas of outstanding practice including:

- The trust was implementing an accelerated clinical transformation programme to work with partners accelerate changes in care delivery, improve patient outcomes and improve efficiency. Current activities include, for example, the use of smartphone technology for remote clinical assessment, end of life care to support patients in their own home, and increased referral and access to pharmacists
- A smartphone triage app had been produced in conjunction with the Wessex Trauma Network. This meant clinicians could use the triage tool to identify if their patient needed to bypass a local hospital and be conveyed directly to a major trauma centre, and which one was the closest.
- The trust had introduced demand practitioners and emergency care practitioners (specialist paramedics) to support patients to manage their own health conditions at home and to treat patients without the need for hospital admission.
- The trust uses a mobile simulation vehicle which offers an innovative approach to training for staff.
- Mental Health practitioners are in control contact centres at weekend peak times. They are piloting direct referrals to Samaritans and local mental health teams. This has improved timely patient access to mental health services.
- The Berkshire Hub connects services together as a single point of access location. The Hub includes out of hours, community, minor injury and illnesses and mental health services. There are shared records and special patient notes for patients. The Hub has increased access to NHS, GP, dental, pharmacy, mental health and labour line services.

Summary of findings

- The NHS 111 provider had worked collaboratively with Age UK to develop a "Sense of Ageing" course for all staff in order to raise awareness of the needs of older patients. This course was being shared nationally as an example of good practice
- The trust was working in partnership with a university in Poland to support the recruitment of paramedics. The university taught students in English to aid employment in the UK and the trust had also supported the integration of Polish staff into the community.
- The trust had worked with community groups to undertake the assessment of its equality delivery system.
- The trust had worked with community groups to evaluate its equality delivery system.

However, there were also areas of poor practice where the trust needs to make improvements.

Importantly, the trust must ensure:

- Staff in urgent and emergency care are supported with their development through supervision
- Response times for emergency and urgent care services are met.
- Governance arrangements in emergency and urgent care services must ensure that staff are aware of risks and safe practices are consistently applied.

In addition the trust, as a provider, should ensure:

- Serious incidents investigations identify underlying causes, themes and human factors so that appropriate trust actions are identified.
- The governance process need to improve to ensure complaints are appropriately monitored and timely action is taken to improve how complaints and handled and the quality and tone of complaint responses.
- Update processes in terms of the Fit and Proper Persons Test and include information about professional registration and from non-clinical professional regulators.
- The trust continues to review rotas and shift patterns for all staff to effectively support managing workload, work/life balance and staff retention.
- For specific information about services and action the services 'should' take, please refer to the reports for South Central Ambulance Service and South Central Ambulance Service NHS 111 service.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to South Central Ambulance Service NHS Foundation Trust

South Central Ambulance Service NHS Foundation Trust (SCAS) was formed on 1 July 2006, after the merger of the Royal Berkshire Ambulance Service NHS Trust, the Hampshire Ambulance Service NHS Trust, the Oxfordshire Ambulance Service NHS Trust and part of the Two Shires Ambulance Service NHS Trust. The trust provides NHS ambulance services in Berkshire, Buckinghamshire, Hampshire and Oxfordshire in the South Central region. This area covers approximately 3,554 square miles with a residential population of approximately 4.6million. On 1 March 2012, the trust achieved foundation trust status.

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The trust also offers the following services: First Aid Training to organisations and the public, a commercial logistics collection and delivery service for our partners in the NHS, and Community First Responders (volunteers trained by SCAS to provide life-saving treatment).

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We inspected the trust as part comprehensive inspection of ambulance service. We looked at four core services: access via emergency operations centres, emergency and urgent care services, patient transport services and the NHS 111 service provided by the trust. The logistical and commercial training services were also not inspected as these do not form part of the trust's registration with the Care Quality Commission (CQC).

Our inspection team

Our inspection team was led by:

Chair: Andy Welch, Medical Director Newcastle upon Tyne Hospitals NHS Foundation Trust

Head of Hospital Inspections: Joyce Frederick, head of Hospital Inspections Care Quality Commission

The team of 51 included CQC inspectors and inspection managers, an analyst and inspection planner and a variety of specialists: The team of specialist included nurses working in accident and emergency departments, paramedic staff including an advanced paramedic and a Clinical Supervisor and Clinical Development Manager, Emergency Medical Technicians (EMT), managers with an operations role, a head of governance, a pharmacist, a safe guarding lead, people with a role in an operation centres and staff from patient transport service (PTS).

