



CATEGORY OF PAPER					
Specific action required:		Provides Assurance:	✓	For Information:	✓

Board of Directors' Meeting – 26/09/2019	
Report title:	Care Quality Commission - Update Report
Purpose of report:	The purpose of the report is to provide the Trust Board with an update in relation to the unannounced inspection which took place in the Emergency Operations Centre on 3 rd June 2019.
Key issues:	<p>The Care Quality Commission carried out an unannounced Responsive Inspection of the Emergency Operations Centre (Bernicia House and Russel House) at 6.30pm on Monday 3rd June 2019.</p> <p>This inspection was in response to patient safety concerns that they had directly received and which related to the management of medicines, staff competencies, inappropriate triaging, training and poor culture.</p> <p>The draft report was received on 21st August for factual accuracy checking and it was pleasing to note that the allegations made to the CQC had been unfounded.</p> <p>The focussed inspection provided assurance that the service was safe, effective and well-led.</p> <p>However, the following 2 areas of improvement were identified by the inspection team:</p> <p>Action the Trust MUST take to improve:-</p> <p>Under the Health and Social Care Act 2008 Regulation 19 1(b), 2:- Fit and Proper Persons</p> <ul style="list-style-type: none"> The inspection team found that the clinical job descriptions, rotas and clinical staff list did not reflect the new integrated role for GPs and doctors in CAS due to the incorrect usage of the GP job title. It was requested that the Trust amend the clinical job description and all related documents to reflect the integrated clinical role. <p>Action the trust SHOULD take to improve:</p> <p>The Trust should ensure that all staff are following North East Ambulance Service standards during break periods.</p> <p>An action plan has been developed to address these 2 areas and submitted back to the CQC (well before their deadline of 16th October 2019).</p> <p>The final report is now published on the CQC web-site.</p>
Issue previously considered by:	EOC Senior Management Team Executive Team
Recommended actions:	The Board is asked to note the report for information and to gain positive assurance.

Sponsor / approving director:	J Baxter, Director of Quality and Safety					
Report author:	P Gent, CQC Monitoring and Compliance Lead					
Governance and assurance						
Link to Trust Priorities: <i>(please tick)</i>	Organisational Sustainability	Improving Quality & Safety	Workforce & Investors in People	Clinical Care & Transport	NHS 111 & Clinical Assessment Service	Comms & Engagement
	✓	✓	✓	✓	✓	✓
Link to CQC / KLOE: <i>(please tick)</i>	Caring		Responsive	Effective	Well Led	Safe
	✓		✓	✓	✓	✓
Link to Trust values: <i>(please tick)</i>	Pride	Strive for excellence	Respect	Compassion	Take responsibility & be accountable	Make a difference – day in & day out
	✓	✓	✓	✓	✓	✓
Any relevant legal / statutory issues?	Registration with the CQC as a regulatory body requires compliance with the Fundamental Standards. Failure to meet these regulations could result in the CQC exercising its Enforcement powers.					
Equality analysis completed If this is not relevant please explain why:	Yes		No	Not Relevant		
				✓		
Key considerations	Details					
Confirm whether any risks that have been identified have been recognized on a risk register and provide the reference number:	No risks identified					
Please specify any Financial Implications Please explain whether there are any associated efficiency savings or increased productivity opportunities?	None identified					
Are any additional resources required e.g. staff capacity?	None					
Is there any current or expected impact on patient outcomes/experience/quality?	Quality of services and experiences/outcomes will be enhanced and improved for patients (in terms of patient safety, clinical effectiveness, patient experience) in line with the achievement of a Good or Outstanding CQC Inspection result.					
Specify whether appropriate clinical and/or stakeholder engagement has been undertaken:	Engagement and collaborative working has been carried out with core service leads from within the organisation.					
Are there any aspects of this paper which need to be communicated to our stakeholders (internal or external)?	Yes		No	Positive	Negative	
			✓			
	Proactive		Reactive	Internal	External	
✓				✓		

Trust Board Meeting
CQC Update Report – Unannounced EoC Inspection
26th September 2019

1. Introduction

The purpose of the report is to provide the Trust Board with an update in relation to the focused unannounced inspection which took place in the Emergency Operations Centre on 3rd June 2019.

2. Key issues

An unannounced focussed inspection of the EOC (Bernicia House and Russel House) was carried out by a CQC team (3 individuals) at 6.30pm on Monday 3rd June – this was in relation to a patient safety concern that they had directly received and which related to the management of medicines, staff competencies, inappropriate triaging, training and poor culture.

The draft report was received on 21st August 2019 for factual accuracy checking and it was pleasing to note that the allegations made to the CQC had been unfounded.

The focussed inspection provided assurance that the service was safe, effective and well-led.

There were no matters of factual accuracy to report back to the CQC and the final report is now published on the CQC web-site.

During the inspection the CQC Team found:

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

However, the following 2 areas of improvement were identified by the inspection team:

Action the Trust **MUST** take to improve:-

Under the Health and Social Care Act 2008 Regulation 19 1(b), 2:- Fit and Proper Persons

- The inspection team found that the clinical job descriptions, rotas and clinical staff list did not reflect the new integrated role for GPs and doctors in CAS due to the incorrect usage of the GP job title. It was requested that the Trust amend the clinical job description and all related documents to reflect the integrated clinical role.

Action the trust **SHOULD** take to improve:

The Trust should ensure that all staff are following North East Ambulance Service standards during break periods.

An action plan has been developed to address these 2 areas and submitted back to the CQC (well before their deadline of 16th October 2019).

1. Must Do:- Staff lists and rota sheets have been updated to reflect the integrated clinical role and work is going in partnership between EoC management and the HR team to update the job description.
2. Should Do:- Staff within the EoC have been sent communication reminding them of the correct break and time management procedures and the importance of taking their breaks. Contracts for the sessional registered medical practitioners have been reviewed by the HR Business Partner and details with regards to breaks is included therein.

3. **Strategic impact**

It is essential to ensure ongoing compliance against the Fundamental Standards in order to maintain registration, the current 'Good' rating with CQC and to make steps to improve to an 'Outstanding' rating.

4. **Risks**

Failure to provide assurance to the CQC or comply with the Fundamental Standards could lead to the CQC exercising its Enforcement powers.

5. **Recommendations**

The Board is asked to note the report for information.

P Gent
CQC Monitoring and Compliance Lead