London Ambulance Service 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

We carried out an inspection of the London Ambulance Service between 2, 6 and September 2019 and 13 September 2019. Three core services were inspected: 111 Integrated Urgent Care Clinical Assessment Service, the Urgent and Emergency Service and the Emergency Operations Centre. The inspection of these services was conducted as a result of a number of whistleblowing concerns from different staff members across two of the services, over a period of one to two months.

This report covers the inspection of the London Ambulance Service's (LAS) 111 Integrated Urgent Care Clinical Assessment Services in south east London (SEL) and north east London (NEL). NEL was visited on 3 September 2019 and SEL was visited on the 5 and 13 September 2019.

The 111 services have been rated as **good** overall.

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

At this inspection we found:

- Staff were supported in the effective use of NHS Pathways which is a triage software utilised by the National Health Service to triage public telephone calls for medical care and emergency medical services.
- However, we found that not all staff were aware of how to deal with complex calls.
- The service had not met all the National Quality Reporting standards and those requirements set by the commissioners.
- The service had good systems to manage risk so that safety incidents were less likely to happen. Learning from incidents was shared at and between the two sites; however, some staff reported that they were not routinely made aware of incidents that occurred.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided.
- Call audits were in place to monitor the performance of staff at each service.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- The services had an overarching governance framework in place, including policies and protocols which had been developed at a provider level and had been adapted to meet the needs of the services locally.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The provider was in the early stages of starting a patient participation forum at a regional level so that patients could feed into the services being provided.

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

- Provide time for staff to complete additional duties such as completing the service's incident database.
- Effectively disseminate information to staff and improve the use of required communication tools so that information is correctly documented.
- Liaise with the clinical commissioning group to discuss ways to improve the Directory of Services.
- Continue with efforts to achieve the services rota fill targets.

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 Care Quality Commission (CQC) lead inspector who was accompanied by a GP specialist adviser, a second CQC inspector and a manager specialist adviser.

Background to London Ambulance Service Headquarters

The London Ambulance Service NHS Trust (LAS) was established in 1965 from nine previously existing services and became an NHS Trust on 1 April 1996. The main role of the LAS is to respond to emergency 999 calls, 24 hours a day, 365 days a year. LAS has delivered a 111 service in south east London (SEL) since 2013 when it became the step-in provider; SEL 111 covers the boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark. Its offices are based in Southern House, Croydon (5 minutes' walk from East Croydon station). The 111-service transitioned to an integrated urgent care (IUC) service through phased mobilisation from 26th February to 8th May 2019.

LAS was awarded, through open tender, the contract to deliver the Integrated Urgent Care (IUC) Clinical Assessment Service (CAS) for the boroughs of Barking & Dagenham, City & Hackney, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest, which commenced in 1 August 2018. This north east London (NEL) service is based at Maritime House, Barking (five minutes' walk from Barking station). Both locations were visited as part of the inspection.

In line with the national specification, the new LAS IUC CAS has a multidisciplinary team of GPs, Advanced Practitioners, Pharmacists, Nurses, Paramedics, Health & Service Advisors providing expert advice over the phone and working closely with other urgent care services in the area as part of the overall integrated urgent care system. The model for an IUC CAS requires access to urgent care via NHS 111, either on a free-to-call telephone number or online. The service provides:

- Triage by a Health Advisor;
- Consultation with a clinician using a clinical decision support system or an agreed clinical protocol to complete the episode on the telephone where possible;
- Direct booking post clinical assessment into a face-to-face service where necessary;
- Electronic prescription;
- Self-help information delivered to the patient.

Good

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, 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. The staff we spoke with were clear about their responsibilities and could outline to whom to report.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider had recruitment policies and protocols in place. The service utilised several temporary agency staff, and in files we checked there were appropriate records of references having been checked.
- 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).
- As part of the inspection, we reviewed the staff training log for both locations. Safeguarding training had a target of 100%; between March 2018 and April 2019, SEL achieved between 84% and 98%. Following the inspection, the provider informed us that the Trust's compliance rate was in fact 85% which they had exceeded at both sites.

