

# South East Coast Ambulance Service NHS Foundation Trust

## Quality Report

The Horseshoe  
Bolters Lane  
Banstead  
Surrey  
SM7 2AS

Tel:  
Website: [www.secamb.nhs.uk](http://www.secamb.nhs.uk)

Date of inspection visit: 4 and 5 May 2016  
Date of publication: 30/09/2016

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.

# Summary of findings

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	4
The five questions we ask and what we found	6
Areas for improvement	10
Good practice	10

---

### Detailed findings from this inspection

Our inspection team	11
Background to South East Coast Ambulance Service NHS Foundation Trust	11
Why we carried out this inspection	11
How we carried out this inspection	12
Findings by main service	13

---

# Summary of findings

## Overall summary

Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection of the NHS 111 service provided by South East Coast Ambulance Service NHS Foundation Trust (SECAmb) on 4 and 5 May 2016, as part of the wider Ambulance Trust Inspection. This report should be read in conjunction with the South East Coast Ambulance Service NHS Foundation Trust report, which can be found on our website at: <http://www.cqc.org.uk/>.

SECAmb are contracted to deliver the NHS 111 service to Kent, Medway, Surrey, Sussex and the North Hampshire area. The NHS 111 service is provided by SECAmb from their base in Ashford, Kent. There is a shared management structure in place with Care UK Surrey, with whom they sub-contract to provide the NHS111 service across the same geographical area as SECAmb.

Our key findings were as follows:

- SECAmb recognised that their performance in achieving the expected standards for the NHS 111 service (the national minimum data set) was not good enough. Since the inspection the provider has informed us that they have introduced plans that have improved performance. However they did not provide us with evidence to demonstrate this.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- All opportunities for learning from internal incidents were used to promote learning and improvement.
- Staff took action to safeguard patients and were aware of the process to make safeguarding referrals. Safeguarding systems and processes were in place to safeguard both children and adults at risk of harm or abuse, including frequent callers to the service.
- Staff were trained to ensure they used the NHS Pathways safely and effectively.
- Regular audits of calls to the service monitored quality and supported improvement and where issues were identified remedial action was taken and the employee was supported to improve.

- There was an overarching governance framework across the NHS 111 service, which supported the delivery of the strategy and good quality care. This included arrangements to monitor quality and identify risk.
- Patients using the service were supported effectively during the telephone triage process. Consent to triage was sought and their decisions were respected. We saw that staff treated patients with compassion, and responded appropriately to their feedback.
- Clinical advice and support was readily available to call handlers when needed. Care and treatment was coordinated with other services and other providers.
- The SECAmb NHS 111 management team had agreed local operating policies and procedures to govern the NHS 111 activity and held regular governance meetings.
- SECAmb was aware of and complied with the requirements of the Duty of Candour. The managers encouraged a culture of openness and honesty.
- There was a strong focus on continuous learning at all levels.
- During our inspection we found groups of staff, notably health advisors, clinicians and first line managers to be highly dedicated to and proud of the important work they were undertaking.

We saw an area of outstanding practice:

The service used innovative approaches to developing pathways in response to specific needs resulting in improved outcomes for people, for example the service identified factors that were impacting on the quality of end of life care and sexual assault pathways. They analysed the factors, engaged the clinical commissioning group and other providers, and developed tailored pathways and reviewed the implementation, they recorded a positive impact for nine referrals for end of life care and four referrals for sexual assault in the first month.

Importantly, the provider must:

- Ensure patients can access timely care and treatment when first contacting the service.

The areas where the provider should make improvements:

# Summary of findings

- Ensure that all the governance processes have been reviewed through the SECAmb governance structures and signed off by the Trust Board.
- Review how it communicates with the population it serves by providing feedback on themes identified in annual reports such as the annual complaint report.

The provider has been issued with a Warning Notice under section 29A of the Health and Social Care Act 2008 in relation to the findings of the inspections.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The Trust's NHS 111 service is rated as inadequate for providing safe services and improvements must be made.

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example, there were not enough staff to keep patients safe, this often led to long delays in calls being answered and calls being abandoned by patients. In these cases callers were not being assessed in relation to their medical needs in a timely manner.
- Service performance for all aspects of the NHS 111 service were monitored, reviewed and action taken to improve. However, however we saw no evidence that improvements had been embedded. Once patients could access the service, safety was recognised as a priority.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- All opportunities for learning from incidents were discussed to support improvement.
- Information about safety was valued and used to promote learning and improvement.
- Risk management was embedded and recognised as the responsibility of all staff.
- Staff took action to safeguard patients and were aware of the process to make safeguarding referrals.
- Clinical advice and support was readily available to health advisors when needed.

**Inadequate**



### Are services effective?

The provider is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- South East Coast Ambulance Service NHS Foundation Trust (SECAmb) recognised that their performance in achieving the expected standards for the NHS 111 service (the national minimum data set) was not effective, however, they had only identified limited actions to improve their performance and when these failed to provide the necessary results, there was a lack of an improved action plan.
- Recruitment and retention of staff was identified by the provider as an area of high risk and an action plan to mitigate

**Requires improvement**



# Summary of findings

the risks was in place. The action plan was reviewed on a weekly basis and remedial actions taken to improve the effectiveness of the plan, however, this had not made a significant impact on the numbers of staff in post.

- The service met regularly with commissioners of the service, who were kept up to date about performance shortfalls and the actions being taken.
- Staff were trained and monitored to ensure safe and effective use of NHS Pathways and the Directory of Services (DoS). (DoS is a central electronic directory of local and national services).
- Regular audits of calls monitored quality and supported improvement, where issues were identified remedial action was taken and the employee was supported to improve. Themes identified through the call auditing process were used to share learning with all staff.
- Staff received one to one meetings where personal development plans were discussed and this was supported by yearly appraisals.
- Staff ensured that consent to treatment was obtained from patients and appropriately recorded. There was an effective system to ensure timely sharing of patient information with the relevant service identified for the patient and their GP.

