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North East Ambulance Service NHS Foundation Trust

# North East Ambulance Service

## Quality report

Bernicia House
Goldcrest Way
Newburn Riverside
Newcastle Upon-Tyne
NE15 8NY

Tel: 0191 430 2000
https://www.neas.nhs.uk

Date of inspection visit:
03 June 2019

Date of publication:
<xxxx> 2016

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

| | |
|---|---|
| **Overall rating for this hospital** | **Choose a rating** ● |
| Emergency operations centre | Choose a rating ● |

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## Letter from the Chief Inspector of Hospitals

The Care Quality Commission (CQC) carried out an unannounced inspection at the North East Ambulance Service NHS Foundation Trust on 03 June 2019 following information of concern being received.

North East Ambulance Service NHS Foundation Trust was subject to a comprehensive inspection in October 2018. We did not gather sufficient evidence to impact upon trust ratings from this inspection. During this inspection we visited the emergency operations centre.

We were notified of patient safety concerns relating to the management of medicines, staff competencies, inappropriate triaging and poor culture. This focussed inspection provided assurance the service was safe, effective and well-led.

We will continue to monitor the trust's action plan through our routine engagement with the trust.

**Professor Edward Baker**
Chief Inspector of Hospitals

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## Our judgements about each of the main services

| Service | Rating | Why have we given this rating? |
|---|---|---|
| Emergency Operations Centre | Choose a rating ● | Medicines were managed in line with the North East Ambulance Service medicines policy.<br>Systems were in place to access and monitor each training module and identify any at themes or trends relating to training attendance.<br>We found that 80% of all call handlers were dual trained and could work with both 111 and 999 calls. There were call audits undertaken to monitor the 111 service and the 999 service.<br>Clinical Assessment Unit (CAS) was a new service procured against a national specification and piloted by the trust.We found that the clinical job descriptions, rotas and clinical staff list did not reflect the new integrated role for GPs and doctors in CAS due to the incorrect usage of the GP job title and CQC requested this be amended following the inspection.<br>Appropriate induction and assessment processes were in place. There were processes in place to monitor competencies and to address competency failings if they occurred.<br>The trust had recent issues of bullying and harassment. However, the trust had dealt with these promptly and appropriately.<br>Concerns were raised that not all staff followed the emergency operations centre standards during break periods. This was raised with a senior member of staff following the inspection. |

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# North East Ambulance Service

Choose a rating ●

## Detailed findings

**Services we looked at**
Emergency Operations Centre

## Contents

**Summary of this inspection** Page

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# Background to North East Ambulance Service

The North East Ambulance Service NHS Foundation Trust was authorised as a Foundation Trust in November 2011 and is one of ten ambulance services in England, covering an area of around 3,230 square miles. The trust serves a population of more than 2.71 million people and employs more than 2,500 staff including volunteers.

The trust operates across Northumberland, Tyne and Wear, County Durham, Darlington and Teesside. It provides an unscheduled care service to respond to 999 and a scheduled care service which provides pre-planned non-emergency transport for patients in the North East region (patient transport service).

The trust also delivers specialist response services through the Hazardous Area Response Team (HART). HART units are made up of specially trained paramedics who deal with major incidents. The front-line services are delivered from 55 stations across the North-East region.

Since 2013 the trust has delivered the NHS 111 service for the region. The service operates 24 hours a day, seven days a week, helping patients who need medical help fast but do not need to call 999 – as well as anyone who is unsure which service to use. The service has developed over the years to provide patients with greater access to a range of clinicians for advice and support.

The trust operates two out of hours services in the region, in South Tyneside and North Tees, alongside partner organisations. As part of these services, the trust provides out-of-hours home visiting and telephone assessment services.

