

North East Ambulance Service NHS Foundation Trust

Inspection report

Ambulance Headquarters
Bernicia House, Goldcrest Way, Newburn Riverside
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2018
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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

Ratings

Overall rating for this trust

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

Summary of findings

Background to the trust

The North East Ambulance Service NHS Foundation Trust was authorised as a Foundation Trust in November 2011 and is one of ten ambulance services in England, covering an area of around 3,230 square miles. The trust serves a population of more than 2.71 million people and employs more than 2,500 staff including volunteers.

The trust operates across Northumberland, Tyne and Wear, County Durham, Darlington and Teesside. It provides an unscheduled care service to respond to 999 and a scheduled care service which provides pre-planned non-emergency transport for patients in the North East region (patient transport service).

The trust also delivers specialist response services through the Hazardous Area Response Team (HART). HART units are made up of specially trained paramedics who deal with major incidents. The front-line services are delivered from 55 stations across the North-East region.

Since 2013 the trust has delivered the NHS 111 service for the region. The service operates 24 hours a day, seven days a week, helping patients who need medical help fast but do not need to call 999 – as well as anyone who is unsure which service to use. The service has developed over the years to provide patients with greater access to a range of clinicians for advice and support.

The trust operates two out of hours services in the region, in South Tyneside and North Tees, alongside partner organisations. As part of these services, the trust provides out-of-hours home visiting and telephone assessment services.

Following the April 2016 inspection, we issued requirement notices regarding compliance with the following Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Regulation 17, Good Governance and Regulation 18, Staffing. The trust put an action plan in place, which has been monitored by CQC through regular engagement with the trust.

Overall summary

Our rating of this trust stayed the same since our last inspection. We rated it as Good ● → ←

What this trust does

The trust provides an accident and emergency (A&E) service to respond to 999 calls, a 111 service for when medical help is needed fast but it is not a 999 emergency, patient transport services (PTS) and emergency operation centres (EOC) where 999 and NHS 111 calls are received, clinical advice is provided and from where emergency vehicles are dispatched if needed. There is also a Resilience and Hazardous Area Response Team (HART).

NEAS responds to over 360,876 urgent and emergency incidents each year with over 498,865 emergency calls per year received by the 999 communications centres, with 236,252 resulting in a patient being conveyed to hospital.

The front-line A&E staff included paramedics, advanced technicians and emergency care support workers (ECSW)/emergency care assistants (ECA), emergency care technicians/advanced technicians, advanced practitioners and are supported by community first responders.

The patient transport service (PTS) provided pre-planned non-emergency transport for patients who had a medical condition that would prevent them from travelling to a treatment centre by any other means, or who require the skills of an ambulance care assistant during the journey.

NEAS use the term scheduled care to describe A&E service and unscheduled care to describe PTS services.

Summary of findings

Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

We last inspected this trust in April 2016, where we rated all core services, including emergency operations centre, emergency and urgent care, patient transport services, resilience planning and the 111 service as good overall.

At this inspection we inspected two core services, including emergency operations centre and the 111 service. The core services inspection was announced 30 minutes before the inspection began.

What we found is summarised in the section headed, Is this organisation well-led? The well-led inspection was announced 12 weeks prior to the inspection and took place between 16th and 18th October 2018.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at the trust level. Our findings are in the section headed is this organisation well-led?

What we found

Overall trust

Our rating of the trust stayed the same. We rated it as good because:

- We rated each domain of safe, effective, caring, responsive and well-led as good. Therefore, the overall rating of the trust remained the same as the last inspection.
- At this inspection, we inspected two core services including the 111 service and emergency operations centre (EOC). We rated both of these core services as good which was an improvement from requires improvement overall for EOC at our last inspection.
- In rating the trust, we took into account the current ratings of the services that we did not inspect during this inspection but that we had rated in our previous inspection.
- We rated well-led for the trust overall as good. This was not an aggregation of the core service ratings for well-led.

Are services safe?

