

North West Ambulance Service NHS Trust

Inspection report

Ladybridge Hall
399 Chorley New Road
Bolton
Lancashire
BL1 5DD
Tel: 01204498400
www.nwas.nhs.uk

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Ratings

Overall trust quality rating

Good ●

Are services safe?

Good ●

Are services effective?

Good ●

Are services caring?

Good ●

Are services responsive?

Good ●

Are services well-led?

Good ●

Summary of 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.

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.

The Evidence appendix appears under the Reports tab on our website here: www.cqc.org.uk/provider/RX7/reports. A detailed Use of Resources report is available under the Inspection summary tab (www.cqc.org.uk/provider/RX7/inspection-summary).

Background to the trust

CQC temporarily suspended all routine inspections on 16 March 2020 to support and reduce the pressure on health and social care services during the COVID-19 pandemic. CQC, as well as providers, want to be able to prioritise keeping people safe during this time.

This inspection was already underway at the time of the suspension and therefore could not be completed in the usual way. This report includes the findings from the completed service level inspections which included two core services, but the well-led inspection and one service level inspection was not completed.

CQC is only able to update findings on well-led at the overall trust level or update the other trust-level ratings when we have inspected the well-led component. As a result, the ratings for the overall trust and five key questions included in this report are from a previous inspection.

Overall summary

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

What this trust does

North West Ambulance Service NHS Trust (NWS) serves more than seven million people across approximately 5,400 square miles – the communities of Cumbria, Lancashire, Greater Manchester, Merseyside, Cheshire and a small part of Derbyshire (Glossop).

The trust's vision is to be the best ambulance service in the UK, providing the right care, at the right time, in the right place; every time for patients accessing its urgent and emergency (999) care service, non-emergency patient transport service and NHS 111 service. The trust has an annual budget of £354 million.

The trust employs around 6,300 staff in over 300 different roles and is supported by over 1,000 volunteers as members of its patient and public panel, volunteer car driver network and community first responder network.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

Summary of findings

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

CQC temporarily suspended all routine inspections on 16 March 2020 to support and reduce the pressure on health and social care services during the COVID-19 pandemic.

CQC, as well as providers, want to be able to prioritise keeping people safe during this time. This inspection was already underway at the time of the suspension and therefore couldn't be completed in the usual way.

This report includes the findings from the completed service level inspections, but the well-led inspection and one service level inspection was not completed. CQC is only able to update findings on well-led at the overall trust level or update the other trust-level ratings when we have inspected the well-led component.

As a result, the ratings for the overall trust and five key questions included in this report are from a previous inspection.

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

Between 25 to 27 February 2020, we inspected Emergency and Urgent Care Services and the Emergency Operations Centre. This inspection was part of our continual checks on the safety and quality of healthcare services.

What we found

Overall trust

We have not updated trust-level ratings following these core service inspections because we were not able to complete the trust-level well-led inspection. This is due to suspension of routine inspections during the COVID-19 pandemic. Refer to the previous inspection report for the detailed findings on which the ratings are based.

Are services safe?

We have not updated trust-level ratings following these core service inspections because we were not able to complete the trust-level well-led inspection. This is due to suspension of routine inspections during the COVID-19 pandemic. Refer to the previous inspection report for the detailed findings on which the ratings are based.

Are services effective?

We have not updated trust-level ratings following these core service inspections because we were not able to complete the trust-level well-led inspection. This is due to suspension of routine inspections during the COVID-19 pandemic. Refer to the previous inspection report for the detailed findings on which the ratings are based.

Are services caring?

We have not updated trust-level ratings following these core service inspections because we were not able to complete the trust-level well-led inspection. This is due to suspension of routine inspections during the COVID-19 pandemic. Refer to the previous inspection report for the detailed findings on which the ratings are based.

Summary of findings

Are services responsive?

We have not updated trust-level ratings following these core service inspections because we were not able to complete the trust-level well-led inspection. This is due to suspension of routine inspections during the COVID-19 pandemic. Refer to the previous inspection report for the detailed findings on which the ratings are based.

Are services well-led?

We have not updated trust-level ratings following these core service inspections because we were not able to complete the trust-level well-led inspection. This is due to suspension of routine inspections during the COVID-19 pandemic. Refer to the previous inspection report for the detailed findings on which the ratings are based.

Ratings tables

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

Outstanding practice

We found examples of outstanding practice in Emergency and Urgent Care Services and the Emergency Operations Centre.