How we carried out this inspection

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

- Is it safe?
- Is it effective?
- Is it caring?

Summary of findings

• Is it responsive to people's needs?

• Is it well-led?

The inspection took place from 3 - 6 May with unannounced visits on 13 and 16 May 2016.

Before visiting, we reviewed a range of information we held and asked other organisations to share what they knew about the South Central Ambulance Service. These included local clinical commissioning groups (CCGs); local quality surveillance groups; the health regulator, Monitor; NHS England; Health Education England (HEE); College of Emergency Medicine; General Dental Council; General Medical Council; Health & Safety Executive; Health and Care Professions Council; Nursing and Midwifery Council; National Peer Review Programme; NHS Litigation Authority; Parliamentary and Health Service Ombudsman; Public Health England; the medical royal colleges; local authorities, local NHS Complaints Advocacy Service; local Healthwatch groups; and local health overview and scrutiny committees..

During our inspection, we spoke with a range of staff in the organisation including call handlers, dispatchers, paramedics, ambulance technicians, emergency care assistants, emergency care practitioners, community first responders, patient transport services (PTS) staff, the lead pharmacist, the safeguarding lead, the infection prevention and control lead, the mental health lead, operational managers, emergency operation centre managers, resilience staff and staff at director level.

We visited 20 ambulance stations including numerous stand points, the northern and southern operation centres operation centres where we listened in to calls and observed dispatchers for the emergency service and PTS. We also visited 10 acute hospitals. At these hospitals, we observed the interaction between ambulance staff and hospital staff in the accident and emergency (A&E) areas, direct admission wards, outpatient areas and discharge lounges. We noted how people were being cared for and spoke with patients using the emergency ambulance service and PTS. We spoke with staff from the hospitals we visited about the ambulance service. We rode and observed on 13 emergency ambulances and seven patient transport vehicles. We spoke with in the region of 350 members of staff from the ambulance trust.

We would like to thank all staff, patients and other stakeholders for sharing their balanced views and experiences of the quality of care and treatment provided by the South Central Ambulance Service NHS Foundation Trust.

What people who use the trust's services say

Information from people who contacted us to share their experience and groups acting on the behalf of people (for example, Local Healthwatch, Community support groups):

Positive responses:

- Professional, kind and reassuring staff
- The trust actively seeks input from patients with its equality and diversity work.

Negative Responses :

- Delays in ambulance arriving (over an hour)
- Ambulance staff being rude
- Lack of understanding within the NHS 111 service
- Paramedic staff lacking clinical knowledge
- Patients being taken to the wrong place in Buckinghamshire for Stroke care
- Concern around response times in rural areas in west and south west of Oxfordshire.
- Complaints about patient transport services: late transport and poor communication
- Lack of patient transport facilities for bariatric patients.
- Complaints not handled in a timely way

Hear and Treat Survey (2013/14*):'Hear and Treat' is the telephone advice that callers who do not have serious or life threatening conditions receive from an ambulance service after calling 999. They may receive advice on how to care for themselves or where they might go to receive assistance. This survey looked at the experiences of 2,902 people (55% response rate) who were 18 years and over who called an ambulance service in December 2013 and January 2014 Participants. For the 25 questions asked (for

example, were you treated with dignity and respect? Did the staff explain why an ambulance would not be called? Did you have confidence in person you spoke to? were the staff reassuring?) the trust was similar to other trusts.

Facts and data about this trust

South Central Ambulance Service NHS Foundation Trust: Key facts and data

1. Context

- Service covers - Berkshire, Buckinghamshire, Hampshire, Oxfordshire and Milton Keynes. The NHS 111 Service also covers Luton and Bedfordshire.
- Area covers - 3,3554 square miles (Significant rural areas) with a population of approximately 4.6 million.
- Health Summary: Health of population generally better than England average; Deprivation is lower than average; life expectancy is higher than the England average.
- The service has 40 sites; 27 ambulance stations; 607 ambulance vehicles of which approximately 400 are frontline ambulances; operates two Air Ambulance helicopters; and 226 PTS ambulances and 16 cars.
- The services covers 12 acute hospital sites, 2 Major Trauma Centres, 7 specialist site, 6 mental health trusts.
- Staff: 3,000.
- Community First Responders & co-responders: 1,271
- Volunteer car drivers: 107
- The total income for the service was £175.5million in 2015/16 (£120.3m on emergency services; £21.1m PTS; and £15.7m on 111 services). The trust had a £3.7m deficit for the year in 2015/16. Income for 2016/17 £175.9m expected deficit £1.9m.
- Cost improvement programme: Historically trust had achieved CIP targets. £6.4m savings target set in 2013/14 Trust achieved CIP target for 2013/14 in 2015/16.