Our rating of safe stayed the same. We rated it as good because:

- Staff understood how to protect patients from abuse and the trust worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Summary of findings

- The trust had suitable premises and equipment and looked after them well.
- NEAS used a demand forecasting tool to identify which resources would be required on which shifts to meet demand. The forecasting was reviewed during inspection and seen to be accurate.
- The organisational risk register was up to date and completed appropriately. It included a summary section showing changes to risk ratings and a detailed section where the risk, controls and actions taken to address the risk were recorded.
- There were clear systems of report, audit and review in relation to serious incidents which included individual or organisational learning.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Any patient safety incidents which were recorded as moderate harm and above had a high-level review, including the duty of candour requirements and the relevant information was updated live on a NEAS computer system.
- There was a major incident response plan in place, which we reviewed. The plan identified command and control structures with defined roles and responsibilities for staff.
- NEAS had put in place a contingency plan, which had been frequently tested, to move to another building which took on average seven minutes to set up to dispatch ambulances in the event of system failure at Bernicia house. This was an improvement on the 20 minutes to dispatch ambulances identified in the previous inspection report.

However:

- There were differences in the working environment between Bernicia House and Russell House, where we found the noise levels were high during busy periods. Action had been taken to improve noise levels and several options had been tried but we found there was minimal positive impact to these actions and noise levels remain high.
- There were calls where human error had resulted in an incorrect grading and a delayed dispatch culminating in patient harm and the recording of a serious incident.
- The provider had reviewed their systems following incidents where call takers had been unable to obtain an interpreter. Before the review call takers had discretion as to how the call response was graded. Post review a memorandum was sent to all call handlers identifying changes in practice in terms of categorising calls, the default grading being Cat 2 when an interpreter could not be sourced. However, there was a significant delay in this information being given to staff.
- The provider had failed to achieve six of the 11 mandatory training targets within EOC.
- The provider had failed to achieve three of the four safeguarding training targets within EOC.
- During this inspection there were 102 open incidents relating to EOC, of these 52 were overdue, 45 related to patient safety incidents and seven related to non-patient safety incidents. Although this was an improvement on the levels found in the previous inspection there was no effective system in place to immediately identify overdue incidents which could be serious matters requiring immediate action or were near misses.

Are services effective?

Our rating of effective stayed the same. We rated it as good because:

- The trust provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.

Summary of findings

- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- NEAS had performed above average against other NHS ambulance trusts in five of the seven measures on the new Ambulance Response Programme that commenced November 2017 and is the best performing ambulance trust for response times for Category 1 calls (calls from people with life threatening illnesses or injuries).
- We saw evidence of a flagging system which directed staff to certain actions dependent on the issues flagged and risk assessment including contacting the police, a community nurse, crisis team or community psychiatric nurse (CPN).
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The trust was in the process of implementing a 'Care Platform' for frontline staff and managers. This enabled almost real-time feedback on key patient safety issues by enabling individual feedback on a range of areas such as compliance with care bundles, self-assessment of skills to support learning and development, performance relating to time on scene and turnaround times and reflective practice.

However:

- The overall appraisal rate was 70.7% which was similar to our inspection in April 2016 where NEAS were given must do action in relation to Regulation 18 of the Health and Social Care Act to ensure all staff received an appraisal and were supported with their professional development. This remained significantly lower than the trust target of 95%. There was an action plan in place to improve this by April 2019.

Are services caring?

Our rating of caring stayed the same. We rated it as good because:

- Staff were caring and provided compassionate care. Accurate, timely and clear information was provided to patients and callers about their condition and followed the clinical pathways.
- Staff understood the patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgemental attitude to all patients.
- The results of the NHS Friends and Family test showed the majority of patients were satisfied with the service.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- The trust won the 'enhancing patient dignity' category for its end of life services in the Nursing Times Awards 2017. The end of life service provided a responsive and timely patient transport across the north-east region for patients with palliative/end of life care needs, enabling them to be cared for and die in the place of their choice.

