

# South East Coast Ambulance Service NHS Foundation Trust

## Quality Report

South East Coast Ambulance Service NHS  
Foundation Trust  
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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

Inadequate 

Are services at this trust safe?

Inadequate 

Are services at this trust effective?

Requires improvement 

Are services at this trust caring?

Good 

Are services at this trust responsive?

Requires improvement 

Are services at this trust well-led?

Inadequate 

# Summary of findings

## Letter from the Chief Inspector of Hospitals

South East Coast Ambulance Service NHS Foundation Trust (SECAmb) is part of the National Health Service (NHS). The trust came into being on 1 July 2006, with the merger of the former Kent Ambulance Service, Surrey Ambulance Service and Sussex Ambulance Service. On 1 March 2011 SECAmb became a Foundation Trust. The trust employs approximately 3,300 staff working across 110 sites in Kent, Surrey and Sussex. This area covers 3,600 square miles which includes densely populated urban areas, sparsely populated rural areas and some of the busiest stretches of motorway in the country. It has a population of over 4.5 million people. There are 12 acute trusts within this area and 22 Clinical Commissioning Groups (CCGs). The trust responds to 999 calls from the public and urgent calls from healthcare professional across Brighton and Hove, East Sussex, West Sussex, Kent and Medway, Surrey, and parts of North East Hampshire. It also provides NHS 111 services across the region.

The emergency operations centre (EOC) receives and triages 999 calls from members of the public and other emergency services. It provides advice and dispatches ambulances as appropriate. The EOC also provides assessment and treatment advice to callers who do not need an ambulance response, a service known as “hear and treat”. Callers receive advice on how to care for themselves, or staff direct them to other services that could be of assistance. The EOC also manages requests from health care professionals to convey people either between hospitals or from community services into hospital. The emergency operations centre received 1,016,944 emergency calls between April 2016 and March 2017. The total call volume had increased by 8.6% since 2014-15, when the trust received 929,822 calls. At the time of our inspection, the trust had three emergency operations centres at Coxheath, Banstead and Lewes. Staff at Lewes EOC were preparing to move into a new, purpose-built EOC in Crawley the week after our visit. The trust planned to move staff from Banstead EOC to the new facility in Crawley in September 2017.

The trust had previously been inspected in May 2016, when we rated the trust overall as inadequate. We had rated Emergency and Urgent Care (EUC) as inadequate and both the Emergency Operations Centre and Patient Transport Services were rated as requires improvement.

As a result of the inspection, we issued a warning notice detailing the areas where the trust needed to make improvements. Following the inspection, the trust was placed in special measures.

We inspected this location as part of our planned comprehensive inspection programme to review progress against the requirements of the warning notice. Our inspection took place on 15 to 18 May 2017. We looked at two core services: emergency operations centres and emergency and urgent care, including resilience and the hazardous area response team. The trust no longer provides patient transport services across the region. The 111 service provided by the trust was inspected separately and the ratings are included here to contribute to the overall rating.

We rated South East Coast Ambulance Service NHS Foundation Trust as inadequate overall.

We rated the trust as inadequate for safety and the well led domain. We rated the trust as requires improvement for delivering an effective and responsive service. However, we rated the trust as good for caring.

Our key findings were as follows:

Safety:

- The voice recording system had failed to consistently record all 999 calls since January 2017. This meant the trust failed to keep complete records for all patients to ensure safe care.
- The trust did not protect service users against the risks associated with the inappropriate use and management of medicines. The trust did not always make appropriate arrangements for obtaining, storing, recording, dispensing, administering and disposing of medicines. We observed poor practice in medicine management, which did not meet best practice guidelines.
- We found paper patient clinical records were not always fully or appropriately completed or stored securely, and the trust did not consistently audit these.

# Summary of findings

- New systems to manage the risk of infection prevention and control had not been embedded. We observed varied standards of cleanliness. The national standards of infection control and environmental cleanliness were not being achieved or consistently audited across the trust. This meant the trust was not fully assured that patients and staff were protected from health care associated infections.
- We found emergency equipment without asset numbers displayed and equipment that was overdue for servicing. This meant the trust could not be assured equipment had been adequately maintained and was safe to use.
- There was a poor culture of reporting incidents, with some staff having never reported an incident and lacking knowledge of the trust's incident reporting processes. There was limited sharing of learning from incidents. This meant the service might have missed opportunities to learn from incidents and improve patient safety. A backlog of incident forms meant the service did not always address safety concerns quickly enough.
- There were times of insufficient staffing relating to clinicians in the EOC. At times, there were insufficient numbers of clinical supervisors at the individual sites to ensure patient safety.
- Clinicians in the EOC and the EUC service did not all hold an appropriate level of safeguarding children training in line with national guidance. The trust had failed to address this risk, identified at our previous inspection in 2016, in a timely way.
- The computer aided dispatch (CAD) system was unstable and this had resulted in two serious business continuity incidents between April 2016 and March 2017.
- The introduction of a tactical command suite at Coxheath EOC had improved the deployment of critical care paramedics.
- The EOC had appropriate measures to ensure service continuity in the event of a business continuity incident such as CAD failure.
- The trust had recently purchased a new CAD system, which was due to go live at Coxheath EOC in July 2017.
- The health and well-being of employees had improved with the introduction of protected meal breaks and staff finishing their shifts on time.
- We found the trust had begun to engage with local safeguarding teams across Kent, Surrey and Sussex, and had started to roll out level three safeguarding children training to all registered clinical staff.
- We saw assessments of patients followed the Joint Royal Colleges' Ambulance Liaison Committee (JRCALC) and Health and Care Professions Council (HCPC) standards. There were pathways for assessing and responding to the risk of deteriorating patients. This included trauma cases, suspected stroke and patients suffering from chest pain. We saw adult and paediatric patients treated correctly and referral pathways followed.

## Effective:

- National benchmarking data showed patient outcomes and response times were worse than most other English ambulance services. The trust's call abandonment rates had worsened since our last inspection in 2016.
- Appraisal rates were worse than the trust target and had worsened since our last inspection in 2016.
- Most EOC policies in use at the time of our visit were outside their review date. Not all policies reflected current working practices or national guidance.
- The trust failed to achieve national performance targets for the highest priority calls. Whilst this was similar to other ambulance trusts nationally, patients were put at risk through delays in treatment or taking them to hospital. The outcome data for the trust was worse than the national average for the majority of clinical outcomes measured.

## However:

- A successful recruitment drive meant the EOC had more than the full complement of call handlers. Call handler staffing levels had improved since our last inspection, when there was a 22.2% call handler vacancy rate.

# Summary of findings

- Not all ambulance crews followed best practice guidelines and we observed poorly completed records and incomplete patient assessments.

