North East Ambulance Service NHS Foundation Trust

Inspection report

Ambulance Headquarters
Bernicia House, Goldcrest Way, Newburn Riverside
Newcastle Upon Tyne
Tyne And Wear
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Date of inspection visit: 03 Jun 2019
Date of publication: 18/09/2019

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.

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.

Summary of findings

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.

Overall summary

Our rating of this trust stayed the same since our last inspection.

What this trust does

The emergency operation centre (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 came online in the south of the region to support the increase in clinical activity specified for the newly awarded 111 contract that commenced 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.

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 carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was undertaken to check whether the trust was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to look at the overall quality of the service.

We were notified of patient safety concerns relating to the management of medicines, training, staff competencies, inappropriate triaging, doctor registrations and poor culture.

During the inspection we spoke with 5 members of staff and reviewed medicines records. We received copies of policies, staff rotas and registration records.

As part of this inspection we looked at the specific key lines of enquiry within the safe, effective and well-led key questions. We inspected but did not rate the service.

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

Summary of findings

What we found

Overall trust

We were notified of patient safety concerns relating to the management of medicines, training, staff competencies, inappropriate triaging, doctor registrations and culture. During the inspection we found:

- Medicines were managed in line with the North East Ambulance Service medicines policy.
- Systems were in place to access and monitor each training module and identify any at themes or trends relating to training attendance. The training system followed a RAG (red, amber, green) coding system to highlight training that was completed, due or overdue. This allowed the trust good oversight of training compliance and no issues where found.
- We found that 80% of all call handlers were dual trained and could work with both 111 and 999 calls. Staff operated on the basis that no matter what number the public called, they would be treated according to the most appropriate pathway.
- There were call audits undertaken to monitor the 111 service and the 999 service. The trust was about to commence call audits for advanced practitioner and doctors clinical advice calls through a monitoring tool.
- CAS was a new service procured against a national specification and piloted by the trust. Following the pilot the trust won the contract for the North East.
- Appropriate induction and assessment processes were in place.
- There were processes in place to monitor competencies and to address competency failings if they occurred.
- North East Ambulance Service had created standards and competencies for advanced practitioners.
- Staff told us that the culture within the emergency operation centre was very good and supportive.
- We were advised that culture checks were undertaken through the annual staff survey and quarterly listening events were in place. Nothing of concern was highlighted by managers or staff within the service.
- The trust had recent issues of bullying and harassment. However, we observed that the trust had dealt with these promptly.

However;

- Concerns were raised that not all staff followed the EOC standards during night shift break periods.
- We found that the clinical job descriptions, rotas and clinical staff list did not reflect the new integrated role for GPs and doctors in CAS due to the incorrect usage of the GP job title and requested this been amended following the inspection.

Are services safe?

We were notified of patient safety concerns relating to the management of medicines, training and inappropriate triaging and doctor registrations. During the inspection we found:

- Medicines were managed in line with the North East Ambulance Service medicines policy.
- Systems were in place to access and monitor each training module and identify any at themes or trends relating to training attendance. The training system followed a RAG (red, amber, green) coding system to highlight training that was completed, due or overdue. This allowed the trust good oversight of training compliance and no issues where found.

Summary of findings

- We found that 80% of all call handlers were dual trained and could work with both 111 and 999 calls. Staff operated on the basis that no matter what number the public called, they would be treated according to the most appropriate pathway.
- There were call audits undertaken to monitor the 111 service and the 999 service. The trust was about to commence call audits for advanced practitioner and clinical advice calls through a monitoring tool.
- The CAS consists of a team of professionals, including paramedics, nurses, advanced practitioners, GPs and clinical specialists who provide enhanced clinical support to call handlers and patients ringing NHS111 and 999. They were the gatekeeper to the wider urgent care system, facilitating onward referral for patients, where necessary, to a range of primary and secondary care services.
- CAS was a new service procured against a national specification and piloted by the trust. Following the pilot the the trust won the contract for the North East.