# Our inspection team

Our inspection team was led by:

**Head of Hospital Inspections:** Sarah Dronsfield, Care Quality Commission

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

# How we carried out this inspection

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

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

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

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

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# Overview of ratings

Our ratings for this hospital are:

| | Safe | Effective | Caring | Responsive | Well-led | | Overall |
|---|---|---|---|---|---|---|---|
| **Emergency Operations Centre** | Choose a rating | Inspected but not rated[1] | Choose a rating | Choose a rating | Choose a rating | | Choose a rating |
| | | | | | | | |
| **Overall** | Choose a rating | Choose a rating | Choose a rating | Choose a rating | Choose a rating | | Choose a rating |

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# Emergency Operations Centre

| | | |
|---|---|---|
| Safe | Choose a rating | ● |
| Effective | Choose a rating | ● |
| Caring | Choose a rating | ● |
| Responsive | Choose a rating | ● |
| Well-led | Choose a rating | ● |
| Overall | Choose a rating | ● |

## Information about the service

The emergency operation centre (EOC) is run as a virtual centre currently across two locations Bernicia House, Riverside Newburn and Russell House at Hebburn and it functions 24 hours a day, 365 days a year. In October 2018 an additional third site came online in the south of the region to support the increase in clinical activity specified for the newly awarded 111 contract that commenced in October 2018.

Functioning within the EOC are the scheduled and unscheduled care Services for 999, 111 services and a clinical advisory service (CAS). The CAS supports both 999 and 111 calls and workflow and delivers two out of hours contracts in the South of Tyne and North Tees area.

In addition to the health advisors and clinicians who directly manage the calls that come into the services the staffing within the EOC includes a dispatch team, workforce management team, special patient notes team, training team and a systems administration & business continuity team all of whom are supported by the EOC administrative and senior management team.

## Summary of findings

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

- Medicines were managed in line with the North East Ambulance Service medicines policy.
- Systems were in place to access and monitor each training module and identify any at themes or trends relating to training attendance. The training system followed a RAG (red, amber, green) coding system to highlight training that was completed, due or overdue. This allowed the trust good oversight of training compliance and no issues where found.
- We found that 80% of all call handlers were dual trained and could work with both 111 and 999 calls. Staff operated on the basis that no matter what number the public called, they would be treated according to the most appropriate pathway.
- There were call audits undertaken to monitor the 111 service and the 999 service. The trust was about to commence call audits for advanced practitioner and doctors clinical advice calls through a monitoring tool.
- CAS was a new service procured against a national specification and piloted by the trust. Following the pilot the the trust won the contract for the North East.
- Appropriate induction and assessment processes were in place.
- There were processes in place to monitor competencies and to address competency failings if they occurred.

- North East Ambulance Service had created standards and competencies for advanced practitioners.
- Staff told us that the the culture within the emergency operation centre was very good and supportive.
- We were advised that culture checks were undertaken through the annual staff survey and quarterly listening events were in place. Nothing of concern was highlighted by managers or staff within the service.
- The trust had recent issues of bullying and harassment. However, we observed that the trust had dealt with these promptly.

However:

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

## Are emergency operations centre services safe?

Choose a rating ●

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

- Medicines were managed in line with the North East Ambulance Service medicines policy.
- Systems were in place to access and monitor each training module and identify any at themes or trends relating to training attendance. The training system followed a RAG (red, amber, green) coding system to highlight training that was completed, due or overdue. This allowed the trust good oversight of training compliance and no issues where found.
- We found that 80% of all call handlers were dual trained and could work with both 111 and 999 calls. Staff operated on the basis that no matter what number the public called, they would be treated according to the most appropriate pathway.
- There were call audits undertaken to monitor the 111 service and the 999 service. The trust was about to commence call audits for advanced practitioner and clinical advice calls through a monitoring tool.
- The CAS consists of a team of professionals, including paramedics, nurses, advanced practitioners, GPs and clinical specialists who provide enhanced clinical support to call handlers and patients ringing NHS111 and 999. They were the gatekeeper to the wider urgent care system, facilitating onward referral for patients, where necessary, to a range of primary and secondary care services.
- CAS was a new service procured against a national specification and piloted by the trust. Following the pilot the the trust won the contract for the North East.

However;

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

**Medicines**

- Staff in the emergency operations centre (EOC) followed NHS pathways in relation to medicines. Advice regarding over the counter medicines was provided using the direct care advice on the NHS Pathways system.