However:

- We saw improvements in multi-disciplinary working since our last inspection. The service had close links with local police and fire services.
- The trust worked well with GPs, in community settings and the patient's own home. Patients were supported to manage their own health by using non-emergency services such as their GP, local urgent care centres or alternative care pathways when it was appropriate to do so.
- The trust's call answering performance had improved since our last inspection in May 2016 although this was still worse than the AQI target of five seconds.
- Trust wide guidance and training provided on the management of mental health patients were more in-depth and had been included in the key skills training programme. The process for assessing a patient's capacity was more comprehensive than what was previously just a tick box exercise. This meant the assessment now considered the person's ability to give consent to a specific act in a specific circumstance. This meant that the trust ensured persons providing care or treatment to service users had the competence and skills to do so safely.

Caring:

- All EOC staff we met and observed consistently demonstrated compassion, kindness and respect towards callers and patients, including those in mental health crisis.
- We observed examples of patients in distressing situations being supported by staff over the telephone. Staff displayed empathy and helped the patients cope emotionally, often by staying on the telephone until an ambulance crew arrived.
- There were systems to support patients to manage their own health and to signpost them to alternative services where they could access more appropriate care and treatment, for example GP surgeries and walk-in centres.

- Between May 2016 and April 2017 the trust's Friends and Family Test performance was better than the England average in ten out of the 12 months.
- We observed the majority of EUC staff treating patients with kindness and compassion. Staff and patients told us ambulance crews had delivered care and treatment above and beyond what was expected of them.

Responsive:

- Complainants experienced lengthy delays waiting for a response to their complaint. There was limited evidence of learning from complaints to help improve services.
- Dispatchers did not have access to information about the maximum weights that different vehicles could transport. This meant the EOC sometimes dispatched a vehicle that could not accommodate a patient's relatives or escorts.
- The three EOCs escalated to different levels of the demand management plan (DMP) independent of each other. This meant patients received a different response depending on which EOC answered their call at times of DMP at one EOC.
- Access, flow and demand were some of the concerns from the 2016 inspection. 'Immediate handovers' have reduced the time some ambulance crews wait for handovers in some areas. However, the application of the immediate handover system was inconsistent. There were still significant problems with ambulance waiting times at hospitals across the South East.
- Communication of changes to policies, particularly the policy about transporting bariatric patients, was inconsistent.

However:

- Overall, the service made reasonable adjustments and took action to remove barriers to enable people to access services easily. These measures included an SMS emergency service system for people who were unable to talk on the telephone and a language line for people who did not speak English as a first language. However, there was inconsistent bariatric service provision and processes for accessing translation services were not always effective.

# Summary of findings

- The service's four-stage management plan for frequent callers was helping meet the individual needs of these patients.
- When staff received training in areas such as end-of-life care, mental health and dementia, they reported that the training was valuable and they were able to apply it in their roles.

## Well led:

- The executive team did not have sufficient understanding of the scale and severity of the risk relating to call recording failure.
  - The culture of the EOC did not always encourage openness and candour.
  - Staff satisfaction was inconsistent, and morale at Banstead EOC was low.
  - We found insufficient or no progress with making improvements in the majority of the concerns for EUC reported in the previous May 2016 inspection, particularly around medicines management.
  - The trust's governance processes remained inadequate. Whilst there had been changes to ensure improvements were made at a strategic level, monitoring of risks and quality in front line services had not always been implemented. Where it had been, practices had not been embedded. The trust could not fully provide adequate assurance of clinical and operational oversight.
  - Overall communication with staff was still poor, in particular changes of policies, processes and practices in areas such as medicines and transportation / vehicles. This meant the trust could not be fully assured that communication was effective and that practice was consistent across the trust.
  - Trust strategy and core values were not recognised by front line staff and staff did not feel engaged with the trust's vision. Staff generally felt supported by their immediate managers but told us there remained a disconnection between front line staff and senior managers.
  - There were still no local risks identified and there was limited knowledge of the trust wide risk register.
- There was some inconsistency in the way staff were treated with regard to accessing mandatory training and the implementation of the sickness absence management policy.

## However:

- We observed positive examples of local leadership from the operating unit managers (OUMs) at all three EOC. We saw that the EOC listened to staff and worked to address concerns raised in the local "Pulse" staff survey. All staff we spoke with felt supported and valued by their OUM.
- We saw improvements in staff and public engagement since our last inspection. These included reward and recognition badges and the introduction of a patient experience group.
- Staff were proud of the work they did and the support they and their colleagues offered one another. They felt positive about the organisation and that they were 'heading in the right direction'.
- There was a medicines improvement strategy and associated annual plan in development.
- Managers had put a number of processes in place to deal with bullying and no longer tolerated it. In addition, staff felt bullying was a problem that was "dying out".

## We saw several areas of outstanding practice including:

- We found the trust's mental health street triage service to be an area of outstanding practice.
- The Hazardous Area Response Team (HART) was an approved training centre of excellence and offered training to external agencies.

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

## Importantly, the trust must:

- The trust must take action to ensure they keep a complete and accurate recording of all 999 calls.
- The trust must protect patients from the risks associated with the unsafe use and management of medicines in line with best practice and relevant medicines licences. This should include the

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appropriate administration, supply, security and storage of all medicines, appropriate use of patient group directions and the management of medical gas cylinders.

- The trust must take action to ensure there are a sufficient number of clinicians in each EOC at all times in line with evidence-based guidelines.
- The trust must take action to ensure all staff receive an annual appraisal in a timely way so that they can be supported with training, professional development and supervision.
- The trust must take action to ensure all staff understand their responsibilities to report incidents.
- The trust must ensure improvements are made on reporting of low harm and near miss incidents.
- The trust must investigate incidents in a timely way and share learning with all relevant staff.
- The trust must ensure all staff working with children, young people and/or their parents/carers, who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns, receive an appropriate level of safeguarding training.
- The trust must ensure patient records are completed, accurate and fit for purpose, kept confidential and stored securely.
- The trust must ensure the CAD system is effectively maintained.
- The trust must ensure national performance targets are met.
- The trust must improve outcomes for patients who receive care and treatment.
- The trust must ensure the risk of infection prevention and control are adequately managed. This includes ensuring consistent standards of cleanliness in ambulance stations and vehicles, and hand hygiene practices and uniform procedure are followed.
- The trust must ensure that governance systems are effective and fit for purpose. This includes systems to assess, monitor and improve the quality and safety of services.

- The trust must ensure all medical equipment is adequately serviced and maintained.
- The trust must continue to ensure there are adequate resources available to undertake regular audits and robust monitoring of the services provided.
- The trust must ensure the systems and processes in place to manage, investigate and respond to complaints, and learn from complaints are robust.

In addition the trust should:

- The trust should take action to audit 999 calls at a frequency that meets evidence-based guidelines.
- The trust should ensure 100% of frequent callers have an Intelligence Based Information System (IBIS) or other personalised record to allow staff taking calls to meet their individual needs.
- The trust should take action to ensure all patients with an IBIS record are immediately flagged to staff taking calls 24 hours a day, seven days a week.
- The trust should consider reviewing the arrangements for escalation under the demand management plan (DMP) so that patients across the trust receive equal access to services at times of DMP.
- The trust should consider how to improve communications about any changes to ensure that they are effective and timely, including the methods used.
- The trust should review all out of date policies and standard operating procedures.
- The trust should ensure all first aid bags have a consistent contents list and they are stored securely within the bags.
- The trust should engage staff in the organisation's strategy, vision and core values. This includes increasing the visibility and day to day involvement of the trust executive team and board, and the senior management level across all departments.
- The trust should continue to sustain the action plan from the findings of staff surveys, including addressing the perceived culture of bullying and harassment.
- The trust should continue to address the handover delays at acute hospitals.

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- The trust should ensure there are systems and resources available to monitor and assess the competency of staff.
- The trust should ensure that patients are always involved in their care and treatment.
- The trust should ensure that patients are always treated with dignity and respect.
- The trust should ensure all ambulance stations and vehicles are kept secured.

- The trust should ensure all vehicle crews have sufficient time to undertake daily vehicle checks within their allocated shifts.
- The trust should ensure individual needs of patients and service users are met. This includes bariatric and service translation provisions for those who need access.

On the basis of this inspection, I have recommended the trust remains in special measures.

**Professor Edward Baker**  
**Chief Inspector of Hospitals**

# Summary of findings

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

South East Coast Ambulance Service NHS Foundation Trust (SECAmb) is part of the National Health Service (NHS). The trust came into being on 1 July 2006, with the merger of the former Kent Ambulance Service, Surrey Ambulance Service and Sussex Ambulance Service. On 1 March 2011 SECAmb became a Foundation Trust. The trust employs approximately 3,300 staff working across 110 sites in Kent, Surrey and Sussex. This area covers 3,600 square miles, which includes densely populated urban areas, sparsely populated rural areas and some of the busiest stretches of motorway in the country. It has a population of over 4.5 million people.

The trust responds to 999 calls from the public and urgent calls from healthcare professional across Brighton and Hove, East Sussex, West Sussex, Kent and Medway, Surrey, and parts of North East Hampshire. It also provides NHS 111 services across the region. The emergency operations centre (EOC) receives and triages 999 calls from members of the public and other

emergency services. It provides advice and dispatches ambulances as appropriate. The EOC also provides assessment and treatment advice to callers who do not need an ambulance response, a service known as “hear and treat”. Callers receive advice on how to care for themselves, or staff direct them to other services that could be of assistance. The EOC also manages requests from health care professionals to convey people either between hospitals or from community services into hospital. There is a Resilience and Hazardous Area Response Team (HART). This team provides NHS standard paramedic care to any persons within a hazardous environment that would otherwise be beyond the reach of NHS care.

We would like to thank all the staff and patients who shared their time, views and experiences of the care provided by South East Coast Ambulance NHS Foundation Trust.

## Our inspection team

Our inspection team was led by:

**Chair:** Robert Aitken, NHS Trust non-executive director and senior government lawyer.

**Head of Hospital Inspections:** Alan Thorne, Care Quality Commission.

The team included CQC inspection managers and inspectors, planners and analysts and a variety of

specialists: these included two pharmacy specialists, a critical care paramedic, an emergency care technician, a paramedic, a HART manager, an operational ambulance services manager, a medical director, a board level director, a safeguarding lead, an emergency operations centre manager and a call dispatcher.

## How we carried out this inspection

Before visiting, we reviewed a range of information we held and asked other organisations to share what they knew about the South East Coast Ambulance Service. These included local clinical commissioning groups (CCGs), local quality surveillance groups, NHS England, NHS Improvement, local Healthwatch groups and other

stakeholders. We also reviewed trust policies and a variety of performance data, including incidents, complaints and national ambulance quality indicators (AQI) data.

The inspection team also spoke to over 50 staff trust-wide at focus groups the week before the inspection.

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During our inspection of the Emergency Operation Centre (EOC), we visited the three operational EOCs in Coxheath, Banstead and Lewes, as well as the new EOC in Crawley. Staff at Lewes EOC were preparing to move into the new, purpose-built EOC in Crawley the week after our visit. The trust planned to move staff from Banstead EOC to the new facility in Crawley in September 2017. We spoke with 47 staff including call handlers, dispatchers, clinicians and operational unit managers. We observed 999 calls and reviewed patient feedback results from the trust's 999 patient surveys and the NHS friends and family test. We also reviewed EOC policies and a variety of performance data, including incidents, complaints and national ambulance quality indicators (AQI) data.

During the inspection of the Emergency and Urgent Care service (EUC), we visited 13 ambulance stations, two hazardous area response teams (HART) and one clinical first responder post across Kent, Surrey and Sussex. We also inspected the EUC support services such as the make ready centres, fleet management and maintenance centres as well as the commissioning and decommissioning centre. We inspected ambulances and reviewed 23 patients' clinical records. We spoke with over 200 staff in various roles including paramedics, emergency medical technicians, paramedic students, team leaders, duty station officers, senior managers and community first responders. We attended nine hospitals, where we observed the interaction between ambulance

and hospital staff, including five patient handovers to emergency department staff, and spoke with two emergency department patients who had used the service. We spoke with 10 emergency department staff to get feedback on the service provided by SECAmb.

During our separate inspection of the NHS 111 call centre location in Ashford, Kent, we observed the call centre environment over two weekdays and during a peak weekday evening when GP practices were closed, listened to NHS 111 active calls with the consent of the patients and observed health advisors and clinicians carrying out their role and supporting patients who used the service.

We also spoke with a range of clinical and non-clinical staff, including health advisors, clinicians, senior health advisors, deputy call centre managers, section managers, senior managers and a lead trainer which included NHS Pathways training and with two representatives from the unions.

We looked at a range of records including audits, staff training, patient feedback and complaints but we were unable to speak with patients who used the service.

Although used in our ratings aggregation for the trust, the 111 service is a separate report and can be accessed via the CQC website.

## Facts and data about this trust

### Demographics

The area is made up of:

- 3,600 square miles from rural to urban areas encompassing the counties of Kent, Surrey and Sussex.
- Population of over 4.5 million people.
- Approximately 3,300 staff.
- Three emergency operations centres which receive 999 calls.
- 110 ambulance station sites.
- 22 clinical commissioning groups.

- Three commissioners.

### Activity

- 1,016,944 emergency calls between April 2016 and March 2017.

### Resources and teams

- Over 1100 paramedics.
- Over 1500 other clinical staff.
- 465 non clinical staff.
- Overall vacancy rate of 0.7% for EOC staff.
- Overall vacancy rate of 9.6% for EUC staff.
- Annual trust wide turnover rate of 16.7%.

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- Contracts with five independent ambulance services to help deliver service.
- Ten geographical operating units.
- Eight make ready centres in Ashford, Chertsey, Hastings, Paddock Wood, Thanet, Tangmere, Polegate and Gatwick.
- Two Hazardous Area Response Teams (HART).
- Four Sustainability and Transformation Partnerships (STPs).

# Summary of findings

## Our judgements about each of our five key questions

	Rating
<p><b>Are services at this trust safe?</b></p> <p>We rated the trust as inadequate for safety. This was because:</p> <ul style="list-style-type: none"><li>• Although 111 services were rated as good both the Emergency and Urgent Care and Emergency operations centres were rated as inadequate.</li><li>• Some improvements had been identified in the incident reporting processes at the trust, however there remained an inconsistent approach to reporting and a lack of evidence of learning from incidents.</li><li>• Clinicians in the trust did not hold an appropriate level of safeguarding children training in line with national guidance. The trust had failed to address this risk, identified at our previous inspection in 2016, in a timely way. In addition, governance arrangements remained under developed and the supporting team under resourced.</li><li>• An improvement plan for medicines management had made little progress and our inspection identified continuing concerns in this area.</li><li>• The voice recording system had failed to consistently record all 999 calls since January 2017. This meant the trust failed to keep complete records for all patients to ensure safe care.</li></ul> <p><b>Incidents</b></p> <ul style="list-style-type: none"><li>• The culture of low reporting of incidents identified in our last inspection remained in the EOC and EUC despite the introduction of tablet based IT systems to 50% of staff. Although some staff did report that feedback to individuals had improved, there was little evidence that a systematic approach across the trust for learning from incidents had been developed in the last twelve months.</li><li>• Processes for the management of incidents had similarly shown little improvement with the trust continuing to maintain a backlog of incidents, thus diluting the potential impact of learning from these incidents and increasing the risk of recurrence.</li><li>• The culture for reporting and managing incidents within the 111 service was significantly more robust with clear evidence of shared learning.</li></ul>	<p><b>Inadequate</b> </p>

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- Training for managers in the completion of root cause analysis had been implemented and our review indicated that these were now of a suitable standard.
- Whilst the understanding of duty of candour amongst senior managers had improved since our last inspection, there remained a lack of understanding by other staff groups.

## **Mandatory training**

- The comprehensive mandatory training portfolio reported following our last inspection had been maintained. In addition, the deficiencies identified in mental health training had been recently addressed by the appointment of a mental health nurse consultant.
- At our previous inspection the trust had been maintaining attendance at mandatory training to its target of 95%. At this inspection there had been a slight deterioration with staff in the EOC only meeting the target for two of six modules. Notable was the lowest compliance level (73%) which occurred in medicines management.
- In our last report we identified a lack of protected time for HART staff training. The trust had addressed this issue.

## **Safeguarding**

- The trust operates in a complex environment with relationships with numerous local authorities and safeguarding boards. This makes safeguarding governance intense in workload.
- The trust had maintained an updated safeguarding policy. Policy implementation was supported by a safeguarding team.
- Links with local authorities had improved since our last inspection and we saw evidence of trust attendance at safeguarding boards.
- Staff were aware of the processes for making safeguarding referrals. However, 82% of referrals had not received any feedback from partner agencies, 10% had received feedback and 8% had been rejected. This indicated that there was a long delay in staff knowing the outcome of any safeguarding referrals and being able to learn from that. The trust had failed to make improvements following our concerns raised at our previous inspection in 2016.
- The trust had belatedly responded to the requirement to provide level 3 child safeguarding training to staff but

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implementation was at early stages and only 14% had completed training. Interviews with senior staff indicated a lack of conviction with respect to the requirement for this level of training.

## Cleanliness and Infection Control

- The trust had maintained an infection prevention and control policy and augmented its infection control team with the development of infection control champions within operational teams. However, the champions had not all completed training and the role was not fully recognised by operational staff.
- Our report indicated a marked improvement in the completion of infection control audits across the trust in terms of general infection control and hand hygiene. However, observed practice remained inconsistent with the inspection team identifying a number of incidents where best practice was not followed.
- Personal Protective Equipment was available to all staff and in addition, EOC call handlers proactively identified any infection control risks, allowing a planned approach to any additional PPE requirements for attending ambulances.
- The management of clinical waste had deteriorated and the number of clinical waste bags not stored in secure bulk storage had increased.
- 96% of staff had received appropriate infection control training as part of their mandatory training programme.

## Environment and equipment

- Vehicles were appropriately serviced and staff reported that required repairs were dealt with in a timely fashion.
- Largely, staff reported that they had access to required equipment. However, some staff also reported the absence of standard equipment including thermometers, blood pressure cuffs and paediatric oxygen probes. This had led to the practice of staff holding personal equipment which was not subject to trust service checks or audit.
- The make ready centres continued to maintain a standard layout and approach to vehicle preparation. However, processes for the general management of equipment remained weak with inconsistent use of asset registration and labelling. Stock control was also poor with out of date consumables identified at a number of ambulance stations.

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- At our last inspection we identified significant breaches of security. These had largely been addressed but we observed a lack of security awareness on a number of sites.
- The storage of medical gases was, as at our last inspection, non compliant with best practice on a number of sites.

## Medicines

- The management of medicines at this trust was a major concern during our last inspection. This inspection indicates that progress in addressing these issues has not been made to an expected level.
- Despite our previous concerns staff training in medicines management remained below the trust target.
- The trust had strengthened its management of medicines by the recent appointment of a trust pharmacist.
- The trust had declared a major incident relating to the procurement and use of medicines with labels not printed in English. Whilst this was under investigation at the time of the inspection, it highlighted the concerns expressed around the governance of medicines management at the trust following our last inspection and indicated a lack of progress in addressing the issue.
- The trust had progressed implementation of biometric storage systems but our inspection identified a number of examples where out of date drugs remained accessible. Controlled drugs were well managed with appropriate documentation, disposal and stock control.
- Some improvement in the management of PGD (patient group directions) was identified although a significant number of PGD's remained beyond review date.

## Records and IT

- The trust was continuing an implementation of electronic patient records and the phasing out of paper records.
- Our last inspection identified that sharing of patient record audits with managers was not occurring. This inspection indicated an improvement, however the application of inconsistent methodologies for audit was making meaningful analysis difficult. In addition staff continued to report a lack of feedback to them regarding quality of record keeping.

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- Our review of records indicated that there had been little improvement from our last inspection, with records not being fully compliant with trust practice with respect to the documentation of observations and vital signs.
- As reported previously, the trust used an intelligence based information system (IBIS) and this continued to be effective in the management of individual patient care plans. Staff expressed continued confidence in this system.
- The trust voice recording system that was used to monitor and learn from emergency calls was not functioning effectively. Incidents of failed recording had been reported to trust management since June 2016.
- The instability of the CAD (computer aided despatch) system was considered a significant risk in our last report. The trust had taken action and planned for the replacement of this system in July 2017.

## Assessing and responding to patient risk

- Our last inspection indicated that assessing and responding to patient risk was well managed. Our observations on this inspection supported those findings.
- As previously, we saw the appropriate use of patient pathways, recognition of deteriorating patients and triage and prioritisation processes.
- There was also a focused approach to the provision of hear and treat pathways in order to reduce the number of inappropriate conveyances to hospitals.
- The trust had recently introduced a tactical command suite designed to ensure the best use of critical care paramedics and the HART team. However, data reviewed and feedback from staff indicated that the HART team was not being despatched in a consistent manner and its resource not being effectively applied.

## Staffing and capacity risk

- The trust had made significant improvements in maintaining safe staffing levels. It had reduced the EOC vacancy rate from 9.4% to 0.7%, although clinician vacancy rates remained challenging. Turnover rates across the trust had been reduced from 44% to 16.7%.

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- However, staff remained concerned about the trust's ability to maintain the workforce against a background of increasing activity, notably for call handlers.
- During our previous inspection staff had expressed considerable concern about rostering systems, notably the practice of working through meal breaks. This had been addressed to the general satisfaction of staff. Inconsistencies in skill mix also appeared to be have been managed.
- Recruitment to the HART team meant that establishment now met the NHS service specification.
- The trust had also enhanced its number of trained bronze level commanders, thus reducing travelling time for managers and ensuring robust cross cover arrangements.
- Staffing levels in the 111 service had also improved, leading to a reduction in abandoned calls.
- The trust had a REAP (resource escalation action plan) and had been operating at level 3 for a sustained period of time. This had resulted in persistent use of managers in an operational role, impeding the delivery of management function.

## Are services at this trust effective?

We rated the trust as requires improvement for effectiveness. This was because:

- Although 111 services were rated as good, both EOC and EUC services were rated as requires improvement.
- The trust was still not meeting performance targets for response times and had shown deterioration.
- The trust had very low rates of staff appraisal that had deteriorated since our last inspection.
- Policies remained in use beyond review date.

## Evidence based care and treatment

- The trust had maintained care pathways and policies in line with NICE (National Institute of Clinical Excellence) guidelines and these were accessible to staff. However, critical care paramedic practice guidelines did not have references to professional practice guidelines.
- The trust had introduced a research and development group which reviewed and notified staff of best practice guidelines.

**Requires improvement**



# Summary of findings

- Our review of policies in the EOC identified five of seven policies outside of review date. The trust was however acting on this and we saw evidence of a planned approach to review and update.
- There remained little evidence of continuous clinical audit, however all required 111 call audits had been completed.

## Assessment and planning of care

- Triage arrangements for calls received by the EOC remained in line with national guidance and included a body map tool.
- The trust had a register of community responders but their scope of practice and therefore response was limited by a lack of training in BVM (bag valve mask) resuscitation.
- Clinicians were available in the EOC and offered appropriate hear and treat advice.
- There were guidance and protocols for the management of pain relief and patients provided positive feedback on effective pain management. However, a review of records indicated incomplete pain assessments in patient records.

## Response times

- The trust was not meeting national performance targets for response times.
- RED1 calls (those of a life threatening nature) indicated a deterioration from 71.6% to 67%, against the target of 75%, in the period since our last inspection.
- RED2 calls ( less urgent but including stroke and fits) had also deteriorated in the same period from 67.3% to 50% against a target of 75%.
- The trust combined RED1 and RED2 rate was at 88%, a deterioration from our last inspection (93.8%) and below the target of 95%.
- Handover delays at acute hospital emergency departments were placing an increasing pressure on the trust and contributing to delayed response times.
- The trust had improved call answering times from 95% within 80 seconds to 95% within 34 seconds but remained significantly below the target of 95% within 5 seconds.
- The 111 service had significantly improved call waiting times and was now above the England average of 91.4% of calls answered within 60 seconds.

# Summary of findings

## Patient Outcomes

- The number of calls resolved by telephone advice had deteriorated to 6.8% from 8.5% at our last inspection.
- The number of patients receiving the full care bundle for STEMI (heart attack) had slightly deteriorated from 66.7% at last inspection to 63% and was below the national average of 81%.
- The number of patients who had attained a spontaneous return of circulation (ROSC) on arrival at hospital had improved from 23% to 28% and was now above the England average. The Utstein comparator group had also improved and was above the national average.
- 59% of stroke patients arrived at hospital within 60 minutes which was better than the national average (51%).

## Competent staff

- The trust had maintained comprehensive induction practice and newly recruited staff were now reporting that induction fully prepared them for the forthcoming role.
- The trust had maintained excellent links with the local universities to develop paramedic education and recruitment.
- At our last inspection we reported a lack of competency framework for paramedic practitioners and this inspection again highlighted a lack of supervision and performance feedback to this staff group. Clinical care paramedics did have a clear governance structure for review of clinical practice.
- The trust had implemented an on-line performance and appraisal system. Trust appraisal had deteriorated from our last inspection with only 48% of staff having received an appraisal in the last twelve months.
- Community first responders reported a good level of training and support from the trust.
- All paramedics were registered with the HCPC (health and care professions council) and registration was revalidated.
- Staff in the 111 service received comprehensive induction and were supported via monitoring, feedback and training.

## Coordination with other providers and multidisciplinary working

- The trust had maintained good working relationships with other emergency services and healthcare providers.

# Summary of findings

- We saw evidence during the inspection of the trust implementing and contributing to the development of multi agency pathways.
- The acute trusts were positive regarding their interactions with the trust. The trust was an active member of system resilience groups and contributed to admission and avoidance projects.

## Access to information

- The implementation of tablet based technology had improved staff access to information, however comprehensive roll out was still required to maximise impact.

## Consent, MCA (mental capacity act) and DoLS (deprivation of liberty safeguards)

- The trust had enhanced documentation processes for assessing mental capacity and staff were able to clearly describe processes with a clear understanding of patients needs.
- Staff described a requirement to improve training in relation to mental health. We were advised that this would now be included within the trust key skills training.

## Are services at this trust caring?

We rated the trust as good for caring. This was because:-

- All services were rated as good for caring.
- As in our last inspection, our observations of staff noted empathy and patient focus, kindness, and understanding and emotional support even at times of high stress.

## Compassionate care

- The trust rating for the NHS Friends and Family Test (FFT) was higher than the England average of 96% although response rates remained low.
- During the inspection we observed and were advised of many examples of excellent communication between patients and trust staff which displayed compassion and empathy for the patients and carers.
- Staff had received numerous thank you and complimentary messages from patients.
- We observed EOC staff handling telephone calls with distressed patients in a calm manner and providing reassurance.

Good



# Summary of findings

## Understanding and involvement of patients and those close to them

- During our inspection we observed ambulance crews taking time to ensure that explanations of treatment and care were understood by patients.
- Call handlers also took clear steps to ensure patients and carers understood the recommended course of action and used tact when signposting patients to alternative sources of health care.

## Emotional support

- Processes were in place to ensure staff received and could access emotional support following traumatic incidents or calls.
- We saw examples where staff were sensitive to the emotional needs of vulnerable patients including those living with dementia or on end of life care pathways.

## Supporting people to manage their own health

- The trust had a frequent caller policy and appointed a substantive lead and two fixed term Support Officers (team leaders) to review, monitor and work with other agencies to support this group of patients.

## Are services at this trust responsive?

We rated the trust as requires improvement for responsiveness. This was because:

- Although 111 services were rated as good, both EUC and EOC services were rated as requires improvement.
- Although the trust had recently improved its response times for complaints there remained little evidence of learning from complaints.
- The three EOC's inconsistently escalated within the DMP (demand management plan) leading to variation in response times.
- Delays occurred for bariatric patients as a result of an inability to identify within the CAD appropriate vehicles.

## Service planning and delivery to meet the needs of local people

- The trust had moved to purpose built headquarters with new EOC facilities. The trust also planned to replace the CAD system in July 2017.

Requires improvement



# Summary of findings

- The trust had introduced SHREWD (single health resilience early warning database) to gain real time assessment of pressure points and inform despatch and conveyance decision making.
- The trust held tactical and operational conference calls daily to assess performance and forecast demand and capacity.
- The trust worked with SCN (strategic clinical networks) and ODN (operational delivery networks) and the trauma network to plan complex care.

## Meeting people's individual needs

- There was a lack of clarity about provision of service for bariatric patients, with ambulance weight limits and availability of hoist equipment contributing to delays for this group of patients.
- The IBIS system allowed trust staff to identify and tailor treatment towards long term conditions and morbidities.
- There was a lack of support tools to allow ambulance staff to effectively communicate with patients living with dementia or learning disabilities.
- However, there was an SMS emergency service system in the EOC to provide access for patients with hearing or physical disabilities. There was also access to language line for patients for whom English was not their first language.
- We saw evidence that staff were sensitive and aware of the religious and cultural needs of patients.
- Although staff considered mental health training to be limited, we were informed of the provision of one to one support for such patients to ensure a calm supportive conveyance.
- The trust had implemented a mental health 'street triage' in conjunction with local police and mental health services to provide immediate support to those patients in crisis.

## Access and Flow

- The major inhibitor to access and flow remained as delayed handovers at emergency departments. In many cases delays exceeded the target of 15 minutes. The trust did implement the option to escalate to a state of immediate handover and had developed a standard operating procedure to control consistency of escalation.

# Summary of findings

- Clinical call back within ten minutes from the 111 service exceeded 60% and was significantly higher than the national average.
- The trust's demand management plan (DMP) allowed call takers not to provide worsening advice for certain calls at times of high demand to allow them to answer the next call more quickly. This meant some patients might not have known what to do if their condition worsened while waiting for an ambulance.

## Learning from complaints

- Following our last inspection we reported a significant backlog in the processing of complaints and a lack of severity or thematic analysis.
- During this inspection we have found that the backlog in complaints processing has largely been managed. However, response times remain significantly in excess of the trust target of 25 days.
- Of more concern is the continued lack of process within the trust to ensure that learning is obtained from complaints. Following review of the trust complaint log, only 1% of complaints have identified any associated learning. In addition there was limited evidence of the dissemination of any learning amongst staff.

## Are services at this trust well-led?

We rated the trust as inadequate for being well led. This was because:

- EOC was rated as requires improvement and EUC services were rated as inadequate.
- The rating for 111 services had improved from requires improvement to outstanding.
- The executive had been unstable for the last twelve months and remained largely constituted by interim staff.
- The management of the trust improvement plan following the last inspection had not led to improvement in the management of medicines, safeguarding training, risk management or staff appraisals. Response times had deteriorated since the last inspection.

**Inadequate**



# Summary of findings

- The management of risk remained weak. Strategic risk was not suitably addressed by the board assurance framework and operational risk was not robustly identified and escalated.
- Although some staff indicated an improvement in culture and a reduction in bullying and harassment, there remained concerns, as indicated in the staff survey, about the consistency of culture within the trust.
- Leadership in 111 service had significantly improved and provided indication of consistent practice and the support of innovation.

## Leadership

- Until recently the trust had been led by an interim chair and interim chief executive. Just prior to inspection both posts were filled by substantive appointments.
- At our last inspection we expressed concern that during the preceding period non-executive directors had become operational. Our interviews at this inspection indicated that this had largely been addressed and that board committees were moving towards a scrutiny and assurance role.
- Our last inspection raised concerns regarding the clarity of definition of clinical director roles. Since then the roles have been better defined and three post holders have left the trust.
- The roles of medical director and chief nurse remained covered by interim appointments and the role of clinical director for paramedics had been subsumed into these roles.
- All other key roles were covered by interim post holders with the exception of the director of finance.
- Despite the number of interim post holders, the executive team and trust board had improved in terms of visibility within the organisation and degree of challenge provided at meetings.
- Staff across the trust were very positive about the impact that the newly appointed chief executive and interim chief operating officer had made on the trust.
- At our last inspection we reported that a number of inter-executive grievances had undermined the effectiveness of the executive team. The transition to a largely new team had addressed this issue and the executive team was behaving in a cohesive and supportive manner.

# Summary of findings

- At an operational unit level staff described EOC managers as visible, approachable and supportive. However, EUC staff were less positive and indicated a blame culture with contact with managers only happening when things had gone wrong.
- At our last inspection local managers expressed concern about the lack of protected time to deliver the management function of their roles. We heard at this inspection that this had improved but was still subject to the pressures incurred by consistently operating at a high REAP level.
- The board of governors reported increased engagement with the board since our last inspection. Processes for holding non executive directors to account were better understood. Governors had been engaged in the development of the trust improvement plan and revised strategy.

## **Vision and strategy for service**

- At our previous inspection we reported the trust had a well constructed 2014-2019 strategy that lacked executive accountability for delivery. The trust was revising this strategy with the aim of board ratification and publication in June 2017.
- The lack of clarity in strategic plan appeared to be having an impact at unit level with a lack of clear understanding and a sense of uncertainty.
- The trust had moved to strategically address two major risks of EOC operational environments and CAD replacement. Robust plans for both were in place for the implementation of both plans. In addition, the trust had a clear IT and communications strategy.
- The trust retained the values of pride, innovation, integrity, respect and responsibility. The values were displayed on trust printed material and on the trust web site. The executive team acknowledged that staff had not been engaged in the development of the values and that this may be contributing to our findings that many staff did not recognise them.
- There was a lack of strategy relating to management and replacement of the trust fleet. This had led to issues relating to aged vehicles and weight restrictions on some vehicles that impeded operational activity.

## **Governance, risk management and quality measurement**

# Summary of findings

- The trust had reviewed and revised its board committees. These committees were chaired by appropriate non executive directors and indicated a move towards improved scrutiny and assurance.
- At our last inspection we reported that risk management processes were weak and under developed. Our findings at this inspection indicated little improvement.
- The trust board assurance framework did not relate to the trust key strategic objectives and monitoring against strategic objectives had consequently not occurred.
- Risk registers at an operational level were either non existent or under developed. With respect to the issues relating to call recording we saw evidence of the lack of executive acknowledgment of risk and suitable assessment and mitigation planning.
- The trust had a structured approach to the management of performance. At these monthly meetings for EOC and unit managers we saw good use of data analysis, however clear indication of actions and ownership of actions was not apparent. Also our report indicates that data for EOC performance indicators had not been reliably accessible since a system upgrade in February 2017.
- The 111 service produced a detailed monthly governance report that was shared within the trust and with other stakeholders.
- Assurance relating to patient safety was received at the quarterly trust quality and patient safety committee. This committee received appropriate reports and a standard performance dashboard.
- The board received an integrated performance dashboard on a regular basis. The dashboard was comprehensive and had been highlighting issues relating to low levels of appraisal and mandatory training for six months at the time of inspection. The board also received a report on the trust improvement plan, constructed in response to our last inspection.
- There was regular review of contracts with private ambulance providers. The trust had processes to gain assurance that all contracted providers were registered with CQC. The contracts did however lack any quality indicators such as complaints and incident levels.

## Organisational culture and diversity

# Summary of findings

- The trust was a complex and geographically spread organisation and this presented a significant challenge to change in cultures.
- However, many staff reported that the widespread bullying and harassment reported in our last report had significantly improved and that bullying was now less tolerated. Some staff did consider that there had been no real change with reports of poor attitude amongst middle managers.
- The positive view of improvement was shared by union representatives who also noted that the trust was now more likely to use external investigations to gain an understanding of such issues. They reported improved links between governors, staff side and staff forums and the good impact of the new leadership team. Some concern was expressed regarding the management of the EOC relocation and inconsistent management of ill health policy but considered the implementation of the meal break policy to be positive.
- The trust had an up to date whistleblowing policy and a freedom to speak up guardian had been appointed. At the time of inspection this post was held by a member of the executive team and some staff considered this to be inappropriate.
- Our last report reflected on the 2015 staff survey. The 2016 staff survey saw significant deterioration in 17 areas of the survey including: appraisal levels (which also further deteriorated following publication of the survey), percentage of staff feeling unwell due to work related stress, staff satisfaction with resourcing and support, recognition and value by managers, physical violence from patients and public and experiencing bullying and harassment from colleagues. On a positive note, the number of staff reporting their last experience of bullying had increased.
- Overall, the trust was below the national average for ambulance trusts in all but four of the 32 indicators.
- The staff survey results indicated the issues relating to work pressures reported in our last report remained a significant issue.
- The trust had completed the 2016/17 WRES (workforce race equality scheme) national submission and published this on its website.
- Analysis of the data indicated that 3.6% of staff at the trust were of a BME background. There were no non clinical BME staff above band 8c and no clinical BME staff above band 7.

# Summary of findings

- Data suggested that BME staff were less likely to experience bullying and harassment from patients than white staff, however the percentage reporting increased by nearly 20% from the previous year.
- The trust data also indicated that both white and BME staff were becoming increasingly concerned that there was not a culture of equal opportunity for career progression within the trust. In addition the percentage of BME staff experiencing discrimination had doubled from the previous survey.
- In response, the trust had commissioned an external review into bullying and harassment within the trust.

## **Public and staff engagement**

- The 2016 staff survey results showed no significant change in the overall score for staff engagement which remained below the national average for ambulances.
- The scores for staff recommending the trust as a place of work, staff motivation at work and staff ability to contribute to improvements at work were all worse than the national average with recommendation and ability to contribute to improvement indicating a deterioration from the previous year.
- However, staff interviewed reported an overall improvement in communications over the last year but significantly so since the arrival of the new chief executive.
- The trust had continued to acknowledge staff in the form of staff awards.
- The trust arranged foundation trust members events and had sought public views via a 'we'd like to know what you think leaflet'.

## **Innovation, improvement and sustainability**

- The trust had been attending a single oversight committee since being placed in special measures. It had also attended monthly engagement meetings with the Care Quality Commission. However, significant areas of the improvement plan had shown little improvement, notably medicines management, appraisals and risk management.
- The trust had implemented a project management office to manage the trust improvement plan and other projects.

# Summary of findings

- The HART team had demonstrated excellence in becoming the only approved training centre for water and rope rescue. The overall training programme and facilities for HART were considered exemplary.
- There was a clear culture of continuous improvement within the 111 service.

# Overview of ratings

## Our ratings for South East Coast Ambulance Service NHS Foundation Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Inadequate	Requires improvement	Good	Requires improvement	Inadequate	Inadequate
Emergency operations centre (EOC)	Inadequate	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
NHS 111 service	Good	Good	Good	Good	Outstanding	Good
<b>Overall</b>	Inadequate	Requires improvement	Good	Requires improvement	Inadequate	Inadequate

## Our ratings for South East Coast Ambulance Service NHS Foundation Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
<b>Overall</b>	Inadequate	Requires improvement	Good	Requires improvement	Inadequate	Inadequate

### Notes

# Outstanding practice and areas for improvement

## Outstanding practice

- We found the trust's mental health street triage service to be an area of outstanding practice
- The Hazardous Area Response Team (HART) was an approved training centre of excellence and offered training to external agencies.

## Areas for improvement

### Action the trust **MUST** take to improve

#### Action the location **MUST** take to improve

- The trust must take action to ensure they keep a complete and accurate recording of all 999 calls.
- The trust must protect patients from the risks associated with the unsafe use and management of medicines in line with best practice and relevant medicines licences. This should include the appropriate administration, supply, security and storage of all medicines, appropriate use of patient group directions and the management of medical gas cylinders.
- The trust must take action to ensure there are a sufficient number of clinicians in each EOC at all times in line with evidence-based guidelines.
- The trust must take action to ensure all staff receive an annual appraisal in a timely way so that they can be supported with training, professional development and supervision.
- The trust must take action to ensure all staff understand their responsibilities to report incidents.
- The trust must ensure improvements are made on reporting of low harm and near miss incidents.
- The trust must investigate incidents in a timely way and share learning with all relevant staff.
- The trust must ensure all staff working with children, young people and/or their parents/carers, who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns, receive an appropriate level of safeguarding training.
- The trust must take action to meet national performance targets.
- The trust must ensure patient clinical records are completed, accurate and fit for purpose, kept confidential and stored securely.
- The trust must ensure the CAD system is effectively maintained.
- The trust must improve outcomes for patients who receive care and treatment.
- The trust must ensure the risk of infection prevention and control are adequately managed. This includes ensuring consistent standards of cleanliness in ambulance stations and vehicles and hand hygiene practice and uniform procedure are followed.
- The trust must ensure that governance systems are effective and fit for purpose. This includes systems to assess, monitor and improve the quality and safety of services.
- The trust must ensure all medical equipment is adequately serviced and maintained.
- The trust must continue to ensure there are adequate resources available to undertake regular audits and robust monitoring of the services provided.
- The trust must ensure the systems and processes in place to manage, investigate and respond to complaints and learn from complaints are robust.

#### Action the location **SHOULD** take to improve

- The trust should take action to audit 999 calls at a frequency that meets evidence-based guidelines.

# Outstanding practice and areas for improvement

- The trust should ensure 100% of frequent callers have an Intelligence Based Information System (IBIS) or other personalised record to allow staff taking calls to meet their individual needs.
- The trust should take action to ensure all patients with an IBIS record are immediately flagged to staff taking calls 24 hours a day, seven days a week.
- The trust should consider reviewing the arrangements for escalation under the demand management plan (DMP) so that patients across the trust receive equal access to services at times of DMP.
- The trust should consider how to improve communications about any changes to ensure that they are effective and timely, including the methods used.
- The trust should review all out of date policies and standard operating procedures.
- The trust should ensure all first aid bags have a consistent contents list and they are stored securely within the bags.
- The trust should engage staff in the organisation's strategy, vision and core values. This includes increasing the visibility and day to day involvement of the trust executive team and board, and the senior management level across all departments.
- The trust should continue to sustain the action plan from the findings of staff surveys, including addressing the perceived culture of bullying and harassment.
- The trust should continue to address the handover delays at acute hospitals.
- The trust should ensure there are systems and resources available to monitor and assess the competency of staff.
- The trust should ensure that patients are always involved in their care and treatment.
- The trust should ensure that patients are always treated with dignity and respect.
- The trust should ensure all ambulance stations and vehicles are kept secured.
- The trust should ensure all vehicle crews have sufficient time to undertake daily vehicle checks within their allocated shifts.
- The trust should ensure individual needs of patients and service users are met. This includes bariatric and service translation provisions for those who need access.

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

Treatment of disease, disorder or injury

#### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

9(1) The care and treatment of service users must (a) be appropriate and (b) meet their needs.

How this regulation was not met:

The trust failed to meet national performance targets, including relating to call answering times.

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulation 12 HSCA (RA) Regulations 2014 Safe Care and Treatment

12(1) Care and treatment must be provided in a safe way for service users. 12(2) Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include (a) assessing the risks to the health and safety of service users of receiving the care or treatment; (b) doing all that is reasonably practicable to mitigate any such risks and (e) ensuring that the equipment used by the service provider for providing care or treatment to a service user is safe for such use and is used in a safe way.

How this regulation was not met:

The service did not encourage staff to report incidents. Incidents were not always investigated in a timely way, and learning was not always widely shared to mitigate the risk of recurrences.

This section is primarily information for the provider

## Requirement notices

The provider did not have robust systems in place to ensure that equipment used was appropriately serviced, maintained and stored securely.

### Regulated activity

Treatment of disease, disorder or injury

### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

How this regulation was not met:

The provider did not operate and implement robust procedures and processes that make sure that people are protected from abuse. The appropriate level of safeguarding training did not meet with intercollegiate guidance.

### Regulated activity

Treatment of disease, disorder or injury

### Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

16(2) The registered person must establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity.

How this regulation was not met:

The provider did not operate an effective and accessible system for identifying, receiving, recording, handling and responding to complaints by patients and other persons in relation to the carrying on of the regulated activity. The trust did not always respond to complaints in a timely way or share learning widely in a way that allowed all relevant staff to learn from complaints.

This section is primarily information for the provider

## Requirement notices

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>17(1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.</p> <p>(2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to-</p> <p>(a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services) and (b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>How this regulation was not met:</p> <p>The provider did not always have effective governance arrangements in place. There were no effective assurance systems for auditing, monitoring or driving improvement in order to protect patients and staff from the health, safety and welfare risks from using the service.</p>

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>18(1) Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed.</p>

This section is primarily information for the provider

## Requirement notices

18(2) (a) The provider must ensure appropriate support, training, professional development, supervision and appraisal as necessary to enable them to carry out the duties they are employed to perform.

How this regulation was not met:

There was not always a clinician on site in each EOC at all times to provide clinical support in line with NHS pathways requirements.

Some staff were not up to date with their mandatory training, including an appropriate level of safeguarding training in line with national intercollegiate guidance.

The provider did not always provide sufficient numbers of suitably qualified, competent, skilled and experienced persons to ensure that patients received a safe, appropriate and prompt response when calling for emergency services. Staff did not always receive timely appraisals to support them in carrying out the duties they are employed to perform.

This section is primarily information for the provider

## Enforcement actions

### 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
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA (RA) Regulations 2014 Safe Care and Treatment</p> <p>12(1) Care and treatment must be provided in a safe way for service users. 12(2) Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include (e) ensuring that the equipment used by the service provider for providing care or treatment to a service user is safe for such use and is used in a safe way.</p> <p>How this regulation was not met:</p> <p>The voice recording system that recorded 999 calls was unreliable due to a fault. This led to 49% of Red 1 call recordings being inaudible in the month before our inspection.</p>
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA (RA) Regulations 2014 Safe Care and Treatment</p> <p>12(1) Care and treatment must be provided in a safe way for service users. 12(2) Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include (g) the proper and safe management of medicines</p> <p>The provider did not have proper systems in place to ensure that management and administration of</p>

This section is primarily information for the provider

## Enforcement actions

medication met legislative requirement and best practice guidance. In particular, patients and staff were at risk because the use of patient group directions, security and storage of medicines were not safe.