Are services responsive?

Our rating of responsive stayed the same. We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people.
- There was a system in place that alerted staff to any specific safety or clinical needs of a person using the service. The 'special notes' system meant that information was available to health advisors and clinical advisors at the time the patient or their carer contacted the service. This assisted staff to safely manage their needs.
- Care pathways were appropriate for patients with specific needs, for example, those at the end of their life, babies, children and young people.

Summary of findings

- NEAS had a system called “Recite me” on their website which made all information more accessible. It allowed the website information to be changed into a range of languages and accessibility tools.
- It had been identified that the two main reasons for complaints in EOC were timeliness responses and staff attitude. This information was shared with EOC staff and they were given a script to include at the end of each call to manage caller expectations. The result of using the script was a 30% drop in those type of complaints.
- We saw evidence NEAS had engaged with local communities in a variety of ways to promote health and what the service provided, for example, staff had attended local events, such as Pride and the Mela and they had completed community based work on the text relay service and BSL relay service in local deaf communities.

However:

- The trust treated concerns and complaints seriously, investigated them and learned lessons from the results and shared these with staff. Complaint responses were always completed within the specified agreed timelines.
- Staff could access interpreter services, the trust had experienced challenges with gaining access, on occasion to specific interpreters which resulted in HM Coroner issuing a regulation 28 to prevent future deaths notification. The trust was reviewing its policy but this was still in process at the time of our inspection. A memorandum was sent to all call handlers following our inspection to identify changes in practice in terms of categorising calls when an interpreter could not be sourced.

Are services well-led?

Our rating of well-led stayed the same. We rated it as good because:

- Managers at the trust had skills and abilities to run a service providing quality, sustainable care.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. NEAS had made improvements in this area since our previous inspection.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- NEAS were awarded the most innovating NHS education provider award as part of the Bright Ideas in Healthcare Award for their falls training.

However:

- The trust had a freedom to speak up policy in place which was in line with the recommended national policy, however there were challenges in terms of establishing a robust network of champions.
- There was a lack of clinical advisors within the NHS 111 service due to the service being taken over by the trust on 1 October 2018. This had led to a number of staff remaining with their original organisation, leaving a staffing shortage within the service. There was not a robust contingency plan in place to manage this transfer over.

Summary of findings

Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

Outstanding practice

We found examples of outstanding practice in the EOC.

For more information, see the Outstanding practice section of this report.

Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

For more information, see the Areas for improvement section of this report.

Action we have taken

We issued two requirement notices to the trust. Our action related to breaches of legal requirements.

For more information of action we have taken, see the sections on Areas for improvement and Regulatory action within this report.

What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

Outstanding practice

- NEAS were awarded the most innovating NHS education provider award as part of the Bright Ideas in Healthcare Award for their falls training.
- The trust won the 'enhancing patient dignity' category for its end of life services in the Nursing Times Awards 2017. The end of life service provided a responsive and timely patient transport across the north-east region for patients with palliative/end of life care needs, enabling them to be cared for and die in the place of their choice.

Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust **must** take:

- NEAS must have effective systems in place to achieve the 95% target for staff appraisal compliance.

Summary of findings

- NEAS must have a system in place to reduce the levels of overdue patient incidents requiring review and the levels of incidents identified to have been caused by human error and to share any individual and organisational learning expeditiously.

Action the trust **should** take:

- NEAS should hold shift/team meetings with call taking staff.
- NEAS should identify measures to reduce the noise levels in Russell House.
- NEAS should have a system in place to achieve mandatory and safeguarding training targets.

Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good ↔ Jan 2019					

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Ratings for ambulance services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good Nov 2016	Requires improvement Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016
Patient transport services	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016
Emergency operations centre	Requires improvement ↔ Jan 2019	Good ↔ Jan 2019	Good ↔ Jan 2019	Good ↔ Jan 2019	Good ↑ Jan 2019	Good ↑ Jan 2019
Resilience	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016
Overall	Good ↔ Jan 2019	Good ↔ Jan 2019	Good ↔ Jan 2019	Good ↔ Jan 2019	Good ↔ Jan 2019	Good ↔ Jan 2019

Overall ratings are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Emergency operations centre

Good  

Key facts and figures

The EOC is run as a virtual centre currently across two locations Bernicia House, Riverside Newburn and Russell House at Hebburn and it functions 24 hours a day, 365 days a year. In October 2018 an additional third site will come online in the south of the region to support the increase in clinical activity specified for the newly awarded 111 contract that commences in October 2018.

Functioning within the EOC are the scheduled and unscheduled care Services for 999, 111 services and a clinical advisory service (CAS). The CAS supports both 999 and 111 calls and workflow and delivers two out of hours contracts in the South of Tyne and North Tees area.

In addition to the health advisors and clinicians who directly manage the calls that come into the services the staffing within the EOC includes a dispatch team, workforce management team, special patient notes team, training team and a systems administration & business continuity team all of whom are supported by the EOC administrative and senior management team.

(Source: Trust Provider Information Request - The North-East Ambulance Service NHS Trust- Emergency Operations Centre)

During the inspection we spoke with 53 staff, listened to 65 calls, reviewed 60 call taker audits, 32 dual call taker audits and 17 call taker pathway audits.

We reviewed 20 staff appraisals, five staff action plans, six staff records on the live training alert system and five complaints.

We reviewed 12 patient records, ten sets of patient notes which had NEWS scores, 12 duty of candour applications, ten NEAS07 incident reports, five inappropriate ambulance response evaluations, five potential unsafe call reviews, eight clinical review meeting records, 14 planned and eight live business continuity plan test reports.

Summary of this service

Our rating of this service improved. We rated it as good because:

- NEAS had put in place a contingency plan, which had been frequently tested, to move to another building which took on average seven minutes to set up to dispatch ambulances in the event of system failure at Bernicia house. This was an improvement on the 20 minutes identified in the previous inspection report.
- There were sufficient staff trained to deal with 999 and 111 calls and who could switch between calls dependent upon the demand and clinical need.
- There were clear systems of report, audit and review in relation to serious incidents which included individual or organisational learning.
- NEAS had performed above average against other NHS ambulance trusts in five of the seven measures on the new ambulance response programme which commenced November 2017.
- NEAS had engaged with local communities in a variety of ways to promote health reducing demand on services.
- EOC staff were subject to regular call audit which evidenced high levels of competence.

Emergency operations centre

- During the 65 live calls in the emergency operations centres listened to, all the staff involved were observed to be calm, professional and considerate of the patient's needs.
- NEAS had reviewed complaints linked to caller expectations. A script for call takers had been devised to be used to manage expectations which resulted in a 30% drop in those type of complaints.
- There was a clear mission statement, vision and values which were displayed on notice boards in corridors and offices. They were included as part of the recruitment and appraisal systems.
- There were clearly defined strategic priorities and three strategic aims supported by a quality strategy.
- NEAS had a board assurance framework with six identified areas of risk, each issue had been risk assessed and managed appropriately with a clear audit trail of accountability.
- NEAS had developed an action plan following the 2017 staff survey. The action plan had an overall aim to improve the overall staff engagement score.

Is the service safe?