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

Areas for improvement

We found several things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

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

Action we have taken

For more information on action we have taken, see the sections on areas for improvement

What happens next

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

Outstanding practice

Emergency and Urgent Care Services

- Ambulance vehicles included a 'maternity pack' which was given to women transferred in labour. It contained handknitted items such as a hat, jumper and soft toy.
- Staff worked in partnership with the local NHS hospital in Burnley (Lancashire) to provide a dedicated falls team. The team consisted of paramedic and an occupational therapist and attended falls calls in an unmarked vehicle. Ambulance crews could refer directly to the falls team, the urgent care dispatcher referred to the team and the falls team monitored category three calls to ensure they did not miss any relevant patients.

Summary of findings

- The service was piloting a specialist mental health first responder car in Blackpool (Psynergy) and Merseyside (Mersey Care). In Blackpool, this was in partnership with the local police and the car was staffed by a paramedic, police officer and a mental health nurse practitioner. In Merseyside, this was in partnership with Mersey Care and the car was staffed by an EMT1 and a mental health nurse practitioner.
- The service applied a multidisciplinary, collaborative approach involving local health providers and stakeholders to reduce the number of frequent callers across the North West region.
- The community specialist paramedics actively engaged with local services using a collaborative and innovative approach. This had led to improvements such as community care planning for complex care and nursing home residents in Lancashire reducing admissions in 80% of care establishments involved in the project and the development of ambulatory care pathways in Cheshire to enable appropriate conveyance away from type 1 emergency departments.

Emergency Operations Centre

- The service had an apprenticeship programme to recruit and train apprentices into emergency call handler roles. The overall trust Apprenticeships Qualification Achievement Rates (QAR) for 2018/19 was 86.2% against the national average of 62.0%.

Areas for improvement

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

Action the trust SHOULD take to improve in medical care services

Emergency and Urgent Care Services

- The provider should ensure it continues to take appropriate actions to improve ambulance response times in line with nationally agreed targets.
- The provider should ensure it continues to improve staff compliance in all levels of safeguarding training.
- The provider should ensure action is taken to improve staff appraisal rates in line with trust targets.
- The provider should ensure it takes appropriate actions to improve consistency in the provision of clinical contact shift supervision across the regional teams.

Emergency Operations Centre

- The provider should ensure it continues to monitor the management of long-waiting and deteriorating patients to ensure emergency call handlers re-assess the need for triage in line with the trust process.
- The provider should ensure it continues to monitor procedures to ensure that emergency call handlers' call back long waiting patients in line with trust guidance.
- The provider should ensure it continues to improve response times in line with the Ambulance Response Programme.
- The provider should ensure it continues to improve appraisal compliance to meet the trust target.
- The provider should ensure it continues to improve incident reporting systems to ensure all staff raising incidents receive feedback.

Summary of findings

- The provider should ensure it continues to improve the timeliness of responding to and closing complaints to meet the trust target.

Is this organisation well-led?

We did not change ratings at trust level at this inspection.

We did not inspect trust wide well led at this inspection. See the section headed 'what we inspected and why' for more information.

Ratings tables

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

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

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

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good	Good	Good	Good	Good	Good

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

Ratings for ambulance services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good →← Jun 2020	Good →← Jun 2020	Good →← Jun 2020	Outstanding ↑ Jun 2020	Good →← Jun 2020	Good →← Jun 2020
Patient transport services	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Requires improvement Jan 2017	Good Jan 2017
Emergency operations centre (EOC)	Good →← Jun 2020	Good →← Jun 2020	Good →← Jun 2020	Good →← Jun 2020	Good →← Jun 2020	Good →← Jun 2020
Resilience	Good Nov 2018	Good Nov 2018	N/A	Good Nov 2018	Good Nov 2018	Good Nov 2018
Overall	Good	Good	Good	Good	Good	Good

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

Emergency and urgent care

Good   

Key facts and figures

North West Ambulance Service NHS Trust (NWAS) provides 24 hours 7 days a week, emergency and urgent care services to those in need of emergency medical treatment and transport.

The emergency and urgent care services serve more than 7.5 million people across the communities of Cumbria, Lancashire, Greater Manchester, Merseyside and Cheshire. The services respond to over one million emergency incidents each year; with the workforce providing pre-hospital care to patients in remote-rural and urban environments.