2. Activity

- Calls to 999: 541,080 (2015/16)
- Calls to 111: 1,238,568 (2015/16)
- Patient Transport service Journeys: 513,787 (2015/16)

3. Safe

- **National Reporting and Learning System (NRLS reporting):**Between March 2015 and February March 2015, 16 serious incidents were reported by the trust. No Never Events.
- **Staff survey**: Worse than average for questions relating to % of staff witnessing potentially harmful errors, reporting of errors and near misses; Better than average for the % of staff reporting potentially harmful errors, reporting of errors and near misses.
- **Central Alert System:**40 alerts (2015/16); 31 acknowledged within 2 days (78%). Of the 40 alerts 3 related to SCAS. Of these, 2 (67%) acknowledged within deadline of 2 working days; 2 (67%) were closed within deadline.

4. Effective

Ambulance clinical performance indicators (comparison between trusts) (Apr 2014 – Oct 2015)

- Return of spontaneous circulation (ROSC) at time of arrival at hospital (Overall) (%) : Better than England average
- ROSC at time of arrival at hospital (Utstein Comparator Group*) (%): Worse than England average
- Cardiac arrest - survival to discharge - overall survival rate (%): Better than England average
- Cardiac arrest - survival to discharge –(Utstein comparator group *) survival rate (%): Variable above and below England average
- % of patients suffering a STEMI who are directly transferred to a centre capable of delivering PPCI and receive angioplasty within 150 minutes of call. Similar to England Average
- % of patients suffering a STEMI who receive an appropriate care bundle. Worse than England average
- % of FAST positive stroke patients who arrive at a stroke unit within 60 minutes of call. Slightly below England average

Summary of findings

- % of suspected stroke patients who receive an appropriate care bundle. Similar to the England average

Category Red calls (2015/16)

- Emergency response
- Red 1: 75% of calls within 8 minutes - Target not met overall ; comparable to England average
- Red 2: 75% of calls within 8 minutes - Target not met overall; above England average
- Vehicle capable of transporting a patient at the scene
- Category A calls (Red 1 and Red 2) - 95% in 19 minutes - Target not met overall but above the England average.

Treatment

- Telephone Advice:**Hear and Treat.**Percentage of emergency calls resolved by telephone advice - Below the England average (July 2014 – August 2015) for emergency calls dealt with by telephone advice only. Above the England average (August 2015 – January 2016). The percentage of emergency calls resolved by telephone advice and support (hear and treat) had increased. Between April 2015- March 2016, the percentage of patients treated over the phone had increased from 6.1% to 13.5%.
- **See and Treat.**The number of patients discharged, after treatment at the scene or who had onward referral to an alternative care pathway rather than a hospital("see and treat") was above the England average (July 2014 – August 2015). However, numbers were declining from 39% in April 2015 to 35.9% in March 2016. The trust have identified the decline is correlated to the rise in "hear and treat" rates

5. Caring

Hear and Treat survey 2013/14* national NHS survey programme.

25 questions on call handling, clinical advice, outcome and overall service.

- 24 questions - similar to other trusts
- 1 question - Positive outlier - Listened to what the patient had to say

6. Responsive

- **Time to answer calls:**Majority of calls answered within times that are better than other trusts; however median (average) time to answer a call worse than other trusts.
- **Call abandonment rate:**- July 2014 – August 2015 worse than England average; September 2015 to January 2016 - Above the England Average.
- **Re-contact rate:**Proportion of patients who re-contacted following discharge of care, by telephone within 24 hours - Similar to other trusts
- **Conveyancing:**Proportion of emergency and urgent incidents managed without the need for transport to A&E - below the England average (July 2014 – August 2015) Above England average (August 2015 – January 2016)
- **Patient Transport Services**: Trust transport contract target times not met overall.