Requires improvement ● → ←

Our rating of this service stayed the same. We rated it as requires improvement because:

- There were calls where human error had resulted in an incorrect grading and a delayed dispatch culminating in patient harm and the recording of a serious incident.
- The provider had reviewed their systems following incidents where call takers had been unable to obtain an interpreter. Before the review call takers had discretion as to how the call response was graded. Post review a memorandum was sent to all call handlers identifying changes in practice in terms of categorising calls, the default grading being Cat 2 when an interpreter could not be sourced. However, there was a significant delay in this information being given to staff.
- The provider had failed to achieve 10 of the 14 mandatory training targets.
- The provider had failed to achieve three of the five safeguarding training targets.
- During the inspection at Russell House we noted the noise levels were high. Action had been taken to improve noise levels some of which had not been successful, but others had helped. Staff we spoke with raised background noise as an issue.
- During this inspection there were 102 open incidents relating to EOC, of these 52 were overdue, 45 related to patient safety incidents and seven related to non-patient safety incidents. Although this was an improvement on the levels found in the previous inspection there was no effective system in place to immediately identify overdue incidents which could be serious matters requiring immediate action or were near misses.
- EOC managers told us, because of the shift systems, team meetings of call taking staff could not be convened and this presented a risk that important safety information could not be shared collectively in a team environment where questions could be raised, discussed and answered.

However:

Emergency operations centre

- During the last inspection there were concerns regarding the resilience of dispatch at the trust as it was only located at Bernicia house. In the event of system failure and staff being unable to dispatch ambulances the service would have been moved to Russell House. Testing had shown this would take on average around 20 minutes. During this inspection we saw evidence the trust had put in place a contingency plan, which had been frequently tested, to move the dispatch service to another building which took on average seven minutes to set up.
- During the previous inspection there were concerns identified regarding the clinical risks when the 'stack' of calls was increasing within the EOC. During this inspection there was evidence measures had been put in place to reduce this risk by utilising staff dual trained to deal with 999 and 111 calls who could switch between them dependent upon the demand and clinical need.
- NEAS used a demand forecasting tool to identify which resources would be required on which shifts to meet demand. The forecasting was reviewed during inspection and seen to be accurate.
- There were clear systems of report, audit and review in relation to serious incidents.

Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- NEAS had performed above average against other NHS ambulance trusts in five of the seven measures on the new Ambulance Response Programme commenced November 2017.
- During inspection we reviewed 60 999 call taker and 32 dual call taker audit records. Each audit had 25 separate assessment areas. Out of the 92 audits reviewed with a total of 2,300 assessment areas only 14 areas were coded red which meant the indicator was not adequately demonstrated and the issues identified detracted from the overall safety and/or quality of the call.
- During inspection we reviewed the July 2018 audit in relation to effective communication which showed 92% of 202 call handlers achieved full competence and 7% achieved partial competence.
- We saw evidence NEAS had engaged with local communities in a variety of ways to promote health and what the service provided, for example, staff had attended local events, such as Pride and the Mela and they had completed community based work on the text relay service and BSL relay service in local deaf communities.
- We saw evidence of a flagging system which directed staff to certain actions dependent on the issues flagged and risk assessment including contacting the police, a community nurse, crisis team or community psychiatric nurse (CPN).

However:

- Data supplied by NEAS showed from April 2017 to March 2018, 71.7% staff working in EOC had received an appraisal compared to the trust target of 95.0%. The trust collected monthly performance data for EOC which included appraisal rate. The trust reported that in March 2018 EOC had an 80.0% appraisal rate which had deteriorated to 68.3% in July 2018. This did not meet the trust appraisal rate target of 95%.
- Despite the target appraisal rate not being achieved at the previous inspection and not achieved at this inspection there was no evidence of an action to achieve the 95% NEAS appraisal completion target.
- From December 2017 to June 2018, there had been a decrease in proportion of incidents resolved without face to face response. In December 8.1% of incidents were resolved without a face to face response (England average 6.7%) and in June 2018 this had dropped to 4.9% (England average 5.5%).

Emergency operations centre

Is the service caring?

Good ● → ←

Our rating of effective stayed the same. We rated it as good because:

- We listened to 65 live calls in the emergency operations centres. During those calls the staff were observed to be calm, professional and considerate of the patient's needs
- During the calls we listened to staff, and found they were sensitive and receptive while providing encouragement and support to those who used the service.
- We listened to calls where staff showed compassion and resilience with patients who had been in distress and in physically challenging situations.
- Staff provided accurate and clear information to patients and callers about their condition as they followed the clinical pathways.
- Staff recognised the various cultural needs of patient groups and gave examples which confirmed their understanding including people speaking to staff of the same gender or staff liaising with other agencies instead of the patient when appropriate.