There are 3,686 staff employed in emergency and urgent care services, working across 103 ambulance stations. The service has 616 ambulance vehicles, including 481 emergency vehicles, 10 dedicated see and treat cars, 93 rapid response vehicles, 21 advanced paramedic vehicles and 11 community specialist response cars.

The emergency ambulance teams are also supported by two regional make-ready centres (for cleaning and restocking ambulance equipment), eight ambulance fleet workshops and a regional medicines hub.

At the last inspection in November 2018, the emergency and urgent care services were rated as good. The service was rated as good for being safe, effective, caring being responsive to people's needs and well-led.

We inspected the whole core service across all key questions; is the service safe, effective, caring, responsive and well led?

We carried out the inspection during 25-27 February 2020. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

We visited 19 ambulance stations across the North West region. We also visited the medicines hub, a make-ready centre and two ambulance workshops as part of the inspection. We inspected 35 ambulance vehicles (including emergency ambulances, rapid response vehicles and urgent care ambulances) across the service. We visited 10 acute hospital emergency departments. We observed patient care and looked at 77 patient report forms and two capacity to consent forms.

We spoke with 65 patients and the relatives of 12 patients during the inspection. We spoke with 103 staff including paramedics, student paramedics, senior paramedic team leaders, advanced paramedics, emergency medical technicians, urgent care technicians, operations managers, sector managers, emergency first responders, administrative staff, medicines hub staff, workshop staff, hospital emergency department staff, chief pharmacist, the director of operations for emergency services, the deputy chief executive, the assistant director of transformation, the chief nurse, the project assurance officer, the senior risk and assurance manager, the senior clinical lead, the head of clinical safety, the safeguarding manager, the executive medical director, the chief consultant paramedic and the senior quality manager.

The team that inspected the service comprised of a CQC lead inspector, five other CQC inspectors, a CQC pharmacist inspector and six specialist advisors with paramedic expertise. The inspection team was overseen by Judith Connor, Head of Hospital Inspection.

Summary of this service

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

Emergency and urgent care

- There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers, particularly for people with multiple and complex needs. The service was inclusive and took account of patients' individual needs and preferences. This included patients living with dementia, a learning disability or patients with mental ill health. There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met those needs.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.
- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, and gave patients pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.

However;

- The number of staff who completed safeguarding training did not meet trust targets.
- The service did not consistently meet nationally agreed targets for response times. Performance against response times was monitored daily and remedial actions were in place to make improvements to the services.
- The number of staff who completed appraisals did not meet trust targets.
- Whilst staff had access to clinical contact shift supervision, there was inconsistency in how these were applied across the regional teams.

Is the service safe?

Good   

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- 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.
- 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 premises visibly clean.

Emergency and urgent care

- 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.
- 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.
- The service 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 staffing levels and skill mix and gave bank and agency staff a full induction.
- 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.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team, the wider service and partner organisations. 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.
- The service used monitoring results well to improve safety. Staff collected safety information and made it publicly available.

However;

- The number of staff who completed safeguarding training did not meet trust targets.

Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The service monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

However;

Emergency and urgent care

- The service did not consistently meet nationally agreed targets for response times. Performance against response times was monitored daily and a detailed improvement plan was in place to address this.
- The number of staff who completed appraisals did not meet trust targets.
- Whilst staff had access to clinical contact shift supervision, there was inconsistency in how these were applied across the regional teams.

Is the service caring?

Good ● → ←

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Outstanding ☆ ↑

Our rating of responsive improved. We rated it as outstanding because:

- The service planned and provided care in a way that met the needs of local people and the communities served. There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers, particularly for people with multiple and complex needs.
- The service was inclusive and took account of patients' individual needs and preferences. This included patients living with dementia, a learning disability or patients with mental ill health. The service made reasonable adjustments to help patients access services.
- There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met those needs, which was accessible and promoted equality. This included people with protected characteristics under the Equality Act, people who may be approaching the end of their life, and people who were in vulnerable circumstances or who had complex needs.
- Most people could access the service when they needed it, in line with national standards, and received the right care in a timely way.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff, including those in partner organisations. Whilst the service did not always meet trust timelines for responding to complaints, actions had been taken to improve this.

Emergency and urgent care

Is the service well-led?

Good   

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

- 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.
- 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.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- 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.
- The service collected reliable 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.
- 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.

Outstanding practice

- We found examples of outstanding practice in this service. See the Outstanding practice section above

Areas for improvement

- We found areas for improvement in this service. See the Areas for Improvement section above

Emergency operations centre (EOC)

Good   

Key facts and figures

North West Ambulance Services handles over a million 999 calls every year in its emergency operations centres located in Preston, Manchester and Liverpool.

Emergency call handlers are the first contact with the ambulance service for 999 callers. They use an internationally recognised system to ask questions about the patient's condition and provide instructions such as how to do CPR to help a patient in cardiac arrest.

Based on the nature of the illness or injury, patients are prioritised into one of four categories to determine the type of response and the speed at which it will be provided (category 1 to 4).

Based within the Emergency Operations Centres (EOC), the trust's Clinical Hub is staffed by a range of clinicians such as paramedics, nurses, pharmacists, mental health practitioners who both support staff on the road with clinical advice and decision making, and triage patients who call 999 to determine the best course of action. Following a telephone assessment with the patient, the clinician will direct the patient to the most appropriate service for treatment.

The EOCs handled calls and requests from healthcare professionals whose patients urgently needed taking into hospital or transferring from one hospital to other

(Source: Routine Provider Information Request (RPIR) – Context tab)

During the inspection we spoke with 71 staff and listened to 60 calls across the three EOC sites. We reviewed call audit reports for three months including call compliance levels and audit numbers.

Summary of this service

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. Most mandatory training targets were on track to have been met by the financial year. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients. They advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and received care in a timely way.

Emergency operations centre (EOC)

- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However

- EOC staff did not always follow policies and procedures relating to the management of long-waiting and deteriorating patients in terms of re-assessing the need for triage.
- Emergency call handlers did not always re-triage subsequent callers in line with the trust process.
- Safeguarding training and staff appraisal compliance did not always meet trust targets.
- Response times were slower than the England average in all months in the reporting period.
- Not all staff received feedback from incidents they raised. There was not always up to date action plans relating to actions from incidents.

Is the service safe?

Good   

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

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

- The service provided mandatory training in key skills to all staff. The trust provided training data up to February 2020, this indicated that most mandatory training targets were on track to have been met by the financial year.
- 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.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them.
- 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.
- The service 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 staffing levels and skill mix and gave bank and agency staff a full induction.
- 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.
- Staff gave advice on medicines in line with national guidance.
- The service managed patient safety incidents. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team, the wider service and partner organisations. 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.

However

Emergency operations centre (EOC)

- We saw some examples during the inspection where EOC staff did not always follow policies and procedures relating to the management of long-waiting and deteriorating patients in terms of re-assessing the need for triage. However, since the last inspection the trust had put in additional processes to strengthen assurance and minimise risks in this area.
- Emergency call handlers did not always re-triage subsequent callers in line with the trust process.
- Safeguarding training compliance did not always meet the trust target.
- We did not always see up to date action plans relating to actions from incidents and some staff did not always receive feedback from incidents they raised.

Is the service effective?

Good   

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

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patient's subject to the Mental Health Act 1983.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief advice in a timely way.
- The service monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. Hear and treat rates for the service were above the England average.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

However:

- Response times were slower than the England average in all months in the reporting period and we did not see documentation to support that action plans had been completed.
- Appraisal rates did not always meet the trust target.

Is the service caring?

Good   

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Emergency operations centre (EOC)

- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Good ● → ←

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. The service made reasonable adjustments to help patients access services.
- People could access the service when they needed it, in line with national standards, and received the right care in a timely way.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff, including those in partner organisations.

However:

- The service did not meet the trust target for responding and closing complaints at one EOC site.

Is the service well-led?

Good ● → ←

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

- 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 staff. They supported staff to develop their skills and take on more senior roles.
- 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. Leaders and staff understood and knew how to apply them.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- 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.

Emergency operations centre (EOC)

- The service collected reliable 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.
- Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. They aimed to improve services for patients.
- Staff were encouraged and supported to make improvements by leaders in the service and quality improvement training was provided to encourage this.

Outstanding practice

- We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

- We found areas for improvement in this service. See the Areas for Improvement section above.

Our inspection team

The team that inspected the service comprised of a CQC lead inspector, seven other CQC inspectors, a CQC pharmacist inspector and nine specialist advisors with paramedic expertise. Specialist advisors are experts in their field who we do not directly employ. The inspection team was overseen by Judith Connor, Head of Hospital Inspection.