North East Ambulance Service NHS Foundation Trust

Inspection report

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Ratings

Overall trust quality rating	Inspected but not rated
Are services well-led?	**Inspected but not rated**

Our findings

Our reports

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.

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.

Overall summary

What we found

Overall trust

At our last inspection completed in July 2022 and September 2022, a section 29A Warning Notice was issued to the trust due to concerns with governance processes, medicines management and oversight, incident reporting and staff feedback highlighting concerns with the culture within the trust.

We carried out an unannounced focused inspection of Emergency and Urgent Care (EUC) services, as part of our continual checks on the safety and quality of healthcare services and to ensure that the trust had begun to implement adequate changes to facilitate significant improvement to address the concerns highlighted at our last inspection.

We also inspected some of the well-led key question for the trust overall, focussing on areas in the warning notice including upon the specific Leadership, Culture, Governance and Management of risk, issues and performance key lines of enquiry. As this was a focussed follow-up inspection in response to our previous enforcement action the trust well-led key question has been inspected but not rated.

At our last inspection in 2022 we rated the trust overall as requires improvement, with inadequate ratings applied to EUC and the well-led key question trust-wide.

We did not inspect Scheduled Care (Patient Transport Services), the Emergency Operations Centre, NHS 111 or Resilience (HART) services at this inspection.

- As part of this focussed inspection, we inspected only one of the trust's five core services as part of our follow-up to the section 29A warning notice which was issued at our previous inspection in 2022. We inspected and re-rated safe and well-led in EUC on this occasion.
- We saw some improvements with medicine management systems. There was more structure and rigour in place to ensure oversight and incidents with harm were less.
- We saw the beginnings of a safety culture emerging within the trust. There was more structure in reviewing and investigating incidents and patient safety concerns.

Our findings

- Freedom To Speak Up (FTSU) processes had been reviewed and additional freedom to speak up guardians (FTSUG) appointed by the trust.
- There were indications that since our last inspection some staff felt more confident in raising concerns using the FTSU process.
- We saw some improvements with the governance infrastructure and board processes had been reviewed to promote more thorough oversight.

However:

- There were still inconsistencies and variability with medicines management across the trust, which included areas of improvement still being required in relation to service improvement and regards to individuals' professional practice.
- There were still some issues with incident reporting processes and ensuring consistency with both quality and quantity of reporting trust-wide.
- Further work was required with ensuring the trust meets the regulatory requirements of ensuring duty of candour is adhered to.
- There remains a mixed picture with the overall culture within the organisation.
- Additional time was needed to ensure new governance processes and improvement initiatives are optimised and embedded within the organisation.

How we carried out the inspection

The team that carried out the well led inspection included one inspection manager, one acute hospitals inspector, one assistant inspector and an inspection planner. In addition, there was one specialist advisor experienced in executive leadership of NHS trusts. The inspection team was overseen by Sarah Dronsfield, Deputy Director of Operations.

You can find further information about how we carry out our inspections on our website: www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Areas for improvement

Action the trust MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust MUST take to improve:

Trust wide

- The trust must ensure that systems and processes continue to be optimised and embedded to ensure the proper and safe management of medicines. (Regulation 12 (2) (g)).
- The trust must ensure it continues to optimise and embed governance process which enable the effective identification, reporting and investigation of incidents and risks in a timely fashion and continues to share learning to improve safety and quality of the service. (Regulation 17 (2) (b)).

Our findings

- The trust must ensure it continues to embed processes that encourage the identification, reporting and investigation of incidents and risks in a timely fashion and shares learning to improve safety and quality of the service. (Regulation 17 (2) (b)).
- The trust must ensure it continues to develop and operate systems that enable safe working environments for staff and acts upon outcomes of staff feedback and surveys. (Regulation 18 (1)).
- The trust must ensure that it continues to facilitate a robust level of positive change to trust-wide culture to promote the wellbeing of its workforce and enable staff to perform tasks which are intrinsic to the work for which they are employed. (Regulation 19 (1) (a) (b) (c)).
- The trust must ensure it fully complies with the Duty of Candour requirement. (Regulation 20 (1) (2) (3) (4) (5) (6) (7) (8) (9)).

Emergency and Urgent Care

- The trust must ensure that systems and processes are in place to ensure the proper and safe management of medicines. (Regulation 12 (2) (g)).
- The trust must ensure that it continues to improve culture within the organisation in relation to bullying and harassment. (Regulation 19 (1) (a)).

Action the trust SHOULD take to improve:

Emergency and Urgent Care

- The trust should ensure that the audit programme continues and becomes fully embedded.
- The trust should ensure that the progress made in the three year recruitment plan is continued.
- The trust should ensure that newly introduced processes for medicines management are reviewed when appropriate and become fully embedded.
- The trust should ensure that medicines drug bags supplied to the front-line teams have accurate contents and that daily stock checks are accurately completed.
- The trust should ensure that governance systems provide the assurance and oversight needed for safe medicines management.
- The trust should consider ways to improve the leave booking system to ensure fair and equity with annual leave. This had been raised as an issue at the previous inspection and whilst work had begun, it was not yet fully embedded and was too soon to assess its effectiveness.
- The trust should ensure that all improvements introduced become established and fully embedded in a timely manner.
- The trust should ensure that the pace of change for all improvements is maintained.
- The trust should ensure that ongoing staff engagement is continued.

Our findings

Is this organisation well-led?

We inspected but did not rate the well-led key questions for the trust.

Leadership

Leaders had the relevant skills and abilities to run the service. However, there had been multiple changes at board levelinpersonnel since our last inspection and despite evidence of some positive changes, more time was required to integrate new members of the leadership team into their roles to enable them to fully understand all the priorities and issues the service faced.

Following our last well-led inspection in September 2022, changes to the trust's leadership team had continued to be a work in progress right up until the time of the inspection in May 2023 with three of the trust's executive directors having left their posts (Medical Director, Director of Finance and Director of Nursing). Successors for these three vacancies were appointed between October 2022 and March 2023. The trust had also taken steps to recruit a director of paramedicine and advanced healthcare practitioners (AHPs) to improve and strengthen senior clinical leadership, whilst providing additional focus on operational quality and safety. This role was successfully filled in May 2023. The trust had also appointed a director of strategy, planning and transformation.

Previously, members of the board described working in 'silos' to deliver on their portfolios and there were inconsistencies with how they worked together to address issues that might not be their direct responsibility. During the inspection, we were provided with an oversight overview of the re-shaping of executive portfolios within the trust, particularly in ensuring there was adequate oversight and leadership availability within specific director roles. Additional posts for a director of technology and information and director of strategic planning and transformation had been created, with the trust looking to recruit an additional member of staff to support the latter to ensure resilience within this role.

The director of finance now received additional support with finance and contracting from an additional member of staff. The trust indicated that there had been discussion regarding recruitment of a second post to support the director of nursing and to ensure resilience within that role. Further consideration had also been made regarding putting in place additional support for the medical director to ensure effective oversight of medicines management, which continued to present challenges due to the part-time nature of the role.

The chief operating officer had also presented a business case to the board for a senior on-call tier of management to be added to the leadership structure of the trust to ensure there was always a senior manager available to provide support to frontline operational staff.

The trust told us that they also felt the changes to executive personnel and overall portfolios would also support with a successful transition away from the third-party support implemented as part of the quality improvement group (QIG) in response to the section 29A warning notice issued in October 2022 by CQC.

Local leaders based within EUC also understood and had oversight of the challenges to quality and sustainability within the service. During the EUC core service inspection, staff told us that the new management system appeared to be working more efficiently and staff felt more supported due to the more clearly delineated management responsibilities.

Our findings

Although there was evidence of positive change and improvement to the overall leadership structure within the trust, out of the sixty staff members who completed the trust pulse survey for April 2023, sixty three percent responded negatively when asked if they felt well informed about changes taking place within the trust. One of the top 3 themes from the staff pulse survey issued in April 2023 indicated that staff still felt leaders were not fully visible, with 34.1% of the free text comments referring to this. Feedback from the staff survey issued to staff by CQC also indicated that 70% of staff were still not satisfied with communication between senior management and frontline staff and only 40% of staff were satisfied with the support received from their immediate manager.

Culture

Although staff were focused on the needs of patients receiving care, they did not always feel respected, supported and valued. Some staff told us they still did not feel they could raise concerns without fear of blame or reprisal. The trust had begun to develop more effective systems to seek and act upon feedback from staff and other relevant persons to help improve culture within the trust. However, additional time was required to facilitate a robust level of positive change to trust-wide culture. The service promoted equality and diversity in daily work.

At our last inspection there were significant concerns regarding culture and morale within the trust. Although the trust had previously acknowledged that there were some challenges with culture, upon reflection, they acknowledged that this was a longer-term piece of work and could have commenced sooner. The trust acknowledged that work needed to be done to address harassment and bullying issues and that there had previously been a poor culture of holding staff to account on their behaviours.

The trust had also recruited for a new head of culture and staff experience post to support with staff engagement and promote a sense of feeling valued within the trust. The role of the staff experience team would help to establish the nature of grassroots issues, such as flexible working patterns and annual leave allocations, and help identify ways to address these concerns. For example, feedback from the pulse survey published in February 2023 showed that 65.3% of 144 respondents provided negative feedback when asked if they felt the trust championed flexible working.

Furthermore, in regards to promoting a sense of value for staff, leaders acknowledged that there have previously been inconsistent processes in place for staff welfare checks. The staff pulse survey published by the trust in February 2023 highlighted that 52.8% of 144 respondents provided a negative reply when asked if the trust proactively supported health and wellbeing. Only 26.7% of sixty respondents for the pulse survey published in April 2023 commented positively on the same question regarding promotion of staff health and wellbeing.

Steps had been taken since our last inspection to focus upon promoting the mental wellbeing of the workforce with the introduction of the Mental Maintenance Employee Toolkit. There was also evidence of mental health awareness and support posters on display at the various stations inspected as part of the core service inspection for UEC.

A review of trust-wide culture had commenced following the recent management restructure and the trust provided us with evidence of the actions taken as part of the overall evaluation of culture within the trust.

The trust had taken steps to partner with an external agency, an innovative programme designed to develop a high trust culture and develop strong team cohesion, whilst minimising any silo working. The trust had also explored ways internally to promote staff engagement in cultural change through the use of QR codes which staff could access to provide feedback on new plans such as the Colleague Experience Plan, an initiative to promote trust values and highlight steps being taken to improve experience within the workplace.

Our findings

We saw how the trust's internal communication platforms could be used to engage with staff and provide a forum to promote discussion and debate between staff members. The trust also told us how they utilised staff roadshows as a further means of gathering intelligence and feedback through engagement with frontline staff. Examples of improvements as a result of obtaining feedback could be seen displayed in the form of "You said, we did" posts.

Data provided by the trust showed signs of some improvement in overall staff engagement scores obtained since the last quarterly pulse survey completed in January 2023, with upward trends noted in key questions of motivation, advocacy, engagement (with leaders) and involvement. However, the trust acknowledged that further improvement was required, with the highest engagement score recorded at only 5.02 out of 10 for staff motivation. The trust provided us with an overview of the "Ps and Qs – Where do you fit?" campaign which was being undertaken. The aim of the campaign was to both increase staff awareness of the trust vision and strategy and focus upon building a "sense of togetherness" for the workforce. It was hoped that this would have a positive impact upon morale and instill a feeling of pride within staff.

The trust appeared to have sight of the ongoing challenges with improving culture and acknowledged that more time was needed to enable positive changes to take place across the entire workforce. We were told that ongoing improvement would continue to be supported by a collective group of support teams which included People and Development, Transformation Programme Office, Quality Improvement, Strategy and Transformation, the Equality, Diversity and Inclusion Team, and Communication and Engagement teams.

Despite the ongoing challenges the trust faced with improving culture, during our core service inspection of EUC we observed that frontline staff were fully committed to delivering the best care possible to their patients.

Freedom To Speak Up

At our last inspection, we identified significant issues with capacity for the freedom to speak up (FTSU) team and the trust had taken proactive steps to address these shortfalls and now employed three freedom to speak up guardians (FTSUG). Although the increased capacity was greatly received by the existing FTSU team, they acknowledged that time was now required to enable new processes to fully embed within the trust's new governance structure.

The current team of FTSUG's told us that the increased capacity within the team enabled more opportunity to engage with staff, with members of the team often visiting frontline workers at ambulance stations and hospital emergency departments. The team also described positive interactions with the trust senior leadership team with regards to evaluation and general oversight of the FTSU process.

Feedback obtained from staff accessing the FTSU service had generally been positive and there was evidence that more staff felt confident accessing the service, with seven enquiries logged between January and April 2023, compared to a total of 10 FTSU cases for 2022. Themes identified continue to be in relation to culture and staff behaviours, as opposed to patient safety concerns.

During the core service inspection of UEC, we were made aware of some ongoing concerns regarding inappropriate behaviours of some staff members and that there was still a reluctance for staff to speak up/raise their concerns. Results from the CQC staff survey showed that over 50% of staff did not feel safe to report concerns without fear of what would happen as a result and still believed that the trust would not take appropriate action. The trust informed us that they had started work regarding sexual safety in the workplace with the safeguarding team after a number of dismissals because of concerns and HR processes in relation to inappropriate sexual behaviour.

Our findings

We were advised that there were plans to make the electronic form become anonymised to allow for protection of staff giving negative feedback. However, the timescale was yet to be determined.

Feedback from trust-wide staff/Staff Survey

As part of our last core service inspection in July 2022 we invited clinical and non-clinical staff from all services within the trust to complete a survey and we received a total of 481 responses. Feedback obtained as part of the survey described a 'toxic' poor culture across the organisation, with 80% stating that they had experienced bullying, harassment, or abuse at work from managers or colleagues less than two times within 12 months of the survey being issued. Despite staff feeling proud of the work they did, they felt less proud of working for the organisation itself at that time.

We issued a further survey to staff based within the trust which was made available from 25 April 2023 until 05 May 2023 and received a total of 330 responses. Of these, 66% were from Urgent and Emergency Services, 26% from the Emergency Operations Centre, 6% from Patient Transport Services and 2% from NHS 111.

Feeling valued:

Results obtained from the survey showed that 70% of respondents felt that the organisation did not value them or provide them with effective support to do their job, compared to 76% in the previous survey.

Furthermore, 52% of staff felt unable to meet the conflicting demands on their time at work, compared to 62% in 2022 and 74% told us they did not meet regularly with their team to discuss the team's effectiveness, compared to 83% in 2022.

Bullying and harassment:

There was some improvement noted in regards to staff previously experiencing discrimination within the workplace, with 70% of staff stating that they had never previously experienced this. Sixty percent of staff confirmed they had never personally experienced bullying or harassment in the workplace from a manager and 68% had never experienced bullying or harassment from a colleague.

However, the number of staff who had reported their experiences of bullying and harassment remained low. Only 29% of staff stated that either themselves or a colleague had reported the incident, compared to 27% for the same question in 2022.

The results showed that 57% of staff did not feel safe to report concerns without fear of what would happen as a result and did not believe that the organisation would take appropriate action, compared with approximately 50% in 2022.

Feedback obtained from staff highlighted ongoing issues with raising concerns anonymously via the internal electronic reporting system. Staff previously described a reluctance to raise concerns regarding direct line management, as these would automatically be submitted to the line manager in question, with staff expressing concerns regarding potential reprisal.

Similar to the survey results provided in 2022, staff had the opportunity to provide 'free-format' accounts which continued to describe a blame culture across the organisation, bullying and harassment and low morale.

Our findings

Some of the comments in our survey from staff were:

- *"Harassment has increased greatly as a result of the changes. The working environment and life has unfortunately suffered greatly."*
- *"Still afraid to speak out for fear of retribution from senior management."*
- *"No changes in regards to 'blame culture'"*
- *"The Trust are just as bad as before if not worse when it comes to bullying staff."*

The results overall remained negative, with most staff having provided negative answers to the statements within the survey. Additional time would be required for the trust to embed changes in governance structures and new initiatives to facilitate further improvements with culture within the organisation.

However, the staff survey did contain some positive feedback and additional comments which referenced the improvements to medication management and incident reporting processes which *"made us [crews] feel safer on the road*".

Governance

Governance processes had recently been amended to ensure they operated effectively across the organisation to ensure risk and performance issues were identified, escalated appropriately, managed and addressed promptly. However, more time was required to ensure these could be appropriately evaluated and embedded to promote effectiveness and sustainability.

Following our last inspection, the trust had completed a review of its governance processes and introduced a new operating governance model which commenced at the beginning of April 2023. The new structure comprised of four-tiers and had been designed in partnership with a third-party quality improvement provider to ensure robust oversight of risk and performance within the trust.

Oversight of operational governance was managed in tier one by the trust board and newly formed trust improvement board, chaired by the chief executive officer (CEO), which would directly communicate with the system quality improvement group to demonstrate a grip on all improvement actions undertaken by the trust.

The executive management group (EMG) (Tier two) was chaired by the CEO and included director level membership. Assurance was then reported up to the various committees and trust board.

The EMG met weekly and had a rolling cycle of focus and would receive a weekly report from the operational management group (OMG). The OMG chaired by the chief operating officer (COO) met weekly and had membership of the heads of all service lines within the trust, as well as business partners.

Tier two would also contain the trust executive risk management group chaired by the executive director of quality and safety, policy review group, joint consultative committee (JCC) and EPPR.

Our findings

The service line operational management groups had been allocated to tier three and would provide information and assurance into the OMG in tier two. Service line heads met weekly to focus upon risk and recovery plans and updates would then be presented to provide general oversight and to escalate any risks which could not be resolved at service level. Each of the service lines within this tier would also be required to sign up to the annual accountability framework detailing expectation on performance, quality, risk, finance and any relevant service changes that may be required.

Tier four, made up of the various locality operational review groups would report their status, action plans and any risk which was unable to be resolved at locality level into Service Line Operational Management Groups.

During the core service inspection of EUC, we found that local leaders understood how teams were performing against key performance indicators such as compliance with mandatory training, professional updates and appraisals, and incident and complaint themes. The service also used measures for operational performance providing oversight of response times and operational productivity, key performance indicators (for example, numbers of journeys undertaken and numbers of cancelled calls out), quality issues (for example, complaints and appreciations and safeguarding data), and workforce data. However, there was limited evidence at the time of the inspection to demonstrate the impact of these on improving patient care.

At our last inspection we identified that multiple policies were both out of date and scheduled for review. The trust confirmed that at the time of the inspection 93% of those policies had been reviewed and updated. At the end of April 2023 13 policies remained outstanding, compared to 155 which were identified in August 2022.

The operations management group (OMG) would now meet every week to discuss different specific operational areas which would change on a weekly cycle. Each head of service would be in attendance and would gather relevant feedback to be shared back into their own operational workstream to keep frontline staff up top date with pertinent actions and updates. We were told that a new digital solution would also soon be utilised by the weekly OMG meetings to assist with oversight of governance and risk moving forward.

Due to the short amount of time the new operating model had been in place, the trust acknowledged that ongoing work was needed to complete a full evaluation of the new structure. Additional time was also required to ensure there were enough resources and resilience within each tier to ensure sustainability of change and to ensure new processes are fully embedded into the new operating model.

Management of risk, issues and performance

Governance processes had been reviewed to promote a higher level of board oversight and focus on the operational risks faced by the trust. The trust had also taken steps to ensure it had systems in place to ensure incidents were consistently reported in line with national patient safety reporting guidelines. The trust acknowledged that more time was required to ensure changes in process could be fully embedded.

Incident reporting and oversight of incidents

At our last inspection, we issued a section 29A Warning Notice to the trust which highlighted our concerns that there was inadequate oversight of incident reporting processes and significant improvement to governance structures was required to ensure incidents were reported and managed in-line with national guidance. The trust now acknowledged that the relevant infrastructure and capacity had not been in place previously to ensure effective oversight of incidents.

Our findings

The incident reporting policy had been updated by the trust to highlight trust-wide responsibility for managing incidents and to define the policy and procedures to be followed to effectively manage patient safety incidents in accordance with national guidelines.

During our last inspection we found that executive and service leaders did not have a robust grip and oversight of the board assurance frameworks (BAF) and organisational risk register. An initial revision of the BAF was presented to the Audit and Risk Committee in October 2022 and the Trust Board in September and November 2022. Following implementation of the new operating governance model, amendments to the draft BAF were discussed at the executive management group (EMG) in April 2023 with a view to presenting the revised document to the trust board in May 2023.

Data provided by the trust highlighted that more incidents were now being reported with a total of 529 incidents (both patient safety and non-patient safety incidents) being reported by urgent and emergency care in April 2023, compared to 191 total incidents being reported at the time of the last urgent and emergency care inspection in July 2022. Feedback from the CQC staff survey showed that 65% of respondents felt that the trust encouraged the reporting of errors, near misses and incidents.

Furthermore, the most recent data provided by the trust indicated that patient safety incidents equated to only 1.8% per every 1000 calls received.

Managers told us that additional staff had been recruited into the safer care team to improve timeliness of looking at incidents logged on NRLS and to work towards minimising the time taken to report incidents. Data supplied by the trust highlighted that feedback was provided for 95.9% of 6826 reported incidents which occurred between 01 May 2022 and 30 April 2023.

However, according to the CQC staff survey, forty five percent of staff stated that, although encouraged to report incidents, they did not hear about incidents which occurred within their part of the trust. Only 36% of staff believed that when errors were reported, the trust took appropriate action to ensure they did not occur again. The trust was aware of this disparity and acknowledged further evaluation of this issue was required.

As of April 2023, a new Clinical Review Panel took place three times per week in which incidents were discussed in an open forum, using national guidelines to promptly determine the level of harm as a result of the patient safety incident. Membership of the panel included the Head of Patient Safety, Patient Safety Manager, Patient Safety Lead, Patient Safety Officer and relevant investigating officers from the relevant core services within the trust.

The new clinical review process stated that low acuity (no harm, low harm, near misses and harm not related to the service) incidents were to be reported within 72 hours of occurring and undergo a subsequent local investigation, with high acuity (moderate harm, severe harm and death) incidents being reported within 24 hours. High acuity incidents were then presented by the relevant investigating officer to the clinical review panel within 72 hours. The level of harm was then agreed at the panel, with any serious incidents being declared immediately and an agreement that duty of candour should be delivered as soon as practicable.

Data supplied by the trust highlighted that incidents were now being reviewed more comprehensively and in a more timely manner, with the most recent statistics showing that incidents for April 2023 were shared with the Integrated Care Board (ICB) within a six-day average from the initial incident submission date. When we completed our last well-led inspection of the trust in September 2022, the average number of days taken to report an incident to the ICB had been 148 days this had significantly improved.

Our findings

As a result of these changes, there was evidence that incidents were now being addressed in a timelier manner and managed in a more proactive way. However, at the 60-day rapid process improvement workshop (RPIW) meeting held in May 2023, the trust acknowledged that additional time was required to ensure that the new clinical review process could be fully evaluated and further embedded into the trust's new governance structure to ensure sustainability.

One potential challenge to ensuring sustainability of the new processes highlighted by some strategic service managers was staffing capacity versus workloads. During our inspection the Safeguarding and Patient Safety Teams had expressed concern over the impact this had on ensuring operational delivery could be maintained.

At the time of the inspection, the safeguarding team comprised of two band-eight clinicians, two band-six advisors, one full-time band-four safeguarding officer and one band-three administrator. We were told that there had been regular discussions regarding additional recruitment into the team and it had taken approximately 18 months to get confirmation for the last vacancy within the team to be filled. Managers described challenges with organising annual leave due to creating more pressure on the rest of the team. Recruitment and sustainability were also topics which were always raised in appraisals by staff working within those teams.

We were told that the safeguarding team was working at full capacity in a reactive manner, rather than proactively. Data provided by the trust showed a general increase in trust safeguarding activity, with 352 adult safeguarding referrals being made in March 2023, an increase of 86 on the previous month and children's safeguarding referrals increasing from 135 in February 2023 up to 214 in March 2023. Due to the ongoing pressures, staff described that there was simply not enough capacity at times to work on wider strategic elements of safeguarding within the trust.

Duty of Candour

The trust acknowledged that it had previously not followed duty of candour guidelines, with one of the main challenges being staff lacking the confidence and feeling uncomfortable enacting duty of candour. Training had been identified to support staff with their understanding of duty of candour as a whole and who should take responsibility for enacting it. The trust also acknowledged the importance of ensuring staff could feel safe during the process.

At the time of our inspection, there had been significant improvements in the time taken for the trust to enact duty of candour since our last inspection in September 2022. The average time taken for the trust to enact duty of candour from the initial incident submission date in September 2022 was 152 days, compared to 11 days in April 2023. The new incident reporting framework has set a target of 72 hours for duty of candour to be enacted. Additional family liaison officers had also been recruited by the trust to increase the trust's capacity to ensure duty of candour is completed in a timely manner.

The CQC staff survey highlighted that 49% of staff believed that the trust encouraged staff to be open and honest with both service users and colleagues when things went wrong, compared to 43% in the survey issued during the last inspection. As part of the 60-day RPIW, the trust acknowledged that ongoing improvement was required with ensuring consistency with duty of candour being enacted proactively.

Medicines management

The trust acknowledged that there had been poor governance processes in place previously, which had been highlighted during our last inspection. We were advised that other factors also played a part in the trust losing oversight of medicines management. Medicines management meetings were stood down during the COVID19 pandemic and there had been a general lack of ownership of medicines issues at a senior management level.

Our findings

The chief pharmacist advised us that following the CQC inspection in July 2022, there had been initial challenges ensuring relevant senior leaders within the trust took onboard concerns regarding medicines management. However, since the recent changes in personnel, feedback obtained from the medicines management team indicated there had been progress made with ensuring clear accountability for medicines oversight within the trust, with medicines optimisation now incorporated into the organisational restructure. During our core service inspection of UEC, there were no patient safety concerns identified related to medicines management. Feedback also highlighted that there had been a noticeable improvement with staff reporting medicines incidents with a total of 791 medicine-related incidents reported between 09 December 2022 and 12 March 2023 (3 moderate and 1 severe).

Feedback obtained as part of the core service inspection of EUC highlighted that the medicines management team were now more visible to frontline staff. Additional recruitment to the Pharmacy Technician post and interim Medicines Co-ordinators had also taken place to increase capacity within the team. Operational Managers now also played a more active role in medicines management and the new Clinical Team Leader roles had begun to complete regular medicines audits with frontline staff. An electronic tagging system for medicines bags was also being considered which would allow the trust to know the whereabouts of specific medicines bags, in the event of any potential urgent recall or stock issues.

The trust continued to use its various communication platforms, Siren, Workplace and internal Email, to share information, guidance and learning associated with medicines management and incidents. Prior to the inspection in May 2023, the trust had taken the time to provide a demonstration of its digital communication platforms. Statistics shared by the trust highlighted that the intranet had been accessed, on average, 300,000 times per month by staff. Workplace, a social media-based platform used to relay information, updates and to promote peer discussion, had 2521 out of 3143 active users within the trust in April 2023.

Feedback obtained from the UEC core inspection highlighted that staff continued to experience challenges accessing lockers for the storage of controlled drugs when working into relief stations. Managers acknowledged that there was still ongoing work required to improve management of controlled drugs with the new secure locker system (Abloy Key) in the process of being trialed prior to trust-wide roll-out. The new system would ensure that staff had access to designated controlled drugs lockers at each ambulance station. Staff members would be provided with their own unique key to enable access to a secure medication locker at any given station. It would then be the responsibility of the staff member to ensure their personal-issue controlled drugs were securely stored at the end of each shift and stock accurately logged.

Although audit process for controlled drugs showed signs of improvement, a recent audit of controlled drugs lockers highlighted concerns with poor record keeping and issues regarding out-of-date stock on behalf of some frontline staff which was a professional practice concern. Managers acknowledged that along with new mechanisms being put in place to ensure more effective oversight of controlled drugs stock, there must be accountability at all staffing levels to ensure these new processes are adhered to promote patient safety. As a result of this recent audit, human resources and operations managers were working together to promote awareness of professional accountability regarding the safe storage and handling of controlled drugs.

In terms of wider system challenges, the trust had informed us of ongoing difficulties with their third party supplier. During audits of newly received medicines bags, staff based within the trust were regularly finding errors with stock. The trust was considering its longer-term options regarding medicines supplies as a result of this.

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
Requires improvement Feb 2023	Requires improvement Feb 2023	Good Feb 2023	Good Feb 2023	Not rated	Not rated

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 a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute locations	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Overall trust	Requires improvement Feb 2023	Requires improvement Feb 2023	Good Feb 2023	Good Feb 2023	Not rated	Not rated

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Ambulance Headquarters, Bernicia House	Requires improvement Feb 2023	Requires improvement Feb 2023	Good Feb 2023	Requires improvement Feb 2023	Requires improvement Feb 2023	Requires improvement Feb 2023
Overall trust	Requires improvement Feb 2023	Requires improvement Feb 2023	Good Feb 2023	Good Feb 2023	Not rated	Not rated

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

Rating for Ambulance Headquarters, Bernicia House

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Requires improvement Feb 2023	Requires improvement Feb 2023	Good Feb 2023	Requires improvement Feb 2023	Requires improvement Feb 2023	Requires improvement Feb 2023

Rating for ambulance services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency operations centre (EOC)	Requires improvement Feb 2023	Requires improvement Feb 2023	Good Feb 2023	Good Feb 2023	Requires improvement Feb 2023	Requires improvement Feb 2023
Resilience	Good Nov 2016	Good 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 and urgent care	Requires Improvement ↑ Jul 2023	Requires improvement Feb 2023	Good Feb 2023	Requires improvement Feb 2023	Requires Improvement ↑ Jul 2023	Requires Improvement ↑ Jul 2023

Overall ratings for ambulance services 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 and urgent care

Requires Improvement 

Is the service safe?

Requires Improvement 

Our rating of safe improved. We rated it as requires improvement.

Mandatory training

The service provided mandatory training in key to all staff and made sure everyone completed it.

All staff received and kept up to date with their mandatory training. The trust target for completion of mandatory training was 85%; information provided following inspection showed the overall current compliance rate for staff was 99% with all staff groups compliant.

The mandatory training was comprehensive. Staff accessed mandatory training through a combination of online courses and face-to-face modules. Modules included dementia awareness, health and safety and welfare, equality, diversity and human rights, fire safety, moving and handling, conflict resolution, infection prevention and control, and Mental Capacity Act training.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia.

During inspection staff told us that they felt that the mandatory training package was suitable for their role

Managers monitored mandatory training and alerted staff when they needed to update their training.

Safeguarding

Staff understood how to protect patients from abuse and the service 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.

All staff received training specific for their role on how to recognise and report abuse. We saw that 96% staff had completed the required level of adult and children safeguarding training for their role as recommended in the intercollegiate guidance.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under The Equality Act 2010. Staff completed 'Preventing Radicalisation – Prevent Awareness training.

At the previous inspection in 2022 we were told that safeguarding referrals were time consuming due to the processes in place at the time. At this inspection the trust had introduced tablet computers in all vehicles and all staff reported that it was easier and quicker to make safeguarding referrals using this new system.

Emergency and urgent care

Staff knew how to identify adults and children at risk of, or suffering, significant harm. We spoke with staff who explained how they had identified the care support needs for a patient when they had transported the patient from their home to hospital. Staff spoken with were confident they would recognise safeguarding issues.

Staff followed safe procedures for children being conveyed and had child appropriate seating, and harnesses. Parents or carers accompanied children when being transported.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and the premises visibly clean.

At the previous inspection in 2022 we found issues with the cleanliness of the ambulance stations. At this inspection we inspected 14 HUB stations which were all clean with suitable furnishings which were well maintained. We reviewed station cleaning records and found them all to be completed fully with no errors or omissions.

The service generally performed well for cleanliness. Vehicles had been cleaned by crews to appropriate standards including floors, all touch point surfaces, equipment carried out by ambulance crew, clinical waste disposed and deep cleans after transportation of patients with a health care associated infection. Trust audit programme showed that infection prevention and control (IPC) audits were included in the trust audit plan which had commenced in April 2023.

At the previous inspection it was highlighted that staff did not always follow the principles of bare below elbow (BBE), at this inspection we observed no examples of staff being noncompliant. We also noted posters in all HUB stations regarding BBE principles which was in line with the policy introduced in January 2023.

We saw that hand hygiene audits had been commenced and interim results for the preceding three months were 100% compliance, but we did note that only 21% of staff had been audited at the time of the inspection visit.

Staff cleaned equipment after patient contact. Staff consistently cleaned equipment inside vehicles between patients. We observed staff cleaning vehicles at the beginning and end of their shifts, we also reviewed cleaning checklists and found no errors or omissions.

Staff disposed of clinical waste safely and in accordance with trust policy.

Environment and equipment

The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The design of the environment followed national guidance. All HUB stations we inspected were well designed and large enough for the staff and vehicles allocated to each station. All stations had staff break areas, toilet and shower facilities and stock storage.

We found daily vehicle inspections were consistently undertaken by staff before their shifts. Staff had checklists to complete, and we observed that these were fully completed. Staff told us the service had enough suitable equipment to help them to safely care for patients.

Equipment in vehicles were reviewed, including carry chairs, scoops and patient monitoring equipment, were in good condition and had in date safety checks. At the previous inspection we were told that there were long waits to get equipment repaired or replaced. At this inspection we were told that the process was much quicker, we observed one member of staff report faulty equipment on one vehicle and was given an immediate response to take the vehicle out of service and a replacement vehicle was provided.

All vehicles inspected had harnesses, chairs and trollies available for the safe transportation of patients, this included equipment for the safe transportation of children.

Staff disposed of clinical waste safely. Each ambulance had a clinical waste bin and a sharps bin which was labelled. Staff disposed of clinical waste in the secure clinical waste compound when returning the vehicle to the station.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. All staff could articulate how they completed and updated risk assessments for each patient and managed risks identified.

Staff completed risk assessments for each patient, using a recognised tool, and reviewed this regularly, including after any incident which we saw documented in patient records. Staff monitored each patient using the National Early Warning Score (NEWS2), applying standards defined by national guidelines (Joint Royal College Ambulance Liaison Committee) and recorded outcomes on an electronic patient care record system.

Staff knew about and dealt with any specific risk issues. The electronic patient care record was used to identify care pathways for patients with specific needs, for example, head injuries. This system was also used to refer patients to other agencies.

NEWS2 and sepsis care processes and clinical guidance were displayed on staff notice boards at locations we visited.

Staffing

The service mostly had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.

Managers accurately calculated and reviewed the number and skill mix of staff needed for each shift in accordance with predicted call levels. Managers adjusted staffing levels daily according to the needs of the service. Staffing levels were reviewed each day and adjustments made to staffing in the event of sickness, late finishers impacting on staff start times delays and operational needs. Managers ensured double staffed ambulance crews included one qualified staff.

At the previous inspection the number of staff did not match planned numbers for unscheduled care, the vacancy rate was 9%. Information provided following this inspection demonstrated an improving picture with the current overall vacancy rate of 4% across all staff groups.

Emergency and urgent care

At the previous inspection there were significant vacancies for paramedic grade staff, the trust recruitment plan at the time showed an establishment of 616 paramedic staff across the trust. At this inspection we reviewed the trust's three year recruitment plan, this was at year two of the plan, paramedic staff numbers had improved to 639 in post which equated to a 95% vacancy fill rate, this demonstrated that the plan was on trajectory for successful completion in 2024.

The service had decreasing sickness rates. Absence rates for all staff grades was 7% overall and data provided following inspection demonstrated that this was an improving picture compared to 10% at the time of the previous inspection.

The trust had a relief allocation procedure in place which identified the process for allocating relief shifts to staff. At the previous inspection some staff told us they were allocated to shifts away from their base station and did not always have the opportunity to ensure they had the required medicines. At this inspection staff told us that the relief system had improved and there was no longer issues in attending relief shifts without the required medicines.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Patient notes were comprehensive, and all staff could access them easily. Patient notes were recorded on handheld electronic devices. The electronic system had all relevant protocols and pathways available for the staff to access.

When patients transferred to a new team, there were no delays in staff accessing their records. The electronic patient record system automatically downloaded onto the hospital servers, allowing hospital staff to access the record.

Records were stored securely. Handheld electronic devices had secure log-in access to the device and to access patient care records.

Medicines

The service had systems and processes to safely prescribe, administer, record and store medicines however further work was required to embed these processes.

Following the previous inspection, we served the trust with a notice under Section 29A of the Health and Social Care Act 2008. We told the trust that it needed to make significant improvements in medicines management to reduce the risks to patients. A completion date for full compliance was November 2022.

Following inspection in 2023 we reviewed meeting minutes from the Quality Improvement Group who were sighted on the ongoing issues with medicines management and that the trust were making improvements but these had not yet become fully embedded.

We reviewed medicines stock sheets and saw that these were being checked regularly but contained errors or omissions. We saw that the checks did not always reflect accurately the quantities of medicines in the bags, this included emergency medicines such as salbutamol and adrenaline. This was also highlighted in the incident forms which showed a significant amount of bag content discrepancies being reported.

Although each station we visited had a supply of medicines, the medicines records used to audit and monitor the use of medicines from hub stations were not always accurately completed which meant that stock counts were incorrect in most hub stations.

Records used to monitor the supplies and use of medical gases were also incorrect in most stations we visited.

At this inspection we saw that staff had access to critical and other medicines they needed to treat patients. Staff told us that in most cases they were given time to complete vehicle medicines checks and we observed staff completing these checks. We reviewed incidents, which confirmed there were no incidents where staff had attended emergencies without the required medicines. Staff stated that they did have access to relief lockers most of the time and when staff were on relief shifts away from their base stations, they were given time to collect their controlled drugs so that patients did not experience delays in care.

The management of controlled drugs had improved but some issues remained, we reviewed personal issue controlled drug registers and found no errors or omissions, we also noted that all had been audited appropriately. There was now a clear process for auditing controlled drugs books which all staff we spoke with could explain. However, audits undertaken prior to inspection had highlighted concerns regarding poor record keeping and issues regarding out-of-date stock.

The trust was trialling a new secure locker system (Abloy Key) prior to trust-wide roll-out. The new system would ensure that staff had access to designated controlled drugs lockers at each ambulance station. Staff members would be provided with their own unique key to enable access to a secure medication locker at any given station. It would then be the responsibility of the staff member to ensure their personal-issue controlled drugs were securely stored at the end of each shift and stock accurately logged.

Changes had been made to the storage of fridge items on the ambulances to ensure these were more secure. In addition, the number of fridges in the trust had been reduced and there was clear evidence that temperature monitoring was taking place.

Staff told us that learning from safety alerts and incidents were not always received. However, since the last inspection the trust had appointed a new Medicines Safety Officer and there were clear plans in place for how this could be improved.

The trust had also been working towards an updated controlled drugs licence which should have been completed in April 2023 but due to delays outside of the trust's control this had been delayed.

Although significant improvements had been made to ensure staff had access to medicines and the risk to patients had been reduced, processes needed further review then embedding to ensure they were safe and robust, and that governance systems provided the assurance and oversight needed for safe medicines management.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses 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. Managers ensured that actions from patient safety alerts were implemented and monitored.

Emergency and urgent care

Following the previous inspection, we served the trust with a notice under Section 29A of the Health and Social Care Act 2008. We told the trust it needed to make significant improvements in incident reporting, investigating and monitoring of actions to prevent reoccurrence, and ensure improvements are made as a result. A completion date for full compliance was November 2022.

Following inspection, we saw that the trust had introduced an incident Rapid Process Improvement Workshop (RPIW) from February 2023 and a revised process was fully implemented from April 2023 to drive forwards improvement with incident reporting. We reviewed the last three meeting minutes and saw that progress had been made towards achieving a safer culture but was not yet fully embedded.

Staff raised concerns and reported incidents and near misses in line with trust/provider policy. At this inspection staff knew what incidents to report and that the introduction of computer tablets in all vehicles has made reporting incidents quicker and easier and as such were more likely to report an incident.

Total incidents reported by area showed consistent incident reporting with equity of reporting across all operational divisions. The main themes identified were delays in allocation of resource due to levels of demand and individual errors in care.

Managers shared learning with their staff about never events that happened elsewhere. All staff were able to give examples of never events that had happened across the trust and in other trusts in the country.

Staff reported serious incidents (SI) clearly and in line with trust policy. SI reporting had improved from 19 incidents in the 12 months prior to the previous inspection in 2022 to 80 being reported in the 12 months leading up to the inspection in 2023. The main theme was delays in allocation of resource.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if things went wrong. Prior to the last inspection the average time to enact duty of candour was 150 days, at this inspection this had improved to 11 days which was within the trust policy.

At the previous inspection we were told that a lack of feedback was affecting staff's willingness to complete incident forms. During this inspection we saw that staff received feedback from investigation of incidents, both internal and external to the service. Data provided demonstrated that 96% of closed incidents had received feedback.

Staff met to discuss the feedback and look at improvements to patient care.

There was evidence that changes had been made as a result of feedback. We saw an example of an incident where a patient had suffered harm due to the stretcher safety restraints not being used correctly. We observed information reminding staff of the correct processes for securing patients during transport at all hub stations that we visited and all staff we spoke with were aware of the incident.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations.

Managers debriefed and supported staff after any serious incident. Staff told us that since the management restructure there was more support available from managers.

Emergency and urgent care

Following a second staff survey sent at the time of inspection, the responses to the question “When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again” have shown notable change. The percentage of staff agreeing with statement has improved from 28% in 2022 to 36% in 2023.

Managers shared learning with their staff about never events that happened elsewhere. We were given an example of a never event from another NHS ambulance trust being shared regarding staff standing in a moving vehicle.

Is the service well-led?

Requires Improvement 

Our rating of well-led improved. We rated it as requires improvement.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

Local leaders understood and had oversight of the challenges to quality and sustainability within the service. At the time of the previous inspection the service had recently restructured management responsibilities which were not fully embedded. At this inspection staff told us that the new management system was working more efficiently, and staff felt more supported due to the more clearly delineated management responsibilities.

We met with team leaders, duty officers and locality managers who told us they were available and supportive, and they felt able to escalate concerns. All managers felt well supported within the service. There were opportunities for staff to develop their skills and take on more senior roles. During our inspection we sent a survey to all NEAS staff, survey results from 2023 detailed that there was effective communication from senior leaders to staff showed an improving trend from 9% in 2022 to 17% in 2023. Whilst this was an improvement, it was not yet to the trust’s desired level.

At the previous inspection staff described a disconnect between senior leadership and local leadership. At this inspection staff told us that senior management were more visible and we were told of the recently enhanced staff engagement where senior leaders were visiting all stations in order to increase visibility.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

The trust had a clear vision, strategy and values. The overarching mission for the trust was to ensure ‘Safe, effective and responsive care for all’ and this was underpinned by the trust vision to provide ‘Unmatched quality of care, every time we touch lives’.

The trust had identified the following values to deliver its vision:

• Compassion

• Accountable and responsible

• Respect

• Excellence and innovation

Most staff were aware of the trust values, and we found these were displayed on staff notice boards. In its delivery strategy the trust acknowledged the need to support colleagues in a safe work environment '…where they can thrive and provide the best support to our patients'.

Culture

Culture was inadequate and while some improvements had been made, they were recently introduced and not yet fully embedded. Not all staff felt respected, supported and valued but they were more focused on the needs of patients receiving care. The service had improved with promoting equality and diversity in daily work and provided opportunities for career development. The service had a developing culture where patients, their families and staff would be able to raise concerns without fear.

Prior to the inspection in 2022 there were significant numbers of whistleblowing concerns raised by staff with the main theme being that of bullying and harassment. Since the previous inspection there has been a 50% reduction in whistleblowing concerns regarding culture but the concerns raised with CQC were still of a similar nature.

We noted following inspection that work surrounding culture with a focus on bullying and harassment hadn't been scheduled to start until April 2023 so at the time of inspection this had not had the opportunity to have an impact on how staff felt or for it to become embedded within the service.

We sent out a survey to all staff within the trust at the time of our inspection and received 220 responses from urgent and emergency care staff. 40% of staff reported to have experienced harassment, bullying or abuse at work from managers in the last 12 months with 32% reporting that they have experienced harassment, bullying or abuse at work from colleagues.

The survey also demonstrated that 45% of staff felt that the organisation does not treat people with respect and doesn't take action to reduce bullying and harassment.

The following questions showed little notable change from responses received to our staff survey in 2022;

- In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?
- In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from colleagues?
- In the last 12 months have you personally experienced discrimination at work from a manager, team leader or other colleague?
- The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?

Emergency and urgent care

Whilst the trust had taken action and started a programme of work in relation to culture it was far too soon to see the impact and benefits of this.

Staff reported difficulties with booking annual leave due to the allocation system used. This meant it was difficult to coordinate time off with the needs of individual family commitments. This had been raised as an issue at the previous inspection and whilst work had begun, it was not yet fully embedded and was too soon to assess its effectiveness.

More staff felt positive and proud to work in the organisation, although some staff told us capacity issues within emergency departments impacted their ability to support patients in the community.

Findings from the 2023 survey showed that there was an improving trend in staff feeling valued in their roles and being supported to report incidents and to be open and honest.

Delays meant staff sometimes finished late and missed meal breaks. The trust did not hold missed meal break data by month as staff only missed their breaks in extreme circumstances. Staff we spoke with reported that there was improvement in break times being protected. As soon as staff were out of break banding time they were stood down; breaks taken out of banding time were reviewed on a shift by shift basis and the information included in the shift handover report. We observed staff being stood down for breaks even though there was high demand on the service.

Governance

Leaders had improved how they operated governance processes but omissions in medicine management were evident and other areas were not yet fully embedded. Staff at all levels were now clear about their roles and accountabilities and had commenced regular opportunities to meet, discuss and learn from the performance of the service.

We noted following inspection that work surrounding culture with a focus on governance hadn't been scheduled to start until March 2023 so at the time of inspection this has not had the opportunity to become fully embedded.

We saw that some improvements had been made regarding management of controlled drugs but this was not fully embedded and we still identified issues and omissions in the governance processes in regard to other areas of medicine management such as omissions in stock medicines such as salbutamol and the safe storage of medical gases and adrenaline.

At the previous inspection we found that not all staff were clear on individual responsibilities. At this inspection we found that following the restructured management arrangements there were improved structures and systems of accountability in place to support the delivery of the service and all managers we spoke with were aware of their roles and accountabilities.

The trust-wide governance structure included meetings of the Council of Governors, Board of Directors, Nomination and Renumeration Committee, Audit and Risk Committee, People and Development Committee, Performance and Finance Committee, Quality Committee and the Technology Committee. These were complemented by internal strategic meetings, operational meetings and meetings with external organisations.

Emergency and urgent care

At the previous inspection we found limited evidence of local governance meetings and that there wasn't a clear process to escalate service-level risks and concerns to the board. During this inspection, managers told us that there were new processes that had been introduced to improve the escalation process and that it was now easier to escalate concerns. We reviewed meeting minutes and saw progress of this in practice, we also reviewed the risk register which reflected the appropriate risks.

Managers understood how teams were performing against key performance indicators such as compliance with mandatory training, professional updates and appraisals, and incident and complaint themes. The service used measures for operational performance providing oversight of response times and operational productivity, key performance indicators (for example, numbers of journeys undertaken and numbers of cancelled calls out), quality issues (for example, complaints and appreciations and safeguarding data), and workforce data. The service was seen to use all available evidence to correlate themes from sources including incidents, complaints and audit.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

At the previous inspection we found that incident reporting and medicine management were not managed well within the service. At this inspection we saw an improving picture regarding incident reporting, including medicines management with increased numbers of incidents reported across all operational areas.

Following the previous inspection some staff said they did not always complete a report because they did not receive feedback, did not have time to return to hub stations or no learning from incidents that had been previously reported were shared. Following this inspection, we saw evidence of shared learning following incidents and data provided demonstrated that 96% of all incidents reported, feedback was given to the original reporter. The trust had introduced computer tablets on all vehicles which allowed for a quicker system for incident reporting. All staff reported that this made it easier to report all incidents.

However, according to the CQC staff survey, forty five percent of staff stated that, although encouraged to report incidents, they did not hear about incidents which occurred within their part of the trust. Only 36% of staff believed that when errors were reported, the trust took appropriate action to ensure they did not occur again. The trust was aware of this disparity and acknowledged further evaluation of this issue was required.

The trust participated in national clinical audit projects (for example, Cardiac arrest: survival to 30 days, Stroke, Sepsis) and clinical outcome quality indicators (for example, adult seizures, Delayed hospital handover, Hyperventilation).

Managers used information from these audits to improve care and treatment. Where improvements were identified there were processes in place for learning and improvement. For example, the hyperventilation quality indicator had led to communication to staff to ensure alternative diagnoses are considered and early assessments to exclude life threatening presentations.

Emergency and urgent care

Information Management

The service collected data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

We found information systems were integrated and secure, to prevent unauthorised access of information.

Systems were used to record and share patient sensitive data with emergency departments during handovers and there were clear processes to ensure compliance with access protocols.

There were clear and robust service performance measures, which were reported and monitored. Performance measures were shared internally and with external stakeholders.

Managers understood performance targets including quality and data from clinical and internal audits. The trust participated in national clinical audit projects and clinical outcome quality indicators.

The systems for reporting information were not always reliable, staff told us that they had difficulties uploading all required information.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

The trust increased the number of engagement events in person, and virtually with local health providers, Healthwatch organisations, local authorities and commissioners over the last twelve months.

Outcomes from this engagement included the recruitment of over 90 community ambassador volunteers working in ethnic minority communities. This had resulted in more than 1300 community members in service awareness and access, and more than 1000 community members trained in lifesaving skills including CPR and defibrillators.

Online engagement spaces had been developed for adults, young people, people with learning disabilities and British Sign Language users with content tailored to the needs of each group and delivered in accessible communication formats.

Individual videos had been developed to help patients and the public obtain more information about services including an interactive ambulance 360 tour and service awareness and information videos.

The trust enabled patient, carer, and family engagement through email, Microsoft Teams conference calling technology and face to face meetings where possible to help understand concerns and feedback.

The trust had developed a team of local volunteers as ambassadors to seek patient feedback and involvement in service change, service delivery and design.

Emergency and urgent care

In the staff survey as part of this inspection, 49% of staff responses reported that they believed the organisation encouraged staff to be open and honest with service users and staff when things go wrong. Information was shared with staff by email and newsletters. At the previous inspection some staff said there were limited opportunities to feedback to managers. During this inspection we saw that there was an ongoing programme of staff engagement with members of the senior leadership team visiting ambulance stations to improve visibility and access to managers to allow staff to give feedback directly.

The trust engaged with staff and gathered feedback through the annual NHS staff survey, quarterly 'People Pulse Survey' and staff networks and informally through the workplace social media platform and executive question and answer roadshows. Feedback from the NHS staff survey resulted in key actions, including tackling bullying and harassment from patients towards staff and support for colleagues who have a protected characteristic.