Ambulance Headquarters, Bernicia House

Inspection report

The Waterfront
Goldcrest Way
Newcastle Upon Tyne
NE15 8NY
Tel: 01914302000
www.neas.nhs.uk

Date of inspection visit: 13th -14th September 2022
Date of publication: 01/02/2023

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Requires Improvement
Are services caring?	Good
Are services responsive to people's needs?	Requires Improvement
Are services well-led?	Requires Improvement

Overall summary

This service is rated as Requires improvement overall. (Previous inspections carried out in September 2018 and March 2016 both rated the service as Good overall)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Requires improvement

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at North East Ambulance Service NHS Foundation Trust NHS 111 Service on 13 and 14 September 2022 as part of our inspection programme. The inspection was undertaken as part of a joint inspection in partnership with the CQC hospitals inspection team.

We have rated this service as requires improvement overall

We rated the service as requires improvement for providing safe, effective, responsive and well led services because:

- There were inconsistent approaches to the process for raising a safeguarding referral which put patients at risk.
- The service did not have enough staff in post to facilitate the provision of care and treatment at the right times.
- Gaps in systems and processes had been identified by the provider, but not addressed, and had been on the service risk register for some time.
- There was not a clear system for the co-ordination of significant events and incidents.
- The service was not meeting national targets, these related to call handling and the number referred to a clinical advisor. However, plans were in place and some progress had been made to address this.
- We were concerned about how the competency of senior health advisors was assessed.
- People could not always access care and treatment at a time when they needed it. Some of the systems and policies in place did not support good governance and management.
- The processes for managing risks, issues and performance could be improved.

We rated the service as good for providing a caring service because:

- The NHS friends and family test survey results were mostly positive.
- Staff involved treated patients with compassion, kindness, dignity and respect.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure patients are protected from abuse and improper treatment.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment.

Overall summary

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included two Paramedic Specialist Advisors with NHS 111 experience and two additional CQC inspectors.

Background to Ambulance Headquarters, Bernicia House

North East Ambulance Service (NEAS) became a foundation trust in November 2011 and are one of ten ambulance services in England. They serve a population of 2.71 million people and employ 2,500 staff including volunteers. NEAS serves the counties of Durham, Northumberland, and Tyne & Wear, along with the boroughs of Darlington, Hartlepool, Middlesbrough, Redcar & Cleveland and Stockton-On-Tees.

The 111 service is based in NEAS's Emergency Operations Centre (EOC). NHS 111 services began in 2013/14, and NEAS has held the contact to provide the service in this North East since then. They operate 24 hours per day, 365 days a year.

The NEAS's 111 service operates from three call centres which we visited during the inspection;

- Bernicia House, Newburn, Newcastle upon Tyne, NE15 8NY
- Russell House, Hebburn, Tyne and Wear, NE31 2JZ
- Winter House, Unit 7, Wynyard Business Park, Billingham, TS22 5FG

This inspection report refers to the NHS 111 service, however, some of the information contained in this report refers to either the whole of the ambulance service, or the EOC which is a mix of staff who work across both on 111, 999 calls and clinical staff.

There is also a clinical advisory service (CAS) within the EOC. The CAS supports both 999 and 111 calls and workflow, and it delivers two out-of-hours contracts in the South of Tyne area. Currently, additional CAS support for some 111 calls is provided by a third-party supplier.

Winter House at Billingham is relatively new and has only been functional since May 2022. There are a very small number of 111 staff working there. The trust is currently recruiting and increasing the numbers of staff who work there to strengthen their establishment.

The service had the following whole-time equivalent staff working in the EOC at 31 August 2022, unless otherwise stated;

- Two service managers
- One clinical service manager
- Five section managers
- Five clinical section managers
- 21 team leaders
- 18.7 Senior health advisors
- 272 Health advisors of which 156 could deal with 111 calls, 92 were dual trained and 24 handled 999 calls only, (split in EOC is 33% 999 and 67% 111)
- 63 clinical advisors – (111 call handling only)
- One EOC training manager
- Five operations centre trainers
- Three workforce scheduling and planning analysts
- Four intraday analysts

Requires Improvement

Are services safe?