Risks to patients

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

- When there were changes to services or staff the provider assessed and monitored the impact on safety. The services had an action plans in place and had systems for work force planning to ensure that shift rotas matched the demand of the services.
- Although, there were arrangements for planning and monitoring the number and mix of staff needed, six out of twenty members of staff, across both sites, told us there was insufficient staffing at both sites. We noted that notwithstanding the use of agency staff there were gaps in rotas that were not filled. Staff told us that at busy times during the winter period there had been insufficient clinical cover, although all staff said there had been an improvement with rota fills within the last few months. Rotas showed these issues had reduced in the past three months. The provider supplied details of the number of agency hours used for each service. This data showed a clear increase in agency usage, with spikes at expected times such as Easter and bank holidays. This showed they were responsive to demand, as improved performance during a busy May 2019 indicated.
- The provider told us that they were still actively recruiting for clinicians and clinical health advisers, and that the expansion of the business, particularly in SEL, which had only mobilised into a clinical assessment service in May 2019, had meant that some rota gaps could not be filled in the short term.
- There was an effective induction system for staff, tailored to their role.
- The provider had identified that additional learning for staff was required.
- Systems were in place to manage people who experienced long waits.
- In the main, staff told patients when to seek further help and advised patients what to do if their condition got worse. However, we were told of an occasion when a health advisor had not provided worsening advice to a patient to help them respond to any difficulties that may present after they got off the call. The member of staff was given additional training and learning was forwarded to the wider team.
- Complex calls had a criterion and a caveat that if a health advisor felt out of their depth, they could request a clinician take over management of the call.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

Good

Are services safe?

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- Both sites had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. This included care homes and mental health sites.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Track record on safety

The sites had a good safety record.

- There was a system in place for receiving and acting on safety alerts.
- The sites had 'learning from experience' and 'top tips' boards to share staff experience and learning.
- There were comprehensive risk assessments in relation to safety issues.
- Both sites services monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned, and improvements made

The processes in place for shared learning was not always effective.

- 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. All significant events had been reviewed and an action plan created for staff. The events were displayed on a screen in the call centre and were placed in a folder on each desk. However, three members of staff we spoke with said they were not always formally notified of incidents and the related learning.
- There were adequate systems for reviewing and investigating when things went wrong. The sites learned and shared lessons, identified themes and acted to improve safety. In all cases where there had been an error in the management of the call by a call handler, there were recorded details of the learning points. We reviewed a significant event which led to the provider changing the pathway of children up to one years old; this patient group must now always be forwarded to a GP on site, rather than another clinician or being told they will receive a call back within a particular timeframe.
- The sites learned from external safety events and patient safety alerts. There was an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

Requires improvement

Are services effective?

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

- Systems and had failed to identify issues with staff training such as staff knowing how to deal with complex calls and knowing when to escalate concerns.
- NEL was below target for referral and management of patients with the clinical assessment service between August 2018 and May 2019.
- There were areas where both sites were below national targets.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice.

- 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. These were available on the intranet system and were emailed to staff.
- Telephone assessments were carried out using a purpose-built operating model which included processes for assessing patients' symptoms through a triage algorithm, with options including transferring the call to a clinician for further review.
- Patients' needs were fully assessed. This included their clinical and mental health needs and their physical wellbeing. Where patients' needs could not be met by the service, staff redirected them to the appropriate service.
- Care and treatment were delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients, including engaging with the local NHS acute trust to share information, to identify, monitor and support patients who frequently called the NHS 111 service and those who also frequently attended the hospital emergency department.
- There was a system in place to identify frequent callers and patients with needs, for example palliative care patients. Care plans and protocols were in place to provide the appropriate information and support.
- 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 a clear explanation was given to the patient or person calling on their behalf.