However;

- We found that the clinical job descriptions, rotas and clinical staff list did not reflect the new integrated role for GPs and doctors in CAS due to the incorrect usage of the GP job title and requested this been amended following the inspection.

Are services effective?

We were notified of patient safety concerns relating to staff competencies. During the inspection we found:

- Appropriate induction and assessment processes were in place.
- There were processes in place to monitor competencies and to address competency failings if they occurred.
- North East Ambulance Service was in the process of creating standards and competencies for advanced practitioners and were planning a similar process for GPs or appropriately trained doctors.

Are services well-led?

- We were advised by staff we spoke with that the culture within the emergency operation centre was very good and supportive. The main concern related to the noise levels at Hebburn and we found that efforts were being made to address this.
- We were informed that the trust undertook culture checks by undertaking an annual staff survey. Quarterly listening events were held at the weekend and evenings.
- Team leaders had attended a wellbeing course and fedback positive outcomes. Staff appreciated that the trust was not only monitoring their work, but also looking after their wellbeing.
- Processes were in place to manage bullying and harassment. We were told there had been a recent bullying and harassment concern which had been dealt with promptly.
- There was a freedom to speak up guardian in post. In addition to this, the trust had recruited and trained internal mediators and could access external mediators when required.
- We were advised that when informal mediation was unsuccessful, any persistent problems would be dealt with by the human resources (HR) department. The HR department investigated formal grievances and had access to an external organisation if required.
- Staff advised that a new manager was in post and that there had been a boost in morale. Staff felt the new manager pushed employees a little further within their role and encouraged progression.

Summary of findings

- There were no concerns raised in relation to staff accessing their breaks appropriately.
- There was an escalation process in place to manage poor performance.
- Advanced practitioners and doctors followed a more discretionary model of practice and performance, but staff below this level followed a rigid process in relation to performance measures.
- There was a new lead nurse for quality and performance in post to lead the directorate along with the medical director.
- Concerns were raised that not all staff followed the EOC standards during break periods. This was raised with senior members of staff following the inspection.

Action we have taken

We issued a requirement notice to the trust. Our action related to a breache of one legal requirement in one core services

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

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.

Areas for improvement

Action the trust MUST take to improve:

- The provider must amend the clinical job description and all related documents to reflect the integrated clinical role (Reg 19).

Action the trust SHOULD take to improve:

- Ensure all staff are following North East Ambulance Service standards during break periods.

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	Good Jan 2019	Good Jan 2019	Good Jan 2019	Good Jan 2019	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.

Emergency operations centre (EOC)

Key facts and figures

The emergency operation centre (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 came online in the south of the region to support the increase in clinical activity specified for the newly awarded 111 contract that commenced 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.

Summary of this service

During the inspection we found:

- Medicines were managed in line with the North East Ambulance Service medicines policy.
- Systems were in place to access and monitor each training module and identify any at themes or trends relating to training attendance. The training system followed a RAG (red, amber, green) coding system to highlight training that was completed, due or overdue. This allowed the trust good oversight of training compliance and no issues where found.
- We found that 80% of all call handlers were dual trained and could work with both 111 and 999 calls. Staff operated on the basis that no matter what number the public called, they would be treated according to the most appropriate pathway.
- There were call audits undertaken to monitor the 111 service and the 999 service. The trust was about to commence call audits for advanced practitioner and doctors clinical advice calls through a monitoring tool.
- CAS was a new service procured against a national specification and piloted by the trust. Following the pilot the trust won the contract for the North East.
- Appropriate induction and assessment processes were in place.
- There were processes in place to monitor competencies and to address competency failings if they occurred.
- North East Ambulance Service had created standards and competencies for advanced practitioners.
- Staff told us that the culture within the emergency operation centre was very good and supportive.
- We were advised that culture checks were undertaken through the annual staff survey and quarterly listening events were in place. Nothing of concern was highlighted by managers or staff within the service.
- The trust had recent issues of bullying and harassment. However, we observed that the trust had dealt with these promptly.