7. Well led

- NHS Staff Survey (2015). (32 questions). Overall trust was similar to other trusts. 13 questions were better than average and 7 questions were below average.

8. CQC inspection history

- Five inspections had taken place at the trust since its registration in April 2010.
- Compliant at last inspection in October 2013.
- 'Must' and 'Should' actions as part of the pilot Wave 1 comprehensive inspection for ambulance trusts in September 2014.

Summary of findings

Our judgements about each of our five key questions

	Rating
Are services at this trust safe? **By safe, we mean that people are protected from abuse and avoidable harm.**	Good

Overall we rated the safety of the services at the trust as 'good'. For specific information, please refer to the core service reports for South Central Ambulance Service and South Central Ambulance Service NHS 111 service.

The trust 'Sign up to Safety' pledge as part of the national initiative was signed in December 2014 and identifies the following key actions to reduce avoidable harms in the NHS by 50% over the next 3 years (2015 – 2018). The plan covers: 1. Patient safety first (reviewing, for example, clinical practice and incidents and focusing on high risk areas such as sepsis care); 2. Continually learning (for example learning from incidents and feedback from patients); 3. Honesty (for example, promoting an open culture, following Duty of Candour and publishing the learning from complaints); 4. Collaborate (working with partners to improve services and learning) and 5. Support (for example, sharing learning and embedding reflective practice). There was a patient safety group to monitor and change practice based on findings.

In many areas safety standards were being adhered to. However, the trust needed to improve consistency around incident reporting, medicines management, infection control, equipment checks, staff compliance with mandatory training and managing safeguarding out of hours.

Emergency operations centres, emergency and Urgent Care and NHS 111 were rated as 'good'. We rated the patient transport service as 'requires improvement'.

Duty of Candour

- The Duty of Candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person. The Duty of Candour regulation which came into effect in the NHS on 27 November 2014.
- The trust had a Being Open and Duty of Candour Policy (June 2014) which referenced Duty of Candour and had been updated

to include the relevant details of this regulation. The trust had introduced processes so that action taken with regards to the Duty of Candour was triggered for moderate and serious incidents.

- Senior clinical staff were aware of the Duty of Candour regulation and the importance of being open and transparent with patients and families. Trust staff, overall, were aware and understood their responsibility to be open.
- We reviewed six serious incidents all had appropriately identified the Duty of Candour and patients and/or their families had been contacted.

Safeguarding

- Trust had groups for safeguarding adults and children. The safeguarding policy (October 2015) identified the key safeguarding issues for staff to be aware of. Various policies have been developed to address current issues, for example, domestic abuse. The Director of Patient Care was the safeguarding lead. The trust had a named professional lead for child and adult safeguarding. The trust had new safeguarding referral form that captures all elements of safeguarding which has included, for example, female genital mutilation, sexual exploitation, forced marriage, Deprivation of Liberty and self-neglect. The trust had a safeguarding team of five (two new staff had been recruited in the previous year.
- The trust safeguarding annual report 2014/15, was approved the board in July 2015. The trust had improved its training courses and attendances, referral rates, implementation of lessons learnt from serious case reviews, and partnership working to prevent avoidable harms. Plans for 2015/16 included the need to improve training, electronic links for safeguarding referral, safeguarding board attendance and multi-disciplinary working and to have safeguarding champions across the trust.
- The trust has a process of placing special patient notes (SPN's) onto the computer aided despatch system in their operations centres. This flags up any address or patient name that has been specifically indicated by social services. The trust was also trialling with some social services an upload of the child protection register on a monthly basis but the task was very labour intensive and was not up to date. The trust was working to improve electronics links for safeguarding.
- Staff were referring any concerns to social services for checking and current referral rates were high. The trust had identified

that staff had a very low referral threshold. The trust ran a safeguarding campaign that started in June 2015 and they had safeguarding months to improve staff awareness. The trust had seen an increase in 2015/16 of 111% of safeguarding adult referrals and 53% in child referrals compared to the same period April to December 2014/2015. The trust had attended 59% of safeguarding Boards during January to December 2015. There were 12 boards to attend and to improve attendance the trust had now allocated trust representatives to attend each board.