## Are services caring?

The provider is rated as good for providing caring services.

- Patient feedback received by the provider through their text message patient surveys showed that in December 2015, the number of patients that were extremely likely or likely to recommend the NHS 111 service was 81%.
- Results from the NHS Friends and Family test to 2016 showed patients were very/fairly satisfied with their experience was 95%.
- We observed patients who used the NHS 111 service being spoken with in a calm, patient and professional manner.
- The staff listened carefully to what was being said, checked information when necessary and were supportive and reassuring when responding to people calling in distress.
- Patient consent was obtained to share information and to have their calls listened to and the patient's decision in relation to meeting their care needs was respected.

Good



## Are services responsive to people's needs?

The provider is rated as good for providing responsive services.

Good



# Summary of findings

- There was a comprehensive complaints system in place and all complaints were risk assessed and investigated appropriately.
- Action was taken to improve service delivery where gaps were identified.
- Care and treatment was coordinated with other services and other providers. There was collaboration with partners to improve urgent care pathways.
- Staff were alerted, through their system, to patients with identified specific clinical needs and/or care plans.
- The service engaged with both lead clinical commissioning groups to review performance, agree strategies to improve and work was undertaken to ensure the Directory of Services was kept up to date.
- Information received from patients through the telephone triage system was recorded on the NHS Pathways system, and with the consent of the patient was forwarded to the patient's own GP.

## Are services well-led?

The provider is rated as requires improvement for being well-led.

- SECAmb and Care UK Surrey had responded to the challenges of effective collaborative working by establishing a senior management team comprising staff from both organisations.
- SECAmb had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- The staff we spoke with in the call centre were clear on their role and responsibilities and their contribution to the vision of the NHS 111 service to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management. Staff knew how to access senior leaders and managers.
- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor quality and identify risk, however, these processes were not aligned with those of the wider organisation, nor were they signed off by the Trust Board.
- The SECAmb NHS 111 managers had developed some of their own systems, for example managing complaints, as the wider trust systems were ineffective.

## Requires improvement





# Summary of findings

- SECAMB was aware that their performance in achieving the expected standards for the NHS 111 service (the national minimum data set) was not good enough and regularly failed to meet the required performance indicators, however the trust had no strategic oversight or management of the issues.
- The NHS 111 management team had a number of agreed local operating policies and procedures to govern the NHS 111 activity and held regular governance meetings.
- SECAMB was aware of and complied with the requirements of the Duty of Candour. The managers encouraged a culture of openness and honesty.
- SECAMB proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning at all levels in the SECAMB NHS 111 service.

# Summary of findings

## Areas for improvement

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

- Ensure patients can access timely care and treatment when first contacting the service.

### Action the service **COULD** take to improve

- Ensure that all the governance processes have been reviewed through the SECamb governance structures and signed off by the Trust Board.
- Review how it communicates with the population it serves by providing feedback on themes identified in annual reports such as the annual complaint report.

## Good practice

We saw an area of outstanding practice:

The service used innovative approaches to developing pathways in response to specific needs resulting in improved outcomes for people, for example the service identified factors that were impacting on the quality of end of life care and sexual assault pathways. They

analysed the factors, engaged the clinical commissioning group and other providers, and developed tailored pathways and reviewed the implementation, they recorded a positive impact for nine referrals for end of life care and four referrals for sexual assault in the first month.

# South East Coast Ambulance Service NHS Foundation Trust

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector; the team included a second CQC inspector and a nurse specialist advisor with knowledge and experience of the NHS 111 service.

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

South East Coast Ambulance Service NHS Foundation Trust (SECAMB) provides NHS 111 services to Kent, Medway, Surrey, Sussex and the North Hampshire area.

SECAMB NHS 111 service operates 24 hours a day 365 days a year. It is a telephone based service where people are assessed, given advice and directed to a local service that most appropriately meets their needs.

The contract holder for the NHS 111 service is SECAMB. SECAMB subcontracts 50% of the service provision and works in partnership with Care UK Surrey, to provide NHS 111 services to people living in Brighton & Hove, East Sussex, West Sussex, Kent, Surrey, and North East Hampshire, covered by 22 clinical commissioning groups for these areas. The joint NHS 111 service is known as KMSS

111 (Kent, Medway, Surrey, and Sussex) and covers a geographical area of 3,600 square miles. Management responsibilities were shared between SECAMB and Care UK and managers worked across both call centres.

At the time of inspection SECAMB NHS 111 service employed: 72 clinicians of whom 49 were employed by SECAMB and 23 were agency, 140 health advisors of whom 84 were employed by SECAMB and 56 were agency, eight senior health advisors and four deputy call centre managers. The team was supported by an audit and training team and a senior management team.

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

Ashford NHS 111 Centre,

Moat Way,

Willesborough,

Ashford,

Kent,

TN24 0TL.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

# Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

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

We inspected the NHS 111 service provided by SECAmb and Care UK their sub-contractor as part of the wider inspection of the South East Ambulance Service NHS Foundation Trust inspection which was undertaken from 4 May 2016 to 7 May 2016. This report relates to the NHS 111 service delivered by SECAmb, a separate report has been produced in respect of Care UK Surrey. Both reports may be read in conjunction with each other.

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

- Observed the call centre environment over two weekdays and during a peak weekday evening when GP practices were closed

- Listened to 11 active calls with the consent of the patients.
- Observed health advisors and clinicians carrying out their role and supported patients who used the service.
- Spoke with a range of clinical and non-clinical staff, including health advisors, clinicians, senior health advisors, deputy call centre managers, section managers, senior managers and a lead trainer which included NHS Pathways training.
- Spoke with two representatives from the unions.
- We looked at a range of records including audits, staff training, patient feedback and complaints.
- We were unable to speak with patients who used the service.

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

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

Please note that when referring to information throughout the report this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Summary of findings

The Trust's NHS 111 service is rated as inadequate for providing safe services and improvements must be made.

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example, there were not enough staff to keep patients safe, this often led to long delays in calls being answered and calls being abandoned by patients. In these cases callers were not being assessed in relation to their medical needs in a timely manner.
- Service performance for all aspects of the NHS 111 service were monitored, reviewed and action taken to improve. However, however we saw no evidence that improvements had been embedded. Once patients could access the service, safety was recognised as a priority.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- All opportunities for learning from incidents were discussed to support improvement.
- Information about safety was valued and used to promote learning and improvement.
- Risk management was embedded and recognised as the responsibility of all staff.
- Staff took action to safeguard patients and were aware of the process to make safeguarding referrals.
- Clinical advice and support was readily available to health advisors when needed.

## Our findings

### Safe track record and learning

- Investigation of significant events was not confined to those that met NHS England's criteria for a Serious Incident. The South East Coast Ambulance Service NHS Foundation Trust (SECAMB) NHS 111 treated significant events, including near misses, as an opportunity for learning and implementing risk reduction measures.
- Staff told us they would inform their manager of any adverse incidents and there was a recording form available on the service's computer system. The incident recording form supported the recording of notifiable incidents under the Duty of Candour. (The Duty of Candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Health advisors and clinicians told us they received feedback on any such incidents via their monthly meetings with their managers, or more immediately when needed. For example following a serious incident, relating to the assessment framework for falls, it was found that further questions relating to trauma were needed, the service liaised with the Pathways team and an amendment to the assessment pathway was implemented to reduce the likelihood of reoccurrence.
- Notice wall boards displayed information to advise and support staff. This included 'NHS 111 Shared learning' posters from recent serious events. These provided synopsis of the events, the identified root causes linked to the events, lessons learned and recommendations. In addition employees received a newsletter every six months which was a summary of serious incidents and complaints identified across primary care within the organisation. All information was discussed with staff during their monthly meetings, and any required changes in practice were monitored via call audits.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared

## Are services safe?

across and action was taken to improve safety. Complaints, concerns, health care professional feedback, significant events and non-compliant call audits were reported on in a monthly clinical governance report and these were reviewed at the monthly SECAMB NHS 111 Quality and Patient Safety meetings. Following the review the managers were able to consider if there were any themes identified and then undertake any changes needed, for example updating local operating policies.

All Serious Incidents, including the root cause analysis, summary and actions/next steps are logged in the monthly Clinical Governance report, which goes to the trust Board and the Governance Committee for analysis and discussion. Whilst all serious incidents were investigated by the management team of the NHS 111 service, these findings may have had the potential to act as a learning point for other parts of the organisation, for example their emergency operations centre. This meant that as a whole organisation, serious events could have re-occurred in other parts of SECAMB.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- All call handling work stations had a folder containing easy read desk top advice. This included the safeguarding referrals process. Staff we spoke with demonstrated they understood their responsibilities and we saw evidence that all had received training on safeguarding children and vulnerable adults relevant to their role.
- There was a lead member of SECAMB staff for safeguarding, at the Ashford call centre, who was trained to safeguarding level three. To ensure consistency they worked with an equivalent member of Care UK Surrey staff.
- All the health advisors were trained to safeguarding level two and clinicians to level three.

- Reporting systems to monitor all safeguarding referrals were in place. SECAMB recorded all safeguarding referrals on their system. Between April 2015 and March 2016 SECAMB NHS 111 made 772 referrals. These were monitored and analysed. Action was taken to reduce the number of referrals rejected and evidence was provided to show that the numbers rejected were reducing.
- Health advisors and other staff, in line with NHS England guidelines only had access to patient "special notes" to alert them to patients with, for example, pre-existing conditions or safety risks where the GP practice had submitted information on behalf of their patients. The staff did not have access to other patient records.
- Clinical advice and support was available to staff when needed. SECAMB had reviewed their call handling procedures and listened to their staff teams where it was identified that staff needed additional support to manage and respond effectively to emergency situations. As a result, they introduced an Orange flag policy. This allowed staff members who were having difficulty in managing a call to raise the orange flag and receive immediate assistance from a supervisor. Staff told us that this ensured they receive support in a timely manner.
- There were clear processes in place to manage the transfer of calls, both internally within the NHS 111 service, to ensure a safe service. The NHS 111 managers had agreed a range of local operating procedures (LOPs) to ensure that staff employed in the NHS 111 service followed the same procedures to ensure consistency and effectiveness. However, these had not been signed off within the SECAMB governance structure.
- Staff were provided with a safe environment in which to work. We saw that where adjustments were needed for individual members of staff they had been implemented. Staff told us that where adjustments to working patterns were required these were implemented.
- Risk assessments and actions required had been taken to ensure the safety of the premises.

### Monitoring safety and responding to risk

Risks to patients were assessed and managed.

- The senior management team from SECAMB NHS 111, working with Care UK Surrey, had developed and

## Are services safe?

implemented a Service Quality Database. This comprehensively monitored all aspects of the service, this were reviewed and action taken to improve. However, improvements had not yet happened and patients had difficulty accessing the service.

- The number of staff available was often below those identified as being needed to manage patients' calls and this often led to long delays in calls being answered and calls being abandoned by patients, placing them at risk.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed. There was a rota system in place for all the different staffing groups. We saw examples of day to day operational planning concerning staffing and skill mix. Measures to manage this risk included:
  - The implementation of a service recovery plan, which was reported on in the monthly clinical governance report and reviewed at the SECAMB NHS 111 Quality and Patient Safety Committee.

- SECAMB increased the use of agency staff numbers and hours booked over the last year to address short falls. This helped improve call performance, by increasing the number of calls answered, but the service still experienced shortfalls in the number of staff required.

### **Arrangements to deal with emergencies and major incidents**

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

- SECAMB call centre had a business continuity plan in place. This detailed the arrangements that were in place in the event of equipment failure for example the telephone or computer systems and issues in relation to the building and staffing.
- If the SECAMB call centre was unable to take calls, it was possible to transfer them to the Care UK Surrey call centre, which gave an additional layer of support if required.

# Are services effective?

(for example, treatment is effective)

## Summary of findings

The provider is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Although the provider had identified a number of issues with performance and had an improvement plan in place, which was signed off by commissioners and NHS England, they did not provide evidence of improved performance as a result.
- Recruitment and retention of staff was identified by the provider as an area of high risk and an action plan to mitigate the risks was in place. The action plan was reviewed on a weekly basis and remedial actions taken to improve the effectiveness of the plan, however, this had not made a significant impact on the numbers of staff in post.
- The service met regularly with commissioners of the service, who were kept up to date about performance shortfalls and the actions being taken.
- Staff were trained and monitored to ensure safe and effective use of NHS Pathways and the Directory of Services (DoS). (DoS is a central electronic directory of local and national services).
- Regular audits of calls monitored quality and supported improvement, where issues were identified remedial action was taken and the employee was supported to improve. Themes identified through the call auditing process were used to share learning with all staff.
- Staff received one to one meetings where personal development plans were discussed and this was supported by yearly appraisals.
- Staff ensured that consent to treatment was obtained from patients and appropriately recorded. There was an effective system to ensure timely sharing of patient information with the relevant service identified for the patient and their GP.

## Our findings

### Effective needs assessment

The South East Coast Ambulance NHS Foundation Trust (SECAmb) assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

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

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

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

- January 16 required 629 audits and completed 680 – pass rate 85%.
- February 16 required 642 audits and completed 669 – pass rate 87%.
- March 16 required 609 audits and completed 670 – pass rate 89%.



# Are services effective?

## (for example, treatment is effective)

SECamb used the Directory of Services (DoS) which provided health advisors with real-time information about services available to support a particular patient. SECamb had a DoS manager within the organisation who regularly ensured that the stored information was accurate. The commissioners of the NHS 111 service were responsible for ensuring these resources were available and were correctly updated.

Staff were able to book relevant appointments for patients at the service nearest to them. We saw examples of appointments made at an out of hour's provider service. When staff were not able to make a direct appointment on behalf of the patient clear referral processes were in place, these were agreed and a clear explanation was given to the patient which we were able to observe.

### Management, monitoring and improving outcomes for people

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

Data from March 2015 to March 2016 showed that SECamb was performing below the England average for calls answered and call abandonment, but higher than average for calls transferred to a clinical advisor, and consistently higher than the England average for call backs within 10 minutes. For example:

- 95.8% of all calls to SECamb were answered, compared to the England average of 93.6%.
- 80% of calls answered were within 60 seconds, compared to the England average of 84.2%. At weekends this ranged from 3% to 85%.
- 3.1% of calls were abandoned, compared to the England average of 2.4%. At weekends this ranged from 16% to 44%. (Calls abandoned is a marker of patient experience, a high call abandoned rate is considered not to be safe and may reflect a high level of clinical risk for patients).
- 69.5% of call backs from clinicians were within 10 minutes, compared to the England average of 41.7%.

Data comparing outcomes showed that SECamb was in line with the England averages in all outcomes, for example:

- The percentage of calls where patients were referred to A&E was 6.1% compared to the England average of 6.6%.
- The percentage of calls where patients were referred to primary care was 57% compared to England average of 53.3%.
- The percentage of calls where an emergency ambulance was arranged was 10.2% compared to the England average of 9.5%.

We looked at how the service had been performing between December 2015 and February 2016, where call volume and demand for health care and advice is consistently higher than in other months. For example, nationally, call demand to all NHS 111 services increased by 14.5% compared to the call demand the previous year. SECamb had noted an increase in call demand from January 2016 to end of March 2016 of 20% compared to the same months in 2015. This information was used to predict future call volumes and therefore assist in developing staffing requirements in the future.

SECamb data for calls answered within 60 seconds (for which the national target is 95%) showed:

- January 69.9%, which was below the England average of 82.2%.
- February 65%, which was significantly below the England average of 79.7%.
- March 47%, which was significantly below the England average of 71%.

Data for calls abandoned (the national target is less than 5%) showed:

- January 4.8%, which was similar to the England average of 4.5%.
- February 9.3%, which was significantly higher than the England average of 5%.
- March 17%, which was significantly higher than the England average of 8.4%.

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

- January 67.2%, which was significantly better compared to the England average of 38.9%.

# Are services effective?

## (for example, treatment is effective)

- February 63%, which was significantly better compared to the England average of 34.7%.
- March 63%, which was significantly better compared to the England average of 35.6%.

Call outcomes from March 2016 were in line with England averages for example:

- Calls where an emergency ambulance was arranged was 10% the same as the England average.
- Calls where patients were advised to attend an emergency department was 6% which was the same as the England average.
- Calls which were directed to primary care was 57% comparable to the England average of 56%.
- Calls which were not referred to a service was 26% the same as the England average.

Detailed data on when calls were answered is only held for a month at a time. Data from SECAmb for April 2016 showed that call answering (target of 95% within 60 seconds) was:

- Between 20.4% and 98.5% of calls were answered within the target.
- SECAmb achieved the call answering target for six days out of a total of 30 days, and were below 80% for 14 days.
- The overall call answering for April was 65.1%.
- The data shows that for 11 days in April, of the calls that the service did answer, 22.5% (1850 calls) were answered after 180 seconds, with the lowest performance mainly at weekends.

We discussed the areas where the SECAmb NHS 111 service was not meeting the MDS targets with the senior managers and what, if any measures the service had put in place. This risk was discussed with members of the senior management team and members of the Board. They were aware of lower performance levels and were continuing with a number of actions to improve the call answering; this included changing rotas for existing staff, and incentivising additional overtime in the short term. Longer term plans included increased recruitment of new staff and carrying out additional work to retain existing staff.

The managers advised us that there was an additional local pressure, this was from patients ringing back to NHS 111 to

find out why they had not received a phone call from other providers, to whom they had been referred to by the NHS 111 Service. This had been escalated to the clinical commissioning groups.

There were wall boards in the call centre which displayed performance by defined county areas. Calls were shared equally amongst the call handlers. The screens showed calls waiting and time waiting, availability of clinical staff, and calls answered. This supported managers to see incoming call demand, other pressures in the call volumes and enabled them to consider redeploying staff to support changes in the demand levels or other areas of pressure. This was done in consultation with the staff of Care UK Surrey with whom the provider worked. There were several information systems in the call centre, which were used to coordinate care and monitored to deliver effective care across services. During our inspection we saw staff were redeployed to assist in call answering during a spike in call volumes.

The service had recognised the impact on patients over the winter months due to high demand, which had caused delays to patient assessments as well as an increase in calls being abandoned. The service conducted a review of calls over three months from December 2015 to February 2016. Those calls with a considerable delay in the clinical call back had been reviewed assessing the level of risk to the patient. All calls identified as high risk were audited to consider any clinical impact on the patient. We looked at a number of these reviews and saw that feedback had been given to staff and any areas for learning identified, shared and implemented.

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

- Audits including call reviews were carried out regularly with staff involvement.
- Staff were supported to deliver effective care and treatment through meaningful audit feedback and any areas for learning identified.
- Where necessary action plans or training and development were put in place.

One example of learning from a call audit was where a potential issue within the NHS Pathways assessment tool was highlighted, SECAmb team liaised with the NHS Pathways development team to implement the required

# Are services effective?

## (for example, treatment is effective)

changes. This information supported an update to the NHS Pathways assessment tool to improve the care for all future assessments. This was cascaded by a NHS Pathways hot topic update to all NHS 111 staff nationally.

Where any knowledge gaps were identified from random audits, or learning from an incident or investigation, these were discussed at 1-2-1 meetings. Where necessary staff received additional coaching or formal training, or were taken off advisory duties until such time as effective re-training had been completed. This re-training could include a specific coaching plan and/or re-visiting specific training modules. Following this process, staff would have an increased number of calls audited each month until managers were satisfied that the required standard had been reached.

We saw records of call audits and feedback provided to staff during meetings. Staff told us they understood the importance of regular call audits to maintain the standard of care provided to patients. Staff told us they found the process supportive, constructive and helpful. Audits were also used to identify themes, for example issues were highlighted with the assessment of breathing problems and how staff need to probe more effectively. This had led to learning being shared in one to ones, a probing workshop delivered and a hot topics learning prompt for staff.

### Effective staffing

SECAmb NHS 111 has experienced a number of challenges to the delivery of its service which included staff recruitment and retention. This had been reflected on the provider's risk register as a high risk. We saw staffing had been discussed in the SECAmb NHS 111 monthly governance reports, and SECAmb board meetings. At the time of our inspection SECAmb NHS 111 employed 248 staff including the use of agency staff. They had experienced a number of staff leaving over the year, for example the turnover rate of call handlers over the previous year (March 2015 to February 2016) was 46%. SECAmb had lost 31 members of staff in January 2016 which had an impact on the service provision over the following months.

To address these issues the service had a range of measures in place which included:

- A detailed recovery plan and recruitment tracker, updated weekly and reviewed fortnightly with the commissioners.

- Rota planning (adjusted daily) which included a 5% planned overstaffing buffer, which proactively manages short notice absences. This was increased to 15% for weekends/bank holidays.
- The Head of Planning used data from the analysis of previous call volumes and peaks in demand to continually adjust the levels of expected demand against the levels of resourcing.
- A continued increase in agency staff numbers and hours booked.
- A plan to increase the retention of agency staff and convert these staff onto permanent contracts.
- An increase in the number of flexible home working arrangements, as home workers (clinicians) could often support the service in areas of short term increased demand, for example between 6pm and 8pm.
- However, as SECAmb had insufficient numbers of staff, they were limited in their ability to make adequate adjustments to meet the incoming call demand.
- The service had a system in place to share learning across both sites and ensure opportunities were used to embed learning into practice. They had adapted frequency and the style of communication to ensure it was accessible to all staff. The staff that we spoke with during the inspection commented on how much communication they now received and this assisted them in completing their roles.
- The service had an induction programme for all newly appointed staff. This covered topics such as safeguarding, information governance, display screen equipment, recent Pathways hot topics bulletins, staff support systems and processes, and awareness of mental health and domestic violence.
- The service had reviewed the induction programme, addressing concerns about the support staff had or had not received and any subsequent impact on the quality of calls. A 'Diamond Group', providing a support network and continuity of leadership, had been introduced for new staff. This helped ensure that the staff received consistent support and management until they were confident to manage calls solo. Staff feedback to us, highly praised this innovation.

# Are services effective?

## (for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of their development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included use of the clinical pathway tools, how to respond to specific patient groups, Mental Health Act, Mental Capacity Act, safeguarding, fire procedures, and information governance awareness. All staff had had an appraisal within the last 12 months.
- The service recognised the challenges that working in the NHS 111 environment included, for example dealing with emergency calls in emotive situations. The service had introduced measures to support staff. For example, the training schedules and mentoring support staff were adjusted to include some working hours to cover periods of high call demand. This allowed staff to have some experience of the busiest times during their induction where they could be closely monitored and supported.
- Counselling and Chaplaincy support available for staff.
- Staff involvement in the wellbeing working group.

### Working with colleagues and other services

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

- SECAmb had in place a range of protocols setting out who they would work with in primary and secondary care.
- SECAmb was aware of the times of peak demand and had communicated these to the ambulance service. This included the arrangements in place when demand was outside of the expected pattern.
- There were arrangements in place to work with social care services including information sharing

arrangements. We saw positive examples of care pathways adjusted with liaison and consultation with social services and other providers, for example a specialist pathway for anyone who may have experienced a sexual assault.

- Staff knew how to access and use patient records for information and when directives may impact on another service for example advanced care directives or do not attempt resuscitation orders.
- SECAmb had systems in place to identify 'frequent callers' and staff were aware of any specific response requirements.
- Information about previous calls made by patients was available, staff could use this if callers rang back and the information was relevant to support the decision making process.

### Consent to care and treatment

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

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

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

# Are services caring?

## Summary of findings

The provider is rated as good for providing caring services.

- Patient feedback received by the provider through their text message patient surveys showed that in December 2015, the number of patients that were extremely likely or likely to recommend the NHS 111 service was 81%.
- Results from the NHS Friends and Family test to 2016 showed patients were very/fairly satisfied with their experience was 95%.
- We observed patients who used the NHS 111 service being spoken with in a calm, patient and professional manner.
- The staff listened carefully to what was being said, checked information when necessary and were supportive and reassuring when responding to people calling in distress.
- Patient consent was obtained to share information and to have their calls listened to and the patient's decision in relation to meeting their care needs was respected.

## Our findings

### Dignity, respect and compassion

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

We reviewed the most recent patient satisfaction survey data (April 2015 to September 2015) available from NHS England for people who had used the South East Coast Ambulance Service NHS Foundation Trust (SECAmb) NHS 111 service during this period. The results indicated that caller satisfaction was better than the England average for example:

- 94.7% of respondents stated they were 'very or fairly satisfied' with their NHS 111 experience and 2.7% were 'dissatisfied'. This compared to the England average of 88.3% and 5.2% respectively

We looked at results from the NHS Friends and Family test from March 2015 to February 2016 (this national test was created to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed). Data for SECAmb showed that patients were very/fairly satisfied with NHS 111 experience and the service achieved 95% compared to the England average of 88%.

SECAmb NHS 111 service used monthly patient surveys to obtain feedback from patients. Since December 2015 the service sent out the patient survey information via a text message and this had resulted in an increase response. For example;

- In December 2015, of the 380 responses, 81% responded that they were either extremely likely or likely to recommend the service and 12% were unlikely or extremely unlikely to recommend the service.
- In February 2016, of the 421 responses, 78% responded that they were either extremely likely or likely to recommend the service and 16% were unlikely or extremely unlikely to recommend the service.

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

## Are services caring?

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

### **Involvement in decisions about care and treatment**

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

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

### **Patient/carer support to cope emotionally with care and treatment**

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

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

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

Staff were provided with training in how to respond to a range of callers, including those who may be abusive. Our observations were that staff handled calls sensitively and with compassion.



# Are services responsive to people's needs?

(for example, to feedback?)

## Summary of findings

The provider is rated as good for providing responsive services.

- There was a comprehensive complaints system in place and all complaints were risk assessed and investigated appropriately.
- Action was taken to improve service delivery where gaps were identified.
- Care and treatment was coordinated with other services and other providers. There was collaboration with partners to improve urgent care pathways.
- Staff were alerted, through their system, to patients with identified specific clinical needs and/or care plans.
- The service engaged with both lead clinical commissioning groups to review performance, agree strategies to improve and work was undertaken to ensure the Directory of Services was kept up to date.
- Information received from patients through the telephone triage system was recorded on the NHS Pathways system, and with the consent of the patient was forwarded to the patient's own GP.

## Our findings

### Responding to and meeting people's needs

- The service reviewed the needs of its local population and engaged with the NHS England Area Team and different clinical commissioning group (CCG) to secure improvements to services where these were identified.
- We saw that the joint senior management team, with Care UK Surrey, worked collaboratively to review the care that was being delivered to the local community. The management team had tailored services to meet the needs of individuals and patients with complex care needs.
- We saw a number of examples of proactive innovative measures taken to tailor services and improve the care to people whose circumstances may make them vulnerable. This included engaging other service providers and ensuring a patient centred approach to develop integrated models of care. This included end of life care and patients who had experienced sexual assault. The service recognised how important the correct service referral was in these extremely difficult circumstances. This led to the service engaging with the relevant agencies to tailor specific new pathways and service models. Reviews after their implementation showed improved patient referrals within the first month.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a patient, this included special patient notes and patient specific care plans.
- There were translation services available and all staff we spoke with were confident in accessing this service for callers who did not speak English. We found that during March 2016, 186 advisors requested the use of this service.
- The service had delivered an education and awareness bulletin to local care homes to improve the understanding and awareness of the NHS 111 system for care home staff, identify ways to work better together, improve information sharing and promote best practice.

### Tackling inequity and promoting equality

# Are services responsive to people's needs?

## (for example, to feedback?)

- New staff received training in equality and diversity during their induction and this training was updated for all staff on an annual basis.
- The staff had engaged with local voluntary and charity projects to support local people who were experiencing difficulties, for example people who have been displaced due to violence, loss of their home or were awaiting information in relation to their asylum applications.
- The SECAmb NHS 111 managers had engaged with local people with learning difficulties to support an art project which helped improve integration and awareness of the needs of this group of people.
- Reasonable adjustments had been made so that disabled people could access and use services on an equal basis to others for example they used a text talk service for patients with hearing impairment.

### Access to the service

- The Trust was monitored against the National Minimum Data Set (MDS) and adapted National Quality Requirements (NQRs).
- The telephone system was easy to use and supported people to access advice.
- Action was taken by SECAmb to reduce the length of time people had to wait for subsequent care or advice where possible, for example the estimated demand was measured against staff resourcing in 15 minute intervals to try to provide the correct staffing levels.
- The number of calls transferred for clinical advice were in line with the England averages.
- Call backs from clinicians within 10 minutes in January 2016, was 67%, in February 2016, was 60% and March 2016, 57%. This was consistently better than the England average of 39%, 35% and 36% respectively.
- The service prioritised people with the most urgent needs at times of high demand. For example a senior clinician had responsibility for overseeing any calls waiting in their queues and identifying the priority of calls for clinical advice, or escalating to the 999 service if required.
- Referrals and transfers to other services were undertaken in a timely way.

### Listening and learning from concerns and complaints

There was an effective system in place for handling complaints and concerns. Information about how to complain was available and easy to understand.

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

SECAmb NHS 111 management team worked jointly with the Care UK Surrey team in investigating and managing the complaints, often arranging thematic reviews in conjunction with the audit team when themes had been identified.

Quality Team leaders were responsible for recording and monitoring all complaints and concerns received. This allowed the quality team to analyse more effectively the issues raised by the complainant and pull out themes and trends. The identification of these themes and trends were used to target specific training of staff to improve their performance. Training included end of life care, understanding third party triage (Hot Topic) and Information Technology guidance.

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

A review of complaints in 2015 identified a rising number from patients and other health care professionals and an inability to respond to complaints within 25 working days. Following this, the quality team reviewed its approach to complaints and initiated a six month action plan. On completion of the plan, the result was a reduction in the number of complaints from patients and health care professionals reported, and all complaints were now dealt with within 25 days and evidence showed that the service responded to any issues raised.



## Are services responsive to people's needs? (for example, to feedback?)

We looked at three complaints received in the last 12 months and found these were dealt with in a timely way, with openness and transparency. Any identified themes were shared on staff wallboards, bulletins and through training materials and meetings.

Information from complaints and feedback was used to improve services with external providers, for example due

to a recent increase in a viral condition called scarlet fever, the team noted an improvement was needed to the assessment tool which was shared with the Pathways software provider.

SECAmb responded to feedback and there was evidence of change as a result. For example, the quality of information needed to provide the most timely information was reviewed; this led to a template for information sharing to be developed and used across the service.

# Are services well-led?

Requires improvement 

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

## Summary of findings

The provider is rated as requires improvement for being well-led.

- SECAmb and Care UK Surrey had responded to the challenges of effective collaborative working by establishing a senior management team comprising staff from both organisations.
- SECAmb had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- The staff we spoke with in the call centre were clear on their role and responsibilities and their contribution to the vision of the NHS 111 service to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management. Staff knew how to access senior leaders and managers.
- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor quality and identify risk, however, these processes were not aligned with those of the wider organisation, nor were they signed off by the Trust Board.
- The SECAmb NHS 111 managers had developed some of their own systems, for example managing complaints, as the wider trust systems were ineffective.
- SECAmb was aware that their performance in achieving the expected standards for the NHS 111 service (the national minimum data set) was not good enough and regularly failed to meet the required performance indicators, however the trust had no strategic oversight or management of the issues.
- The NHS 111 management team had a number of agreed local operating policies and procedures to govern the NHS 111 activity and held regular governance meetings.

- SECAmb was aware of and complied with the requirements of the Duty of Candour. The managers encouraged a culture of openness and honesty.
- SECAmb proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning at all levels in the SECAmb NHS 111 service.

# Are services well-led?

Requires improvement 

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

## Our findings

South East Coast Ambulance NHS Foundation Trust (SECAmb) provides the NHS 111 service and has subcontracted, and works in partnership with Care UK Surrey, to provide 50% of the service. Whilst SECAmb are the contract holders, there is a shared management structure with Care UK Surrey across both providers.

The NHS 111 managers from SECAmb and Care UK Surrey have recognised the challenges to effective collaborative working and in response to meet these challenges have developed a senior management team staffed by people from both organisations to deliver a safe NHS 111 service.

The management team were committed to promoting a culture of working together and openness. Staff we spoke with in a variety of different roles knew who their counterpart colleagues were and there were effective systems of communication and supportive working implemented. We spoke with staff that had lead roles for example, in managing complaints and safeguarding referrals. All confirmed that there were positive working relationships between the different teams.

### Vision and strategy

SECAmb and Care UK Surrey are both large organisations providing a range of services and as such, each has their own vision and strategy to deliver safe and effective services. One of the challenges identified by the NHS 111 senior management team was the need to develop one vision for the service. All NHS 111 staff were invited to consider what they felt was important for the NHS 111 service's ongoing and future vision and values. Views of staff were sought through a range of methods such as feedback surveys and staff forum meetings, and included agency staff and home workers. The staff we spoke with were clear on their role and responsibilities and their contribution to the vision of the NHS 111 service to deliver high quality care and promote good outcomes for patients.

### Governance arrangements

SECAmb had in place strategic and operational policies and procedures which were supported and monitored by their own governance structures and arrangements. SECAmb NHS 111 managers reported to and attended governance meetings in line with their organisational governance structure.

Following a review by the SECAmb NHS 111 management team of complaints in 2015, a decision was made to strengthen and improve the complaint handling process. As a result of this review, changes were also made to the serious event investigation process and a series of local operating procedures (LOPs) were devised. However, these new procedures and LOPs sat outside the SECAmb internal processes and had not all been through the SECAmb governance structure and signed off by the Trust Board. This meant that the procedures were not integrated within the rest of the trust and this could lead to a loss of information or lessons learned internally within SECAmb. For example, lessons learned in the NHS 111 service, may not be shared with the emergency operations centre, and reduce the risk of reoccurrence.

The lack of senior oversight at board level prevented strategic direction being provided to the SECAmb NHS 111 managers, primarily around the poor performance of some aspects of call answering within the service.

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Staff in similar roles at each call centre had developed productive working relationships which involved face to face working, as well as working at each call centre.
- The LOPs had been agreed between the SECAmb and Care UK Surrey managers, which ensured that all staff employed were working to the same procedures and protocols.
- An understanding of the performance of the service was maintained. The service had developed a Service Quality Database for the NHS 111 service. This monitored all aspects of the service provided. The database provided an overview with direct links into action plans with risk ratings for several areas such as audit, clinical governance, human resources, health and safety, local operating procedures, operational

# Are services well-led?

Requires improvement 

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

processes, performance, planning and training. The progress of the action plans were reviewed regularly and reported on to the NHS 111 Quality and Patient Safety Committee.

- However, the NHS 111 performance, and therefore the potential risks to patients, were not on the SECamb risk register. When this was discussed with directors from SECamb they confirmed that a review of trust risks was about to commence.
- Clinical governance procedures and reporting pathways were well established and regular clinical governance meetings were undertaken by the senior NHS 111 management team, commissioners and national leads. A SECamb monthly NHS 111 Clinical Governance Report was produced to summarise the ongoing work across the region and included statistical data relating to call activities, audits and trends. This gave an overview and assurance of the service for members of the commissioning CCGs. Actions to address any performance issues were highlighted and monitored through the contract meetings with commissioners of the service.
- A programme of continuous clinical and internal audit, including regular call audit, was used to monitor quality and to make improvements. Regular end to end call reviews were carried out and in December 2015 the call reviews focused on poisoning and in February 2016 they focused on palliative care. These reviews identified areas of good practice and areas where improvements could be made. Identified shared learning was cascaded to staff.

## Leadership, openness and transparency

The management team worked to ensure a consistent approach across both SECamb and Care UK; the managers had a shared purpose to deliver high quality patient focused care. The managers had formed an innovative senior management team (SMT) with senior staff and managers from the SECamb NHS 111 staff and from the Care UK Surrey staff. This helped to ensure that there was a joint strategy across both providers and to ensure that patients would receive the same level of care and treatment regardless of which location answered the NHS 111 call.

We saw that the SMT demonstrated strong collaboration and support across the two organisations (SECamb NHS 111 and Care UK Surrey), with a clear focus on improving

quality outcomes for patients. The team were open to challenge and showed high levels of engagement with the staff. Examples of engagement with staff included working/focus groups, staff surveys and a 'no door' policy for staff to be able to communicate freely with the managers. For example, one of the recent staff surveys included an invite to feedback directly if required to the SECamb medical director. SECamb staff had recently joined a staff forum with representatives from different staff groups to discuss issues and concerns that affected them. Staff we spoke to felt positive about this and felt it was an effective way to share their views and to get answers to their questions.

There were clear lines of accountability within the NHS 111 service. Staff understood the structure and had access to their team managers and senior managers. The Head of Service for SECamb NHS 111 had the overall responsibility and accountability for the service provision, which was delegated from the Trust Board. However, there was a lack of oversight and leadership by the Board, this resulted in the NHS 111 managers establishing their own systems and processes.

Operational staff were clear who to go to for guidance and support. They were clear about their line management arrangements as well as the clinical governance arrangements in place. They described to us that the current management team was working effectively. Staff told us that managers were approachable, supportive, and that the current management structure was the best that they had experienced since the NHS 111 service had begun in 2013.

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

## Public and staff engagement

# Are services well-led?

Requires improvement 

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

SECAMB NHS 111 service sent out monthly patient surveys to obtain feedback from patients. Since December 2015 the service, sent out the patient survey information via a text message and this had resulted in an improved response rate. We discussed the findings and it was acknowledged that the advantage of the text feedback survey was that it provided quantitative data but did not necessarily provide the qualitative data to respond to the feedback received from patients.

SECAMB NHS 111 managers were proactive in engaging with their staff. The SECAMB staff were provided with opportunities to feedback formally through one to one meetings, staff surveys, a suggestion box, staff forum meetings and yearly appraisals. Those who worked remotely were able to provide feedback through these channels. In addition systems were in place to ensure remote workers worked from the call centre at least once a month to ensure they were up to date with any changes or developments and for face to face meetings with a team leader. This opportunity additionally enabled a welfare check if required.

## Continuous improvement

There was a focus on continuous learning at all levels within the NHS 111 service. In response to serious incidents and complaints, the managers had reviewed their system for effectively sharing learning across the two organisations. This had resulted in access to a shared drive for all staff, information available included up to date local operating procedures, information from hot topics and other updates for example from the thematic reviews. In addition a spreadsheet of lessons learnt from complaints and incidents had been shared so that staff could see quickly the action taken and outcome of the investigations.

The development of staff was recognised as integral to the NHS 111 service, for delivery of best practice care, and to support staff learning and development. SECAMB had set up, in conjunction with a local university, two study modules to support the clinical staff across the Trust. The modules covered patient assessment and clinical supervision. These modules were available to the clinicians (including those that worked for Care UK). We saw evidence that some staff had completed these modules and more staff were booked onto future courses.