However:

Emergency operations centre (EOC)

- Concerns were raised that not all staff followed the EOC standards during night shift break periods.
- We found that the clinical job descriptions, rotas and clinical staff list did not reflect the new integrated role for GPs and doctors in CAS due to the incorrect usage of the GP job title and requested this been amended following the inspection.

Is the service safe?

Medicines

- Staff in the emergency operations centre (EOC) followed NHS pathways in relation to medicines. Advice regarding over the counter medicines was provided using the direct care advice on the NHS Pathways system.
- There was a pharmacist available Monday to Friday from 6am to 9pm and 12hrs on Saturday and Sunday at the Hebburn location.
- There were no medications stored in any of the North East Ambulance Service buildings. Medicines were only handled and issued by 999 paramedics crews, advanced practitioners and prescribed by doctors.
- All medications were stored in the practitioner's individual cupboards in the ambulance station and were audited by the manager, following a self-audit, on a monthly basis. Senior managers received a monthly report on usage and audit. We observed a copy of the monthly drug audit which showed traceability of the all medicines.
- We saw that controlled drugs (CD) were checked on a daily basis and recorded on the CD register.
- There was an individual CD locker for each paramedic. The paramedics held their own keys, with a spare key held at headquarters.
- The prescription forms were stored in the CD cupboard and signed out by the qualified doctor as required. The prescription forms we saw were completed appropriately.
- The medicines management team were based at Bernicia House. We were informed that no audits in the last six months had raised any concern or highlighted any anomalies.
- The trust did not issue drugs larger than one dose. In extreme circumstances the advanced practitioner would undertake a home visit to administer one dose of medication and provide a prescription for future needs as per trust protocol.
- North East Ambulance Service had a medicine management policy, which we reviewed. It was clear that misuse of medicines was not permitted. The policy stated that the suspected misuse of any medicinal product must be reported via the risk management system. Following this, the medicine manager would report the issue on the Local Intelligence Network (LIN) Occurrence Log and the incident allocated for investigation.

Mandatory training

- A manger told us that clinical training could be transferred from their main employer. However, it had been recognised that practitioners were not prompt at providing their certificates. This was being addressed by the clinical lead. We saw evidence of training compliance during the inspection.
- Systems were in place to access and monitor each training module and identify any at themes or trends relating to training attendance. The training system followed a RAG (red, amber, green) coding system to highlight training that was completed, due or overdue.

Emergency operations centre (EOC)

- We were advised that historic training consisted of eLearning and a workbook which staff worked using scenarios. However, staff voiced that they benefited more from classroom training. As a result, the trust re-introduced classroom training.

Assessing and responding to patient risk

- We found that 80% of all call handlers were dual trained and could work with both 111 and 999 calls. Staff operated on basis that no matter what number the public called, they would be treated according to the most appropriate pathway.
- There were call audits undertaken to monitor the 111 service and the 999 service. The trust was about to commence call audits for advanced practitioner and doctor clinical advice calls through the monitoring tool.
- Primary care calls were managed by both the doctors and advanced practitioners. There was no clear division between calls allocated to the doctors or advanced practitioners. However, we found that the doctors attended palliative end of life care patients.
- There was a pharmacist in post to deal with any calls that related to medicines management or suspected overdose.

Nursing staffing

- There were 30 advanced practitioners working for the trust with a recent increase of three additional staff with additional appointments planned. All advanced practitioners (AP) were band 7 nurses.

Medical staffing

- There were 22 clinical staff working for the trust at the time of the inspection. The clinical team comprised of GPs, advanced practitioners and emergency medical clinicians.
- The CAS consists of a team of professionals, including paramedics, nurses, advanced practitioners, GPs and clinical specialists who provide enhanced clinical support to call handlers and patients ringing NHS111 and 999. They were the gatekeeper to the wider urgent care system, facilitating onward referral for patients, where necessary, to a range of primary and secondary care services.
- There were concerns raised that this service was GP led and that all doctors were not registered GPs. However, following investigation, discussion with senior staff and on receipt of specific documents, it was established that the CAS was a new service procured against a national specification and piloted by the trust. The trust had since won the contract for the North East.
- The service comprised of a multidisciplinary workforce from a range of clinical backgrounds and was not a GP led service. Most medical practitioner were GP's however the trust had other medical practitioners for example specific specialities such a cardiology and palliative care or emergency medicine.
- All doctors and APs undertook the same role and some doctors had specific specialities such as cardiology and palliative care.
- We found that the clinical job descriptions, rotas and clinical staff list did not reflect the new integrated role for GPs and doctors in CAS due to the incorrect usage of the GP job title and requested this been amended following the inspection.
- The new clinical lead was responsible for the supervision, support and checking the competence of the clinicians working at the trust.
- The North East Ambulance Service had an in-house recruitment team who were responsible for checking all necessary documents before a doctor could work for the trust. This included the registration, qualifications and DBS check.