- Due to the 'frontline' nature of the trusts services, the staff may be the first contact with families or carers who may be experiencing difficulties in looking after their children or adults. The trust had introduced Level 2 safeguarding training to support staff to recognise the signs of abuse and other safeguarding concerns. . By March 2016, 88% of staff had completed adult safeguarding level 1 training and 84% level 2 training; 89% of staff had completed children' s safeguarding level 1 training and 84% level 2 training. The trust target was 95%. There was variation amongst staff groups and more patient transport services, administrative staff and NHS 111 staff needed to complete this training.
- Staff were aware of safeguarding and how to recognise and report abuse or neglect. The trust however, did not have formal systems to ensure safeguarding alerts were sent in a timely way out of hours or at the weekend. If issues were urgent, then the police would be informed

Incidents

- Staff were encouraged to report incidents. The trust, overall, had a safety culture where incidents were appropriately reported and followed up. Learning was shared and changes made as a result of this to improve the safety of services. However, incidents were not consistently being reported in emergency and urgent care services where staff professed that they did not always have enough time. Staff across the PTS did not report all incidents that occurred. Where they had, they did not always receive feedback nor was learning share. They also identified that some incidents were not acted upon.
- The trust had reported 826 incidents to the National Reporting and Learning Service (NRLS) from February 2015 to March 2016. The majority (92%) of these incidents were low risk or no harm incidents. Moderate incident accounted for 3% of all incidents and serious incidents (severe harm or death) 4%. The trust has

reported more deaths than the proportional average for all ambulance trusts which is 0.9%. The majority of serious incidents had been because of treatment delays. The majority of incidents had happened in an ambulance or in the home. There were no never events reported in the trust.

- We found that incidents had been investigated through root cause analysis and the learning implemented. We reviewed four serious incidents. The incidents had been examined appropriately, however, we identified that the root cause of an incident was often not explored and actioned. The trust identified that serious incidents were often singular events due to staff failing to follow procedures. This was borne out in the sample of serious incidents that we had reviewed. However, it was also clear that the trust had not given adequate consideration to human factors issues that lie behind such causes. For example, one serious incident found that a paediatric mask and bag were damaged and unusable and recommended all should be replaced but did not explore what routine checks such equipment should be subject to or whether these were adequate. Another serious incident identified a delay in an ambulance arrival. The root cause simply identified 'lack of resource' and did not explore other factors such as explaining delays and how to prioritise and escalate calls.

Staffing

- The trust was affected by the national shortage of paramedics and had staffing vacancies across all services, in the operations centres and in patient transport services. Action was being taken on recruitment and bank, agency and independent providers were being used to fill staffing gaps. However, many staff were working long hours, some without breaks and they were working under pressure to meet performance targets. Staffing rotas had been changed to meet peaks in demand, but this was affecting staff work /life balance.
- The trust was working in partnership with a university in Poland to support the recruitment of paramedics. The university taught students in English to aid employment in the UK and the trust had also supported the integration of Polish staff into the community.
- In the NHS 111 service, there was insufficient access to clinical staff, particularly during periods of high demand. The trust was

Summary of findings

making improvements to reduce staff sickness absence, had introduced operational plans to manage workload, intended to pilot clinician home working to improve capacity, and had continued to recruit additional clinical staff.

Are services at this trust effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Requires improvement

Overall we rated the effective services at the trust as 'requires improvement'. For specific information, please refer to the core service reports for South Central Ambulance Service and South Central Ambulance Service NHS 111 service.

The trust used national and evidence based practice guidelines and national standards were being monitored. There was effective working to improve multi-disciplinary working and to work in coordination with other providers to improve services. Staff were supported in terms of induction and training. However, national response times overall were not being met, staff were not always able to access training and did not get appropriate levels of supervision and appraisal. Consent was performed appropriately but some staff did not have sufficient knowledge of the mental capacity Act.

Emergency operations centres and patient transport services were rated as 'good'. We rated the emergency and Urgent Care and NHS 111 service as 'requires improvement'.

Evidence based care and treatment

- Care and treatment for patients was planned taking account of current evidence based guidance, standards and best practice. Clinical and medical protocols were used to ensure standards met national practice guidelines.
- The trust monitored national ambulance quality indicators in emergency and urgent care services. There was less evidence of the routine use of clinical audit to monitor standards of care.

Patient outcomes

- The average time to respond to emergency calls was worse than the England average. The trust had a target of 1 second. The majority (60%) of calls were responded to within 3 seconds. Some calls took much longer and the trust had some of the longest call waiting times. The trust was taking action on this. The proportion of the calls abandoned before being answered had decreased and was now better than the England average.

Summary of findings

- The trust was performing above the England average for emergency calls resolved by telephone advice and support only ("hear and treat").
- The trust performed above the England average for the number of patients managed without need for transport to hospital, referred to as 'see and treat'. The re-contact rate for patients, that is, for patients who called the services within 24 hours of their first call, was similar to the England average.
- Response targets for 999 emergency services for patients with life threatening or urgent conditions were not being met. The trust had an improvement plan in place.
- Following a cardiac arrest, the Return of Spontaneous Circulation (ROSC) (for example, signs of breathing, coughing, or movement and a palpable pulse or a measurable blood pressure) is a main objective for all out-of-hospital cardiac arrests, and can be achieved through immediate and effective treatment at the scene. Percentage of patients with ROSC at time of arrival at hospital was better than England average. However, using the Utstein Comparator Group (a more comparable and specific measure of the management of cardiac arrest) the percentage of patients with ROSC at time of arrival at hospital was worse than England average.
- A response targets for the transport of mental health patients in crises who needed a place of safety (section 136) within 30 minutes was being met for 74% of patients. The trust was above the England average of 62% (range 31% to 90%).
- Most patients who had suffered a stroke received an appropriate care bundles. However, patients who had suffered a heart attack did not always receive an appropriate care bundle. The trust was above national targets for using care bundles for hypoglycaemia, limb fractures, and febrile convulsion. The trust had not met the target for asthma care. The trust was implementing a recovery action plan to improve this.
- New contracts had extended the operating hours of the patient transport service (PTS), to support the development of a seven-day service. However, key performance indicator data for 2015/16 showed PTS target times had not consistently been met for the arrival and collection of patients following hospital outpatient appointments or discharge. Transport times for renal patients in general met national standard times and had significantly improved from the previous financial year.

- Approximately 95% of NHS 111 were answered within 60 seconds. However, between January and March 2016 performance calls answered within 60 seconds had dropped to 56%. Less than 10% of calls had been transferred to the 999 service which was in line with the national average.
- The NHS 111 service had a ratio of call handler to clinician ratio routinely of 1: 7 at times. The national recommendation was 1:5. The provider had consistently missed the targets for clinician call backs to patients for patients requiring clinical advice. In the previous 12 months, for call backs within 10 minutes rate for the provider was between 26% and 28 %, which missed the national target rate of 95%. This meant that around 75% of patients had waited beyond 10 minutes for a call back by a clinician and may have been at risk of not receiving timely advice or treatment. The average time for a call back was approximately 53 minutes in March 2016 and 39 minutes in April 2016. Some patients had waited over 6 hours for a call back.

Multidisciplinary working

- There was effective coordination of services with other providers and good multidisciplinary working to support seamless care, admission avoidance and alternative care pathways. For example, hospital ambulance liaison officers and hospital liaison officers were viewed by positively by hospital staff to coordinate emergency ambulance services and patient transport services respectively. Information was effectively shared with GPs, the GP out of hours' provider and acute trusts in NHS 111 services.
- The NHS 111 service had care pathways for patients with specific needs, for example those at the end of their life, and babies and young children

Consent, Mental Capacity Act & Deprivation of Liberty safeguards

- Staff followed consent procedures. Many staff did not have a clear understanding of the Mental Health Act, although this had improved for staff working in emergency 999 services and there was support for staff from mental health practitioners.

Summary of findings

Are services at this trust caring?

Good

By caring, we mean that staff involve and treat patients with compassion, kindness, dignity and respect.

Overall we rated the caring at the trust as 'good'. For specific information, please refer to the core service reports for South Central Ambulance Service and South Central Ambulance Service NHS 111 service.

Staff provided compassionate care to callers and patient. Patients were involved in their care and treatment and staff took time to explain care and treatment and services to patients in a way they could understand. Staff had training to support and reassure caller and patients who could be distressed, anxious and confuse. Clinicians were available to provide advice to support patients to manage their own health.

Patient transport services were rated as 'outstanding. We rated emergency operations centres, emergency and Urgent Care, and NHS 111 service as 'good'.