Monitoring care and treatment

- The provider implemented a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- Providers of NHS 111 sites 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 saw the most recent results for the sites which showed the provider was performing in line with national averages in some areas but below national averages in others, as detailed below:

North East London (between August 2018 and May 2019):

- The average time to answer a call was between 0.13 and 0.26 seconds. The national target is that 95% of calls should be answered within 60 seconds. NEL met this target in May 2019 scoring 96%"
- The service was consistently below target for referral and management of patients with the clinical assessment service. The provider had developed categories of patients to be managed within a specific timeframe depending on their needs, this ranged from P1 to P6. Patients within the P1 category should be called back within 15 mins from them making the call. We saw that between August 2018 and May 2019 the sites performance was between 46% and 74% (KPI 95%).
- In May 2019, the percentage of calls re-triaged to other sites was 93% and the percentage of ambulance avoidance due to re-triage was 89%.
- The KPI for patients with a life-threatening condition having an ambulance dispatched within three minutes of the call was 100%. The service achieved between 95% and 100%.

Requires improvement

Are services effective?

- During May 2019, 25% of calls were closed as self-care, the target for this is 33%.
- 99% of frequent users were consistently highlighted to their GP.
- During the period the service achieved the KPI target of 95%, seven out of 10 times, for a post event message to be sent to a patient's GP practice by 8am the following day.
- The percentage of calls answered within 60 seconds was between 82% and 91% from between August 2018 and April 2019, in May the service reached 96%. In August the England average was: 80%. (national target 95% or above, KPI 95% or above);
- The percentage of answered calls transferred to a clinical advisor with the patient still on the line was 33.38% (England average 40%).

South East London (between March 2018 and April 2019):

The service saw improvements to the abandonment rate and calls answered in 60 seconds.

- The percentage of calls answered within 60 seconds was between 74% and 93% (national target 95%, KPI 95%);
- Proportion of calls given category 3 or 4 ambulance disposition (ambulance response categories) that were revalidated (confirmed as dispatched appropriately) was (between August 2018 and April 2019) between 53% and 76% (national target 50% or more, KPI 50% or more).
- The percentage of calls triaged that were dealt with by a clinician was 64% for March 2019 and 71% for April 2019 (national target 50% or more, KPI 50% or more).
- The proportion of calls where the person was called back within 10 mins ranged between 39.4% and 66% (national target 50% or above, KPI 50% or above).
- 100% of frequent users were highlighted to their GP.

Both services were performing well for the percentage of calls assessed by a clinician and the proportion of category 3 or 4 ambulance dispositions that were revalidated. Most of the other national metrics were below target, but the service generally performed well against local KPIs. We saw that the service had a year-on-year increase in call volumes each month, figures showed that in May 2019, the service had 22% more calls than in May 2018.

We discussed the areas where the where the services were below some of the performance indicators and were informed that it had been acknowledged that the service model assumptions made during procurement required further work and evaluation. The London Ambulance Service and commissioners are currently adjusting the priority categories and considering new metrics, this is aligned with the national review of KPI's for IUC 111CAS services. Prior to the inspection we spoke with one of the commissioners whom informed us that 'call abandonment rate' (for which the provider was performing well) was the most important metric to demonstrate accessibility for patients.

In addition, the provider had an action plan in place to address the areas where performance was below national standards. Recruitment had been ongoing, and staff told us that this issue had improved, which was reflected in better results in May 2019. The provider utilised work force planning software to forecast the number of staff needed to effectively run the service. The staff rota showed that in the past two months the percentage of staff scheduled on shifts had improved.

- The service made improvements using completed audits. Audits had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. We saw an audit of the referrals to 999 between April 2019 and May 2019. Clinicians producing a high number of inappropriate ambulance dispositions received additional coaching and increased call auditing.

Effective staffing

In the main, staff demonstrated the skills, knowledge and experience to carry out their roles. However, more needed to be done to ensure that they had received the necessary training and support. Although, there were clear clinical pathways and protocols the services had not ensured that this were fully understood by all staff.

- The staff we spoke to 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 guidance, patients were prioritised appropriately for care and treatment. Although there were areas which required improvement, as we noted that nine out of 13 of the significant events recorded between February 2018 and July 2019 involved health advisors not following the

correct pathway, having difficulty assessing patients with more than one symptom or deviating from policy. Following the inspection, we were informed that an approved audit tool for senior clinicians and NHS Pathways had been completed to allow full review of assessments. This allows full awareness of the call flow and how an individual managed a call and or the IT processes and facilitates feedback and learning to continue to improve the service provided. In addition, telephony and system reporting on individual productivity and performance allows easy identification of abnormal behaviour that triggers further investigation.