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

**Mandatory training**

- A manger told us that clinical training could be transferred from their main employer. However, it had been recognised that practitioners were not prompt at providing their certificates. This was being addressed by the clinical lead. We saw evidence of training compliance during the inspection.
- Systems were in place to access and monitor each training module and identify any at themes or trends relating to training attendance. The training system followed a RAG (red, amber, green) coding system to highlight training that was completed, due or overdue.
- We were advised that historic training consisted of eLearning and a workbook which staff worked using scenarios. However, staff voiced that they benefited more from classroom training. As a result, the trust re-introduced classroom training.

**Assessing and responding to patient risk**

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

**Nursing staffing**

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

**Medical staffing**

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

## Are emergency operations centre services effective?

Choose a rating ●

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

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

**Competent staff**

- We were advised by staff we spoke to that they responded to risk and that they felt competent in their role. However, there was a reasonably high proportion of new staff.
- Staff completed an induction course of six weeks which included intensive training in the 'academy grad bay'. New staff did not pass beyond the 'grad bay' until they were signed out and deemed competent.

- We were advised that all work was audited, and any failed audits or errors resulted in call handlers returning to the grad bay for further training. This would be completed on two occasions prior to capability processes being invoked.
- Call handlers were supported by advanced practitioners (one practitioner supporting three handlers) and appropriately trained doctors (one doctor supporting two handlers) through day and night shifts.All team leaders were accessible and contactable to provide support and advice.
- The new post for medical lead was responsible for developing a standard for doctors. The CAS was a work in progress and it was felt that introducing doctor (GP) standards would strengthen the CAS.
- North East Ambulance Service was in the process of creating standards and competencies for advanced practitioners because there was no national standard.
- The new medical lead and service line manager undertook advanced practitioner appraisals and competency checks. The emergency operations strategy manager received an overall summary which was monitored on a weekly basis.

## Are emergency operations centre services well-led?

Choose a rating ●

We were notified of concerns relating to the culture of the organisation. During the inspection we found:

- The culture within the emergency operations centre was said to be very good and supportive.
- Culture checks were undertaken through the annual staff survey. Quarterly listening events were in place.
- The trust had recent issues of bullying and harassment. However, the trust had dealt with these promptly.

However:

- Concerns were raised that not all staff followed the emergency operations centre standards during break periods. This was raised with a senior member of staff following the inspection and action taken.

**Culture within the service**

- We were advised by staff we spoke with that the culture within the emergency operation centre was very good and supportive. The main concern related to the noise levels at Hebburn and we found that efforts were being made to address this.
- We were informed that the trust undertook culture checks by undertaking an annual staff survey. Quarterly listening events were held at the weekend and evenings.
- Team leaders had attended a wellbeing course and fedback positive outcomes. Staff appreciated that the trust was not only monitoring their work, but also looking after their wellbeing.
- Processes were in place to manage bullying and harassment. We were told there had been a recent bullying and harassment concern which had been dealt with promptly.
- There was a freedom to speak up guardian in post. In addition to this, the trust had recruited and trained internal mediators and could access external mediators when required.
- We were advised that when informal mediation was unsuccessful, any persistent problems would be dealt with by the human resources (HR) department. The HR department investigated formal grievances and had access to an external organisation if required.
- Staff advised that a new manager was in post and that there had been a boost in morale. Staff felt the new manager pushed employees a little further within their role and encouraged progression.
- There were no concerns raised in relation to staff accessing their breaks appropriately.

**Management of risk, issues and performance**

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

## Areas for improvement

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

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

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

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

This section is primarily information for the provider

# Requirement notices

## Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

| Regulated activity | Regulation |
|---|---|
| Treatment of disease, disorder or injury | Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 19 1 (b), 2<br>• We found that the clinical job descriptions, rotas and clinical staff list did not reflect The new integrated role for GPs and doctors in CAS due to the incorrect usage of the GP job title and requested this been amended following the inspection.<br>• The provider must amend the clinical job description and all related documents to reflect the integrated clinical role. (Reg 19) |