Compassionate care

- Staff across all services were caring, compassionate and treated patients with dignity and respect. Patients were positive about the service they received and the way they were treated.
- Care was outstanding in patient transport services were patients reported well developed supportive and caring and trusted relationships particularly regular users, such as renal or mental health patients. Patients appreciated this personal approach and the respect shown by staff for their social and emotional needs. Staff in acute hospitals also reported positively on the level of support and care provided by PTS staff.
- There were only a few examples where patients had highlighted being treated inappropriately and without care.

Understanding and involvement of patients and those close to them

- Call handlers took time to explain or ask questions in a way the caller would understand and to ensure the callers understood the advice they had been given or the referral process to other services where this was needed. This included where an appointment had been made by the NHS 111 service or where a request was to be made for a future appointment. Call handers also took time to explain treatment options or expectations to emergency callers.

Summary of findings

- Ambulance crews explained treatment and care options in a way that patients understood and involved them and their relatives in decisions about whether it was appropriate to take them to hospital or not.

Emotional support

- Staff supported patients to cope emotionally with their care and treatment. They were also supportive and reassuring when dealing with patients who were distressed.
- Patients could receive advice from clinicians to manage their own health. Clinicians would also provide information to patients about managing conditions if symptoms worsened and would signpost patients to alternative services non-emergency services such as their GP or local urgent care centres.

Are services at this trust responsive?

Good

By responsive, we mean that services are organised so that they meet people's needs.

Overall we rated the responsiveness of the services at the trust as 'good'. For specific information, please refer to the core service reports for South Central Ambulance Service and South Central Ambulance Service NHS 111 service.

There had been an increasing demand for all services and the trust was adapting to respond appropriately to this demand. New services were being introduced to managed demand, avoid admissions and refer patients to alternative non-urgent care. There was support for vulnerable people and staff awareness was increasing. Complaints were handled appropriately although information and learning was not always shared and the trust was not responding to these in a timely manner.

We rated emergency operations centres, emergency and Urgent Care, patient transport services were and NHS 111 service as 'good'.

Are services at this trust well-led?

Good

By well led, we mean that the leadership, management and governance of the organisation assure the delivery of high quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Overall we rated well-led as 'good'. For specific information, please refer to the core service reports for South Central Ambulance Service and South Central Ambulance Service NHS 111 service.

Summary of findings

The trust had a five year vision and clinical strategy to provide excellent, sustainable services, and to coordinate mobile responsive healthcare services so that people received the right care at the right time in the right place (including care that could be closer to home). This strategy was being revised as the trust operational, financial and performance position had change and assumptions about the level of demand and acuity of patients had been underestimated.

Governance arrangements in the trust had been evaluated and the trust had a level of assurance around this framework. The arrangements had been reviewed to reflect the trust current challenges. There was a comprehensive and detailed integrated performance report, and risk and quality issues were being appropriately escalated to the board though the divisional structures. Although some risks and mitigating actions, and the assurances around these, were not always clearly identified.

The leadership team showed commitment and enthusiasm to develop and continuouslyimprove services. There had been good pace and progress to modernise the service and to identify and take action on further service developments. The board had identified the need to steady the organisation and focus on improving performance.

Overall, the trust had a positive, open and transparent relationship with its stakeholders and partners.

The leadership of the service had improved across all service areas. Many staff reported the excellence and support of team leaders and the support and care of colleagues. Staff engagement and communication had improved. The trust was similar to other trust for staff engagement in the NHS Staff survey.

Staff were positive about working for the trust and recognised the value of their service. However, morale was low across many areas, particularly for frontline emergency 999 staff. The main issues were around shift patterns and rotas. Staff could clearly understand the need to direct resources to meet demand, but this was taking its toll on staff wellbeing. Staff reported being frustrated and tired. The trust had recently started to review arrangements.

The trust had evaluated its equality delivery system (EDS) uniquely using community groups to do so. The EDS aims to improve patient outcomes and patient access to services and to have a representative and supportive workforce and inclusive leadership. The majority of indicators were achieved. The trust was taking further action to reduce discrimination and recruitment bias (also identified in the staff survey) in the trust and ensure patient safety.

Summary of findings

Public engagement took place through a variety of means, such as campaign work, liaison work, use of social media and surveys. There were a high number of volunteers and community first responders.

The trust had a highly innovative culture and staff were encouraged to suggest new 'bright ideas' to improve service delivery. Innovation was managed and evaluated through a programme office and there were many examples of service innovation and improvements developed by the trust and its staff.

In previous years, the trust had been in a position of financial surplus but was currently working in an environment where there were constraints, and a predicted deficit. The trust had a financial recovery plan but had yet to agree financial targets with the local clinical commissioning groups.

Overview of ratings

Our ratings for Bucks & Oxon Divisional HQ

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good	Requires improvement	Good	Good	Requires improvement	Requires improvement
Patient transport services (PTS)	Requires improvement	Good	Outstanding	Good	Good	Good
Emergency operations centre (EOC)	Good	Good	Good	Good	Good	Good
Overall	Requires improvement	Requires improvement	Outstanding	Good	Requires improvement	Requires improvement

Our ratings for NHS 111 Service

	Safe	Effective	Caring	Responsive	Well-led	Overall
NHS 111 service	Good	Requires improvement	Good	Good	Good	Good
Overall	Good	Requires improvement	Good	Good	Good	Good

Our ratings for South Central Ambulance Service NHS Foundation Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Good	Requires improvement	Good	Good	Good	Good

Outstanding practice and areas for improvement

Outstanding practice

We have identified many significant areas of outstanding practice when we inspected the trust in September 2014. The report is available on our website.

During this inspection, we have also identified:

- The trust was implementing an accelerated clinical transformation programme to work with partners accelerate changes in care delivery, improve patient outcomes and improve efficiency. Current activities include, for example, the use of smartphone technology for remote clinical assessment, end of life care to support patients in their own home, and increased referral and access to pharmacists.
- A smartphone triage app had been produced in conjunction with the Wessex Trauma Network. This meant clinicians could use the triage tool to identify if their patient needed to bypass a local hospital and be conveyed directly to a major trauma centre, and which one was the closest.
- The trust had introduced demand practitioners and emergency care practitioners (specialist paramedics) to support patients to manage their own health conditions at home and to treat patients without the need for hospital admission.
- The trust uses a mobile simulation vehicle which offers an innovative approach to training for staff.
- Mental Health practitioners are in control contact centres at weekend peak times. They are piloting direct referrals to Samaritans and local mental health teams. This has improved timely patient access to mental health services.
- The Berkshire Hub connects services together as a single point of access location. The Hub includes out of hours, community, minor injury and illnesses and mental health services. There are shared records and special patient notes for patients. The Hub has increased access to NHS, GP, dental, pharmacy, mental health and labour line services.
- The NHS 111 provider had worked collaboratively with Age UK to develop a "Sense of Ageing" course for all staff in order to raise awareness of the needs of older patients. This course was being shared nationally as an example of good practice.
- The trust was working in partnership with a university in Poland to support the recruitment of paramedics. The university taught students in English to aid employment in the UK and the trust had also supported the integration of Polish staff into the community.
- The trust had worked with community groups to undertake the assessment of its equality delivery system.
- The trust had worked with community groups to evaluate its equality delivery system.

Areas for improvement

Action the trust MUST take to improve

Action the location MUST take to improve

The trust must ensure

- Staff in urgent and emergency care are supported with their development through supervision
- Response times for emergency and urgent care services are met.
- Governance arrangements in emergency and urgent care services must ensure that staff are aware of risks and safe practices are consistently applied.

Action the location SHOULD take to improve

The trust should ensure

- Serious incidents investigations identify underlying causes, themes and human factors so that appropriate trust actions are identified.
- The governance process need to improve to ensure complaints are appropriately monitored and timely action is taken to improve how complaints and handled and the quality and tone of complaint responses.

Outstanding practice and areas for improvement

- Update it processes in terms of the Fit and Proper Persons Test and include information about professional registration and from non-clinical professional regulators.
- The trust continues to review rotas and shift patterns for all staff to effectively support managing workload, work/life balance and staff retention.

For specific information about services and action the services 'should' take, please refer to the reports for South Central Ambulance Service and South Central Ambulance Service NHS 111 service

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the fundamental standards that were not being met. The provider must send CQC a report that says what action they are going to take to meet these fundamental standards.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Regulation 18(2)(a) **How the regulation was not being met:** NHS 111 • Staff had not received appropriate, training to enable them to carry out the duties they were employed to do. • Not all staff received appropriate support, training, and appraisal to enable them to carry out the duties they were employed to perform.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 **How the regulation was not being met:** • Governance processes had not identified inconsistent practice in emergency and urgent care. There were safety issues that had not been identified appropriately through monitoring arrangements.