This was evidenced in a recent incident where short calls were identified resulting in learning and continued improvement. During the inspection we were told that a 24/7 clinical navigator consistently monitors the clinical queue. Where an error in decision is identified, the case will be amended and fedback to the member of staff in real time. Depending on the severity or frequency, this will be reported to line managers to be addressed. Any immediate concern will be actioned by a duty supervisor in real time and reported on the trust incident reporting system to ensure shared learning.

- Although staff across both sites informed us that they felt supported by senior staff, we saw one-to-one meetings were occasionally cancelled due to operational pressures on the service. The commencement of the North East London service in August 2018 meant that appraisals for all staff became necessary from 1 August 2019. We saw a plan to commence and stagger appraisals from the end of September 2019 and to routinely hold one-to- one meetings. Following the inspection, the provider informed us that one-to-one meetings were cancelled from time to time due to service requirements but had all been rescheduled as a result of this.
- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained.
- All staff had received training in equality and diversity. Clinical staff undertook training on learning disabilities on joining and completed the Care Certificate Standard 9: Mental Health and Learning Disability.
- Staff undertook refresher training on learning disabilities in 2014 and Dementia in 2017. The provider used a case study of a patient with a Learning Disability in their December 2018 Safeguarding Newsletter, to share learning from a case involving an elderly patient with learning disability.
- There was a clear approach through the service's quality audit programme, for supporting and managing staff when their performance was poor or variable. Measures included direct staff feedback, mentoring and supervision.
- Both services carried out daily 'Huddle' meetings to debrief and share information with staff.

Coordinating care and treatment

- The services worked well to protect the wider system by ensuring that only where there was a clinical need would a patient get referred for a face-to-face consultation. For example, the proportion of calls where a caller was given an appointment with an integrated urgent care treatment centre or with an extended hours GP finished at 85.9% in March 2019. This is within the target of 95% or less.
- In addition, in March 2019 there was a 0.4 percentage point increase in referrals from SEL to the emergency treatment centre in comparison to February 2019. This was the fourth consecutive month that this measure had remained below the 10% target. The 9.5% figure for March 2019 was lower than for the same month in 2018 (9.8%) and 3.3 percentage points lower when compared to March 2017 (12.8%). This continued to help reduce the pressure on urgent care services in South East London.
- The percentage of calls transferred to the clinical assessment service (CAS) is targeted at over 50% in year one and the services have maintained this level since September 2018. Currently over 20,000 calls each month are transferred to CAS, then called back according to priority.
- We saw that referrals from the Emergency Operation Centre, the 999 call-handling team and their clinical advisers, almost doubled since last year's total of 652, to 1,250. This was due to improvements in training across the 999 and 111 services.

Requires improvement

Are services effective?

- There were clear and effective arrangements for booking appointments, transfers to other services, and dispatching ambulances for people that required them. Staff were empowered to make direct referrals and or appointments for patients with other services.
- Staff worked together and worked well with other organisations to deliver effective care and treatment. We saw examples, of regular liaison with care homes and mental health services.
- 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-centered care. This included when they moved between services, when they were referred, or after they were discharged from hospital. Care and treatment for patients in vulnerable circumstances was coordinated with other services. Staff communicated promptly with patients' registered GPs so that the GP was aware of the need for further action. There were established 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.

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 needed extra support such as through alerts on the computer system.
- Where appropriate, staff gave people advice, so they could self-care. Systems were available to facilitate this.

Consent to care and treatment

Both services 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.

Good

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 services gave patients timely support and information. Health advisors 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 including training, awareness seminars and bulletins.

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 or had hearing difficulties.
- 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.
- 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.

Results from the service's last three-month patient survey showed that at South East London (the services were monitored on slightly different criteria):

- 92% of patients said they would recommend the service to friends and family.
- 81% of patients were satisfied with the service they received.
- 78% of patients said they found the service very useful.
- 68% of patients confirmed that they felt better a week later after receiving care from the 111 clinical assessment service.

Results from the service's last three-month patient survey showed that at North East London:

- 95% of patients said they would recommend the service to friends and family.
- 78% of patients said they found the service very useful.
- 56% of patients confirmed that they felt better a week later after receiving care from the 111 clinical assessment service.
- 69% of patients accessing the service were from black and minority ethnic groups (BAME).

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- We saw that staff respected patients' confidentiality.
- 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.

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

- The services understood the needs of the population and tailored services in response to those needs by providing access to local and regional out of hours bases.
- The services had weekly contract meetings with the commissioner to discuss performance issues and where improvements could be made. The service was actively engaged in contract monitoring activity with commissioners and had made several commitments to address performance issues including National Quality Requirement statistics.
- The services had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. For example, there were alerts about a people being on the end of life pathway and repeat callers. Care pathways were appropriate for patients with specific needs, for example those at the end of their life, babies, children and young people.
- The service had regular end-to-end reviews with commissioners and other providers have increased the understanding of an IUC, wider system working and to improve patient care.
- Through population analysis the service (SEL) determined that 70% of patients with sickle cell disease (an inherited haemoglobin condition which affects a higher percentage of people with an African or Caribbean background) lived in London and were looking into ways to provide additional support for this group.

Timely access to the service

In the main, patients could access care and treatment from the service within an appropriate timescale for their needs.

- North East London (between August 2018 and May 2019):
- The abandoned call rate was between 0.9% and 6.1%, the national target and commissioner key performance indicator (KPI) were both 5% or less.
- South East London (between August 2018 and May 2019):
- The abandoned call rate was between 0.8% and 3.5%, the national target and commissioner key performance indicator (KPI) were both 5% or less.
- Patients could access care and treatment at a time to suit them. The NHS 111 services operated 24 hours a day.
- The services had introduced a system by which patients could access 111 services electronically rather than by telephone.
- The provider was aware of the areas where the services were not meeting targets and we saw evidence that attempts had been made to address them through close working their commissioners. Measures included advanced monitoring and reporting of performance data, recruitment of staff and increased use of call handling networking capabilities across the provider's network. For example, transferring calls between sites if the other location had more capacity.
- Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately and in a timely manner 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. 106 complaints were received in the last year across both sites. We reviewed 27 of the complaints and found that all were satisfactorily handled in a timely way. We saw that the electronic database had a record of every step of the process of handling the complaint from receipt through to resolution. Letters of apology detailing the findings of the investigations were clear and sufficiently detailed.

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, where patient notes were not available from the patient's NHS GP practice, this was fed back to the provider and relevant GP Practice.
- 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. We saw learning from complaints and other patient feedback being shared through the service's internal bulletin, in developing staff training packages, and through management of staff performance. However, three members of staff stated that they were not always formally informed of incidents and tended to hear about concerns that arose through word-of-mouth.
- Since August 2018, NEL has received four formal complaints and seven informal concerns raised by patients regarding disconnecting of calls.The service carried out an investigation which involved an audit of the calls. To mitigate further, daily reports of short calls were being reviewed.

Good

Are services well-led?

We rated the services as good for being well led.

Leadership capacity and capability

Leaders were forthcoming about the issues faced at both sites and had liaised with commissioners to discuss the challenges and develop contingency plans.

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- Managers at the services were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them and had developed action plans so that these areas might be addressed.
- Staff at both sites told us that leaders at all levels were visible, and that they worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. However, we noted that NEL was managed by one centre manager who had responsibility for 24 members of the leadership team. At SEL the centre manager was responsible for 32 members of the leadership team.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

- Both services were staffed through an agency, although this had the effect of ensuring rota gaps were filled, particularly in periods of high demand we were informed by staff that during winter periods both services experienced staff shortages. A review of the services rotas showed there were occasions when both services were below their target for the number of clinical advisors required on shift. However, they were operating with a clinically safe rota which covered all shifts. We were informed that both services were trying to employ additional GPs but that this was an ongoing challenge.
- There was a clear vision and set of values. The provider had a realistic strategy and supporting business plans to achieve priorities.
- The provider developed its vision, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- 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.
- The provider ensured that staff who worked away from the main base felt engaged in the delivery of the provider's vision and values.

Culture

The services had a culture of high-quality sustainable care. However, low staffing levels and information not being shared had impacted upon this.

- Most staff told us that they felt respected, supported and valued. One out of the twelve members of staff we spoke to at SEL said that they felt some senior staff were not approachable. All staff told us that they were proud to work for their service.
- There were processes for providing all staff with the development they needed.
- The services 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. However, additional work was needed to ensure staff received information related to learning from incidents.
- The 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.
- 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.

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 were meant to promote interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding.
- 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

The provider had clear processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through audit of their consultations and referral decisions. Leaders had oversight of MHRA alerts, incidents, and complaints. Leaders also had a good understanding of service performance against the national and local key performance indicators. Performance was regularly discussed at senior management and board level.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- 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.
- We saw that the provider had a 'themed action plan' which detailed action to be taken to address themes (in significant event and incidents) through 'human factors' training within the core skills refresher; with patient management system, education and IT to make the patient electronic referral system more compliant with human factors principles.
- The provider had plans in place and had trained staff for major incidents. The system crashed in both July and August, as a result of national system failures and we were informed by staff that the service escalation plan was implemented effectively to manage the service throughout.
- One member of staff at NEL stated that when calls have been incorrectly triaged by call handlers the service's incident database should be completed. However, the database was not completed on all occasions due to the amount of time it takes to complete the form.
- One member of staff at the NEL site told us that when clinical advisors seek clinical advice from the clinical navigators (CA), the process should be done through the service's telephone advice line. This ensures that the details of the conversation are recorded. However, we were told that clinical advisors sometimes speak with the clinical navigators face-to-face. This could lead to the information given by the CA being documented incorrectly.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- One of the GPs expressed confusion about the service's prescribing policy stating that some GPs prescribe contraception while others refuse to do so. We saw that the provider had a comprehensive prescribing policy in place which permitted the repeat prescribing (where the prescription was started and continued at the patient's GP practice) of a contraceptive pill.
- A member of staff at the NEL site told us the manager does not always know how to rectify issues with the directory of services (A central directory that is integrated with NHS Pathways and is automatically accessed if the patient does not require an ambulance or by any attending clinician in the urgent and emergency care services). This sometimes results in long waiting times for patients to be referred to the appropriate service. Following the inspection, the provider informed us that the directory of services (DOS) is not a database the services control. Responsibility for the DOS lies with clinical commissioning groups.
- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- 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.

Good

Are services well-led?

- The service used information technology systems to monitor and improve the quality of care. There were developed services by which the provider was able to work force plan.
- The service submitted data or notifications to external organisations as required.
- There were effective 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

Both services had begun the process of involving patients and the public, to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The provider in conjunction with the out-of-hours providers in the area met regularly with the CCGs for which it had responsibility and shared information with them as relevant.
- Staff could describe the systems in place to give feedback, including written through feedback forms, staff surveys and verbal feedback through internal meetings and service delivery managers. We saw evidence of the most recent staff survey and how the findings were fed back to staff.
- The service was transparent, collaborative and open with stakeholders about performance.
- At the time of inspection, the SEL service was trialling telephone surveys for patients.

Continuous improvement and innovation

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

- Staff knew about improvement methods and had the skills to use them.
- The service made use of weekly reviews of incidents and complaints. Learning was shared and used to make improvements. Although, there were areas for improvement in relation to ensuring the information was disseminated to all staff.
- There were systems to support improvement and innovation work.
- The provider had plans in place to start a patient participation group to allow interested parties to be actively involved in the running of their service.
- The provider had commissioned an Advanced Nurse Practitioner training programme to support the services' clinical needs and develop staff suited to their specific requirements. The provider has become accredited to undertake GP training.
- The provider planned to fully integrate the two services with 999 for one day ('Perfect Day') to see if they can measure their deliverables.