Emergency operations centre (EOC)

- Locum GPs were used by the trust on occasion. However, chief executive approval was required prior to a locum being used.

Is the service effective?

Competent staff

- We were advised by staff we spoke to that they responded to risk and that they felt competent in their role. However, there was a reasonably high proportion of new staff.
- Staff completed an induction course of six weeks which included intensive training in the 'academy grad bay'. New staff did not pass beyond the 'grad bay' until they were signed out and deemed competent.
- We were advised that all work was audited, and any failed audits or errors resulted in call handlers returning to the grad bay for further training. This would be completed on two occasions prior to capability processes being invoked.
- Call handlers were supported by advanced practitioners (one practitioner supporting three handlers) and appropriately trained doctors (one doctor supporting two handlers) through day and night shifts. All team leaders were accessible and contactable to provide support and advice.
- The new post for medical lead was responsible for developing a standard for doctors. The CAS was a work in progress and it was felt that introducing doctor (GP) standards would strengthen the CAS.
- North East Ambulance Service was in the process of creating standards and competencies for advanced practitioners because there was no national standard.
- The new medical lead and service line manager undertook advanced practitioner appraisals and competency checks. The emergency operations strategy manager received an overall summary which was monitored on a weekly basis.

Is the service well-led?

Culture within the service

- We were advised by staff we spoke with that the culture within the emergency operation centre was very good and supportive. The main concern related to the noise levels at Hebburn and we found that efforts were being made to address this.
- We were informed that the trust undertook culture checks by undertaking an annual staff survey. Quarterly listening events were held at the weekend and evenings.
- Team leaders had attended a wellbeing course and fedback positive outcomes. Staff appreciated that the trust was not only monitoring their work, but also looking after their wellbeing.
- Processes were in place to manage bullying and harassment. We were told there had been a recent bullying and harassment concern which had been dealt with promptly.
- There was a freedom to speak up guardian in post. In addition to this, the trust had recruited and trained internal mediators and could access external mediators when required.
- We were advised that when informal mediation was unsuccessful, any persistent problems would be dealt with by the human resources (HR) department. The HR department investigated formal grievances and had access to an external organisation if required.

Emergency operations centre (EOC)

- Staff advised that a new manager was in post and that there had been a boost in morale. Staff felt the new manager pushed employees a little further within their role and encouraged progression.
- There were no concerns raised in relation to staff accessing their breaks appropriately.

Management of risk, issues and performance

- There was an escalation process in place to manage poor performance.
- Advanced practitioners and doctors followed a more discretionary model of practice and performance, but staff below this level followed a rigid process in relation to performance measures.
- There was a new lead nurse for quality and performance in post to lead the directorate along with the medical director.
- Concerns were raised that not all staff followed the EOC standards during break periods. This was raised with senior members of staff following the inspection.

Areas for improvement

Action the trust MUST take to improve:

- The provider must amend the clinical job description and all related documents to reflect the integrated clinical role. (Reg 19)

Action the trust SHOULD take to improve:

- Ensure all staff are following North East Ambulance Service standards during break periods.

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	Regulation
Transport services, triage and medical advice provided remotely	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Our inspection team

Our inspection team was led by:

Head of Hospital Inspections: Sarah Dronsfield, Care Quality Commission

The team included two CQC inspectors from the acute hospitals directorate and a pharmacy inspector.