We rated the service as requires improvement for providing safe services.

- There were inconsistent approaches to the process for raising a safeguarding referral which put patients at risk.
- The service did not have enough staff in post to facilitate the provision of care and treatment at the right times.
- Gaps in systems and processes had been identified by the provider, but not addressed, and had been on the service risk register for some time.
- There was not a clear system for the co-ordination of significant events and incidents.

Safety systems and processes

The service had some systems to keep people safe and safeguarded from abuse.

- The provider had systems to safeguard children and vulnerable adults from abuse. Policies were in place which were regularly reviewed and were accessible to all staff. They outlined who to go to for further guidance.
- We were provided with a training compliance report for August 2022 which showed that safeguarding training completion was at 91.47% for the organisation.
- However, we identified a concern with an inconsistent approach to raising a safeguarding referral by the health advisors when they take an initial call, if they have a concern. The child safeguarding policy states that referrals from 111 dispositions should be completed and passed to a central point then sent to the relevant Local Authority. If the 'disposition', results in an ambulance to attend then the health advisor will add "POSS SG" in the crew notes with a brief explanation of their concerns to give the crew an overview. It was then left for the crew to make the referral if they felt it was warranted. The adult safeguarding policy stated that if abuse or neglect was suspected the member of staff were to make their own referral and it was not up to the ambulance crew to do so on their behalf.
- We were concerned that this type of safeguarding referral could be missed as ambulance crew do not have full access to these crew notes. Most of the call handlers said as a result of their training they would ensure a safeguarding referral was raised themselves, however, this was not the trust policy and staff said they felt it was a weakness in the system.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

Risks to patients

There were systems to assess, monitor and manage risks to patient safety, however, the service did not have enough staff in post to facilitate the provision of care and treatment at the right times.

- There were arrangements for planning and monitoring the number and mix of staff needed. The trust used the National Institute for Health and Care Excellence (NICE) workforce management tool. Analysts undertook the management of workforce planning. This was mostly managed automatically with the call flow management system and supported by manual skill setting by the trusts' intraday analysts. If there was a surge in calls the shift coordinator would prioritise the queue. However, the service did not have enough health advisors in post to meet the demands of the service.
- The service did not have enough health advisors in post to meet the forecasted demand or the service level agreement. We reviewed the staffing levels for week commencing 11 July and 18 July 2022 and found the staffing variance was negative on every day; this meant there weren't enough staff available to answer the forecasted number of calls to the service.

Requires Improvement

Are services safe?

- The service had a recruitment programme in place which had been commissioned and was in progress to significantly increase health advisor staffing, and the wrap around roles to support the increase in this area of the work force. This included team leaders, call audit team and senior health advisors. The plan was being rolled out and was due to be completed in the summer of 2023. The increase in staffing was expected to support the demand on the service.
- In our previous inspection of September 2018, we said that the service must make improvements to ensure that there are sufficient clinical advisors available to meet patient demand. At this inspection we found that this was still an issue and was documented on the service risk register. The risk was documented as there not being sufficient levels of clinical staff to carry out the NHS 111 contracted service which was impacting on the key performance indicator (KPI). The current national performance indicator was that 50% of NHS 111 calls should be dealt with by a clinician or clinical adviser. Performance data showed that from July 2021 to June 2022, 35.13% of calls were dealt with by a clinician or clinical advisor. The most recent performance figures showed that for the month of August 2022 this performance indicator was 33.46%
- We discussed the clinical advisor role with the EOC managers who told us the gap in clinical staff was a priority for them. They had secured extra funding from the commissioners of the service to recruit more clinical staff. They were currently 14 whole time equivalent (WTE) posts short of the 91.8 WTE needed, they met the baseline establishment of 77 and the trajectory was to have these staff in post by 31 March 2023. The trust was currently using agency and bank staff to fill this gap.
- We looked at a process where a patient is referred between the clinical system which received a 111 call and the clinical system in the clinical assessment service (CAS). If the patient then needs to be referred back to the system which received the 111 call the case had to be re-opened as a new case. This process raises concerns about the patient safety. There is a possible duplication of cases leading to double counting and affecting performance indicators. Staff could incorrectly populate data. It could lead to delays in patient care. We discussed this with the service manager who told us this had been placed on the risk register and had been there for three years, with no immediate plans to address this issue.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Calls were documented, recorded and audited in a way that kept patients safe. The records we reviewed and calls we listened to, showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Track record on safety

The service had safety records these were not always up to date.

- The provider conducted safety risk assessments. However, our colleagues who inspected the Emergency Operations Centre (EOC) found that documentation used to review the environment and equipment was not always up to date, and action plans relating to improvements were not current. This was documented on the business continuity team risk register.

Lessons learned and improvements made

The service did not have a clear way of coordinating significant events and incidents.

Requires Improvement

Are services safe?

- Staff understood their duty to raise concerns and report incidents and near misses. However, we were concerned that there was no clear approach to the reporting of incidents. There were three systems for this. There was a form to be completed called a NEAS 07, for moderate and serious events. These were recorded, investigated and the service learned and shared lessons from them. Staff we spoke with told us they felt encouraged to raise incidents and received feedback from the investigation of these type of incidents. We found minutes from the services Serious Incident Review Group (SIRG) where these were discussed.
- There was a different process for lesser incidents called the 'ACE log' (advanced call-handler expert). Staff's understanding of what was recorded on this was variable; some would use this to record lesser incidents and some would not use it. For example, a direct booking appointment booked at the wrong location or no notes on clinical system, or that the patient is making their own way to their appointment. Our concerns were that there was no analysis of patterns and trends for these types of incidents and some were being missed and not recorded. Following our inspection, the trust advised us that the ACE log was not a mechanism to record lesser incidents. However, this is what staff told us which reflected their understanding of this. The trust told us that the guidance for the ACE log would be re-circulated to staff.
- From speaking to staff there seemed to be a third level of incident which was not reported, which was a possible near miss or something which was put right quickly. These incidents were therefore not recorded or counted.

Requires Improvement

Are services effective?

We rated the service as requires improvement for providing effective services.

- The service were not meeting national targets, although plans were in place and some progress had been made to address this.
- We were concerned about how the competency of senior health advisors was assessed for their role.

Effective needs assessment, care and treatment

The provider had systems to keep staff up to date with current evidence-based practice. We found evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed.
- Telephone assessments were carried out using a defined operating model, NHS Pathways (NHS Pathways is a licensed computer-based operating system that provides a range of clinical assessments for triaging telephone calls from patients, based on the symptoms the patients share when they call).
- Staff were aware of the operating model which included the transfer of calls from call handler to clinician and the use of a structured assessment tool. Health advisors and some clinical advisors completed a training programme to become a licenced user of the NHS Pathways programme. Some clinical advisors used the Manchester Triage System (MTS). Once training was completed, all staff were subject to structured call quality audits to ensure continued compliance with standards.
- There was a system in place to identify frequent callers and patients with particular needs. For example, palliative care patients, and guidance was in place to provide the appropriate support. We found no evidence of discrimination when making care and treatment decisions.
- When staff were not able to make a direct appointment on behalf of the patient, clear referral processes were in place. These were agreed with senior staff and a clear explanation was given to the patient or person calling on their behalf.

Monitoring care and treatment

The service monitored agreed response times so that they could facilitate good outcomes for patients, but they did not meet the national targets. They used these findings to facilitate changes.

Providers of NHS 111 services are required to submit call data every month to NHS England by way of the Minimum Data Set (MDS). The MDS is used to show the efficiency and effectiveness of NHS 111 providers. We found the most recent results for the service for a year (July 2021 – June 2022) which showed the provider was not meeting the following national performance indicators:

- The average call answer time was 1,007 seconds against a target of 20 seconds.
- The percentage of calls abandoned was 38.10% against a target of 3% (calls received 1,162,390).
- 35.13% of calls were dealt with by a clinician or clinical advisor against a target of 50%.
- On average the service triaged 101% calls they answered (101%, being above 100% could be due to the double counting around the re-opening of cases).
- 108,192 ambulance dispatches.

The results for the last operational month (August 2022) showed the provider was not meeting the national performance indicators, however some improvements could be seen;

- The average call answer time was 115 seconds against a target of 20 seconds.

Requires Improvement

Are services effective?

- The percentage of calls abandoned was 5.72% against a target of 3% (calls received 76,560).
- 33.46% of calls were dealt with by a clinician or clinical advisor against a target of 50%.
- On average the service triaged 99% of the calls they answered.
- 11,269 ambulance dispatches.

In our previous report of September 2018, we said that the service must make improvements to improve systems to ensure that the service could deliver local and national performance targets. At this inspection we found that, for all areas, the service were outside of target range and performance had deteriorated from our previous inspection. However, for the most recent performance month of August 2022 the service saw some improvements to the performance figures, except for calls dealt with by a clinical advisor. Staff and managers told us that they felt delays were improving due to extra funding, recruitment and training of extra call handlers. Managers noted that the recruitment of clinicians was an agreed area of challenge and they had a plan for this. The clinician's rota was supported by agency and bank staff.

The provider carried out audits on calls taken by each health advisor, who confirmed this when we spoke to them. The workforce management team used a tool to support them to optimise call handling to ensure capacity was always available. They undertook work to optimise the gaps in call volume to increase the workforce and meet demand.

Effective staffing

Most staff had the skills, knowledge and experience to carry out their roles.

- Staff received and kept up to date with their mandatory training. The information we used in this paragraph came from the data provided to our CQC hospital colleagues for their inspection report. The trust target for mandatory training was 85%, average compliance for staff in the emergency operations centre (EOC) was 92%. Staff we spoke with said they were given time to complete training. We found that there were appropriate mandatory training modules in place, including dementia awareness, level one resuscitation and business continuity management which was service specific. Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. Mental capacity act training was completed as part of the mandatory training. Managers monitored mandatory training and alerted staff when they needed to update their training. The service had a plan in place to ensure all staff had opportunities to complete training and completion rates were monitored monthly. They planned for all staff to have completed mandatory training modules by 30 September 2022.
- The service employed health advisors and advanced call-handler expert (ACE's). After speaking with staff, we were clear what decisions these groups of staff could make regarding call handling. However, we then spoke to the next level of staff, Senior Health advisors (SHA). We were not assured of the training and competency of the role. After discussing the role with some of these members of staff they told us different accounts as to how they were assessed as competent. The SHAs were originally ACE's and were given a day observing another SHA and a day where they were supervised for the role. Then they were given the role of a SHA (the amount of time varied depending on who you spoke with, some said two days observing and two days supervised). We spoke with a training officer who was not clear on the training for this role. They said that they believed originally SHAs received a training course then subsequent intakes of SHAs did not.
- We asked for the job description of the SHA role. This stated that training would be provided beyond that of a traditional health advisor enabling them to deliver elements of health and social care which had only previously been in the remit of registered professionals. We asked for samples of training records and audits for SHAs from the trust and did not receive this information.
- The EOC overall had achieved 85% of appraisals completed, which was in line with the trust target of 85%. Health advisor compliance was above the trust target at 88%, senior health advisors were below the target at 79%.

Requires Improvement

Are services effective?

- However, clinical staff appraisals did not meet the trust target of 85%. The trust provided a range of clinical staff compliance rates for appraisals. We looked at the average of clinical advisory job roles and found appraisal rate compliance was below the trust target at 65%. Only one clinical staff group met the trust's target; advanced practitioner nurses appraisal compliance was 95%. Three clinical staff groups which represented the majority of clinical staff achieved a compliance of between 73% and 79%.

Coordinating care and treatment

Staff worked together and worked well with other organisations to deliver effective care and treatment. Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff. They did the best they could to provide care in a timely and accessible way.

- We viewed records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. Staff communicated with patients' registered GPs so that they were aware of any need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary.
- There were established pathways for staff to follow to ensure callers were referred to other services for support as required. During the inspection we observed health and clinical advisors move patients through the clinical assessment pathway and advise them of the appropriate service to meet their needs. For example, an urgent care centre or an accident and emergency department. Calls were automatically routed to the correct telephone line, and health advisors who were dual trained could follow the correct pathway without the need to transfer the call to a different line.
- There were clear and effective arrangements for booking appointments, transfers to other services, and dispatching ambulances for people that required them. Staff could make direct referrals and/or appointments for patients with other services.
- The service met regularly with commissioners to discuss and review all aspects of performance and clinical governance.
- Issues with the Directory of Services (this is a system which provides real time information about available services and clinicians across all care settings that are available to support a patient as close to their home as possible) were reported in a timely manner.

Helping patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- The service identified patients who may be in need of extra support. The clinical system had a 'flag' option. The flags contained information about patients such as those on end of life pathways. An alert appeared when staff opened the patient's record with relevant details of any extra support necessary
- Where appropriate, staff gave people advice so they could self-care. There were pathways available to facilitate this and information regarding services available in the local area.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.

Requires Improvement

Are services effective?

- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The provider monitored the process for seeking consent appropriately.

Good

Are services caring?

We rated the service as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. We observed a number of calls to the service and found staff were patient, calm, caring and compassionate at all times.
- The service gave patients timely support and information. Call handlers gave people who phoned into the service clear information. There were arrangements in place to support staff to respond to people with specific health needs such as end of life care and mental health needs.
- The results of the quarter four 2021/2022 NHS Friends and Family Test showed when asked how your experience of the NHS 111 service was, 80.3% of respondents gave a positive outcome (472 responses received).
- The results of June 2022 NHS Friends and Family Test showed that 80.7% (125 of 155 responses) of respondents received a very good or good experience of the NHS 111 service.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. Health advisors were able to contact an external organisation to arrange for an interpreter.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff respected confidentiality at all times.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately, clinical staff could describe the process for consent to us.

Requires Improvement

Are services responsive to people's needs?

Requires Improvement

We rated the service as requires improvement for providing responsive services.

- People could not always access care and treatment at a time when they needed it. The service were not meeting national targets, although plans were in place and some progress had been made to address this.

Responding to and meeting people's needs

The provider organised and delivered services to meet patients' needs. They took account of patient needs and preferences.

- The provider understood the needs of its population and tailored services in response to those needs. The managers of the service told us they had worked with local commissioners to secure investment to improve the service provision for the emergency operations centre (EOC) to meet the increased demand for their services since the pandemic. Significant planning had been put in place and extra recruitment and training of staff was in progress. The plans had also included the opening of the third call centre at Winter House to give more resilience and flexibility to recruit staff and have an extra call centre for emergency planning.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. The 'special notes' system meant that information was available to health advisors and clinical advisors at the time the patient or their carer contacted the service. This assisted staff to safely manage their needs.
- Care pathways were appropriate for patients with specific needs, for example, those at the end of their life, babies, children and young people.
- Call handlers had training to help them identify and support confused or vulnerable callers. Calls could also be transferred to a clinical advisor for further assessment.
- The service provided staff with supporting guidance around communication. This contained information on communicating with people who had a visual impairment, people with a hearing impairment, people who were blind, how to guide people through a call, people with assistance dogs and faith and cultural issues covering healthcare, when entering a home and customs around death. The document also had links to language line and the unique codes / pin numbers staff could use for various languages to obtain an interpreter.
- Patients who had speech or hearing difficulties were flagged with directions for staff as to what to do when they called the service.
- Staff had access to language line and could request interpreting services for 228 different languages through conference calling, allowing them to triage patients appropriately.
- During our previous inspections in March 2016 and September 2018 we found that noise levels at the Russell House call centre were high during busy periods. We asked about this issue at this inspection. Staff told us that specialist contractors had completed actions to improve noise levels. This included indoor plants, electronic noise reduction equipment and all staff had desk dividers between desks. Staff told us that noise levels were still high compared to the other two call centres but had improved.
- The service was able to refer urgent repeat prescriptions to pharmacies; meaning patients did not have to wait for a consultation with an out of hours GP for this to be arranged.

Timely access to the service

People could not always access care and treatment at a time when they needed it, in line with national standards, however, the service aimed to provide the right care in a timely way and people with urgent needs had their care and treatment prioritised.

Requires Improvement

Are services responsive to people's needs?

- The NHS 111 service operated 24 hours a day, every day of the year for patients living in the North East of England. Access was via a free-of-charge telephone number.
- Calls were answered at either of three call centres; in Newburn, Newcastle upon Tyne, Hebburn, South Tyneside or Winter House, Teesside.
- Demand was continually monitored to help the service respond appropriately.

Patients generally had access to initial assessment, diagnosis and treatment. We found the most recent results for the service for a year (July 2021 – June 2022) showed the provider was not meeting the following national performance indicators:

- The average call answer time was 1007 seconds against a target of 20 seconds.
- The percentage of calls abandoned was 38.10% against a target of 3% (calls received 1,162,390).
- 35.13% of calls were dealt with by a clinician or clinical advisor against a target of 50%.
- On average the service triaged 101% calls they answered.
- 108,192 ambulance dispatches.

For all areas, the service were outside of target range, however for the most recent performance month of August 2022 the service saw some improvements to the performance figures, except for calls dealt with by a clinical advisor.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaints policy and procedures were in line with recognised guidance. The service sent to us seventeen complaints we identified in relation to the NHS 111 service from January to July 2022.
- The main themes from the complaints were regarding delays in how long it takes the NHS 111 service to call patients back, after receiving the initial call. In a few instances the complaint was that no call back had been received. There were complaints about delays in being able to get through to the NHS 111 service.
- We reviewed the response letters to the two most recent complaints in the EOC which provided a sincere apology and findings and learning identified during the complaint.
- The service learned lessons from individual concerns and complaints and from analysis of trends, then acted as a result to improve the quality of care. Improvements included introducing a communications support guide using NHS easy read images to assist staff when communicating with patients who may have had communication difficulties and reminding staff that in the event that a main concern could not be fully established, it was appropriate to seek guidance from a clinician.

Requires Improvement

Are services well-led?

We rated the service as requires improvement for being well-led

- Some of the systems and policies in place did not support good governance and management.
- The processes for managing risks, issues and performance could be improved.

We used information in this section which was provided to our CQC hospital colleagues for their inspection report for the emergency operations centre (EOC).

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care

- Managers had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about the key performance issues in the service and had plans in place to make changes. They understood the challenges and were addressing them.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Managers were accessible throughout the operational period, with an on-call system that staff were able to use.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- The vision and strategy were focused on the 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. There was a trust strategy for 2021-2026 which referenced overarching plans for the trust, including the EOC. It included a mission statement, vision and values which were about safe, effective, responsive and quality of care. The overarching strategy had been developed with consideration of local system partners and the ambitions of the trust were described in four key areas, with patients at the centre; people, partners, performance, and quality and safety. There were nine underpinning delivery plans to turn the strategy into action. We found that updates had been given to the trust board about the nine delivery plans in June 2022 and operational plans had been developed for 2022-2023. The EOC had an improvement proposal to make improvements to the delivery of its purpose; to ensure the right care is given at the right time for patients. The proposal was in draft, and had not been fully completed, however it had considered the impact of operational issues such as processes, structure and people and culture.
- The service at the time of our inspection were holding transformation workshops for staff to complete an in-depth examination into the improvements required to help determine and define the areas of improvement required in the next six to 12 months. Not all operational staff were involved, however clinical staff and managers were given the opportunity to attend and cascade the information back to all staff.

Culture

Staff we spoke with said they felt respected, supported and valued. They focused on people's needs.

- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- The service had an open culture where patients, their families and staff could raise concerns without fear. However, trust wide, staff told us about cultural issues regarding bullying and harassment. During the inspection, staff told us morale was generally good across the emergency operations centre (EOC).

Requires Improvement

Are services well-led?

- Staff we spoke with said there were processes for providing staff with the development they need. However, some internal appraisal targets were not met for certain groups of staff. Staff were supported to meet the requirements of professional revalidation where necessary.
- Staff said they didn't always necessarily have team meetings as the nature of the role made this difficult, however communication was good, and they received information they needed. They were aware of who the speak up guardian was.
- Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. Staff were supported when they were involved in a traumatic incident, complaint or investigation. Staff told us that they had been supported by managers and staff when they had issues at home which they needed support with.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams. However, staff did tell us that the higher-level managers, in particular the board of the trust, were not visible to staff.
- CQC conducted a survey for staff in NEAS in August 2022. There were 481 responses, 23% were from the EOC. Across all respondents, over 80% of staff said they had experienced harassment, bullying or abuse at work from managers or colleagues less than two times and nearly 50% of staff felt that the organisation did not treat people with respect and did not take action to reduce bullying and harassment. 41% of staff did not report the last time they experienced harassment, bullying or abuse.

Governance arrangements

Some of the systems and policies in place did not support good governance and management.

- There were no meetings in place for non-clinical staff. There were gaps in the senior management team (SMT) meetings. For the EOC governance meetings there had been weekly meetings in May 2022, where performance was discussed, however the next meeting minutes were from July 2022. We did not see meeting minutes between these dates and the trust did not provide any narrative to explain the gaps in SMT meetings. We reviewed the action log from the SMT meetings and found the log contained action owners, updates and timescales. This had been updated on a regular basis until the end of May 2022. However, in line with the gap in SMT meetings, no actions had been added to the register since May 2022. We did not see evidence of an alternative mechanism to monitor and act on performance and risk. We reviewed minutes from four EOC governance meetings that took place between May and July. The EOC change approval board had monthly meeting and was held in May and the July 2022. We were not assured that all meetings to support the development and delivery of the service were held at appropriate times to ensure timely review and escalation of issues and improvements. There were no regular staff meetings held for call taking staff.
- Leaders did not operate effective governance processes. We found inconsistent approaches to safeguarding and significant events processes.
- The management of the EOC told us they had recently devised a governance framework template which was still in the planning stages; they planned to use this and supplied us with a copy. It was to pull together all of their governance such as staffing, vacancies, recruitment, sickness and complaints.

Managing risks, issues and performance

- There were some processes for managing risks, issues and performance but these could be improved.
- Although key performance indicators (KPIs) were not being met and there were insufficient staffing levels, there were processes in place to address this. These were being worked through and staff told us improvements were starting to be seen.

Requires Improvement

Are services well-led?

- However, we spoke with senior managers and workforce planners and we found it difficult to understand how the numbers of staff required were being calculated. Depending on who we spoke with, the numbers of staff in post or the trajectory for the future were different.
- There were other gaps in the system on the service risk register which were not being addressed and the issues had been on the register for some time.
- There was a major incident plan in place. This was version controlled and due for review in December 2022. The major incident plan was based on the joint emergency services interoperability principals (JESIP) of co-locate, communicate, co-ordinate, jointly understand risk and shared situational awareness. There was a testing exercise plan that was in line with national guidance and included communication exercises, tabletop exercises and live exercises. We found there had been a communication exercise in May 2022; this was in line with the major incident plan to be tested every six months. However, the action plan following the exercise had not been completed and there was limited evidence of monitoring.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- There was a call handling performance dashboard that gave managers and leaders the information they needed to monitor KPIs. This meant they could identify trends in data and monitor this based on individual team performance.
- From the meeting minutes we reviewed we found that managers had access to recent performance data and information.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The service used the results of the NHS friends and family survey as feedback.
- The trust carried out a staff survey in 2021, they supplied us with meeting minutes from July 2022 where next steps and key considerations were discussed from the survey. From this the meeting they concluded that further analysis was necessary and the transformation meeting with staff were to take place, which were happening when we carried out our inspection in September 2022.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- The COVID -19 pandemic had been a challenge nationally for all ambulance trusts. The volume of calls had increased dramatically.
- The service could give examples of how they were improving the service and recruiting and training staff. They were looking at new ways for clinical staff working to improve the number of clinical staff. Performance targets had begun to improve as a result of this investment.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents Requirements in relation to staffing. **How the regulation was not being met:** • There were not sufficient numbers of suitably, qualitied, competent, skilled and experienced persons deployed. This was in breach of Regulation 18 (1), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Service users must be protected from abuse and improper treatment **How the regulation was not being met:** • The service did not have systems and processes in place that operated effectively to prevent abuse of service users. This was in breach of Regulation 13 (1) & (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Requirement notices

Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

How the regulation was not being met:

- Systems and processes were not established and operated effectively to assess, monitor and improve the quality and safety of the services provided in the carrying on of regulated activities, in line with national guidance and frameworks.

This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.