Is the service responsive?

Good ● → ←

Our rating of responsive stayed the same. We rated it as good because:

- Staff used language line if a caller's first language was not English. If communication could not be established because there was no translator available the call would be escalated to a clinician or team leader to attempt a clinical assessment, by listening to the background noise, tone and volume of the voice to identify any signs of distress, which could indicate an emergency response.
- NEAS had a supporting guide for communication for staff to use. The document provided staff with general information for communicating with people who had communication issues or difficulties.
- NEAS had a system called Recite me on their website which made all information more accessible. It allowed the website information to be changed into a range of languages and accessibility tools.
- It had been identified the two main reasons for complaints in EOC were timeliness of responses and staff attitude. This information was shared with EOC staff and they were given a script to include at the end of each call to manage caller expectations. The result of using the script was a 30% drop in those type of complaints.
- NEAS used EOC clinicians to re-contact a patient/caller as soon as possible after the case appeared on the dispatch list. The purpose of the call was to establish if the patient's condition had deteriorated or improved in order to dispatch the most appropriate resource.

However:

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results and shared these with staff. However, complaint responses were not always completed within the specified agreed timelines.

Emergency operations centre

- On occasion, the trust had experienced challenges with gaining access to specific interpreters, which resulted in HM Coroner issuing a regulation 28 to prevent future deaths notification. The trust was reviewing its policy, but this was still in progress at the time of our inspection. A memorandum was sent to all call handlers following our inspection to identify changes in practice in terms of categorising calls when an interpreter could not be sourced.

Is the service well-led?

Good  

Our rating of well-led improved. We rated it as good because:

- NEAS had a robust vision and strategy across all the services they provided including EOC. We saw evidence EOC managers were involved in delivering the vision and strategy at an operational level.
- There was evidence NEAS values had links to recruitment, induction, appraisal, talent management and Grow coaching, which was the NEAS internal skills coaching process, within EOC.
- The NEAS five strategic priorities and three strategic aims for 2017/19 were included in the governance of EOC.
- The Quality Strategy had five overarching aims which managers in EOC were aware of and were responsible for delivering.
- NEAS had four priorities for improvements for 2017/18 which were also areas EOC managers had incorporated into the auditing and quality reviews of calls.
- NEAS had a Clinical Strategy 2016-2020 there was specific reference to specialist practitioners (operations room) who were nurses or paramedics working in the EOCs.
- NEAS had a document called 90 improvements which outlined to staff improvements and innovations made to the service. There were 20 improvements identified in EOC.

Areas for improvement

- NEAS must have effective systems in place to achieve the 95% target for staff appraisal compliance.
- NEAS must have a system in place to reduce the levels of overdue patient incidents requiring review and the levels of incidents identified to have been caused by human error and to share any individual and organisational learning expeditiously.
- NEAS should hold shift/team meetings with call taking staff.
- NEAS should identify measures to reduce the noise levels in Russel House.
- NEAS should have a system in place to achieve mandatory and safeguarding training targets.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

For more information on things the provider must improve, see the Areas for improvement section above.

Please note: Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website www.cqc.org.uk)

This guidance (see goo.gl/Y1dLhz) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

Regulated activity

Diagnostic and screening procedures

Regulation

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

Regulated activity

Diagnostic and screening procedures

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Our inspection team

Sarah Dronsfield, Head of Inspections, chaired this inspection and Nicola Kemp, Inspection Manager, led it. An executive reviewer, Anthony Marsh, Chief Executive of West Midlands Ambulance Service NHS Foundation Trust, supported our inspection of well-led for the trust overall.

The team included eight inspectors, two assistant inspectors, one executive reviewer and five specialist advisers.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ.