

NHS

**North East
Ambulance Service**

NHS Foundation Trust



CQC inspection update

March 2023

Ratings Summary

Are services **SAFE**? This rating has been downgraded from 'Good' to 'Requires Improvement'.

Are services **EFFECTIVE**? This rating has been downgraded from 'Good' to 'Requires Improvement'.

Are services **CARING**? This rating has remained as 'Good'.

Are services **RESPONSIVE**? This rating has remained as 'Good'.

Are services **WELL LED**? This rating has been downgraded from 'Good' to 'Inadequate'.

Service line Ratings Summary

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency operations centre (EOC)	Requires Improvement ↔ Jan 2023	Requires Improvement ↓ Jan 2023	Good ↔ Jan 2023	Good ↔ Jan 2023	Requires Improvement ↓ Jan 2023	Requires Improvement ↓ Jan 2023
Resilience	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016
Patient transport services	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016
Emergency and urgent care	Inadequate ↓↓ Jan 2023	Requires Improvement ↔ Jan 2023	Good ↔ Jan 2023	Requires Improvement ↓ Jan 2023	Inadequate ↓↓ Jan 2023	Inadequate ↓↓ Jan 2023

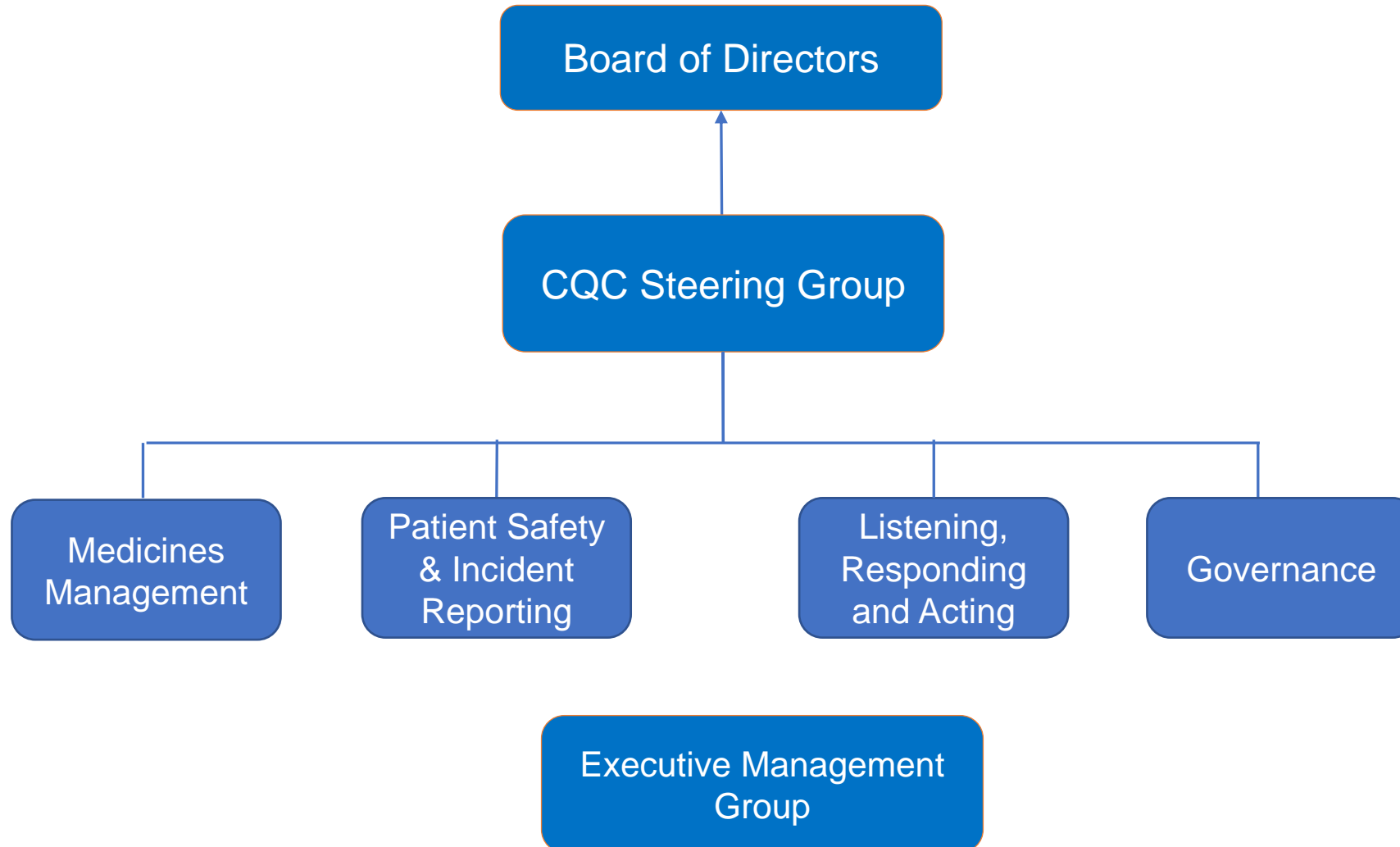
Key findings

- Medicine management systems are not operating effectively to ensure medicines are stored, managed and administered safely.
- Improvements needed to ensure effective systems and processes are in place to report, investigate and monitor incidents to prevent reoccurrence and to ensure lessons are learned.
- More effective systems are needed to listen, respond and act upon feedback from staff.
- Governance systems are not operating effectively to ensure risk and performance issues are identified, escalated appropriately, and addressed with timely action.

Our actions to date

- Board providing strong leadership and non-executive challenge to the work programme
- Additional support obtained across all workstreams
- Established CQC Steering Group, which will become Trust Improvement Board from 1st April
- All 'Must do' action plans submitted
- North East Commissioning Support unit (NECS) providing independent scrutiny and challenge
- Audit programmes established

Internal Governance Arrangements



Independent Assessment by NECS

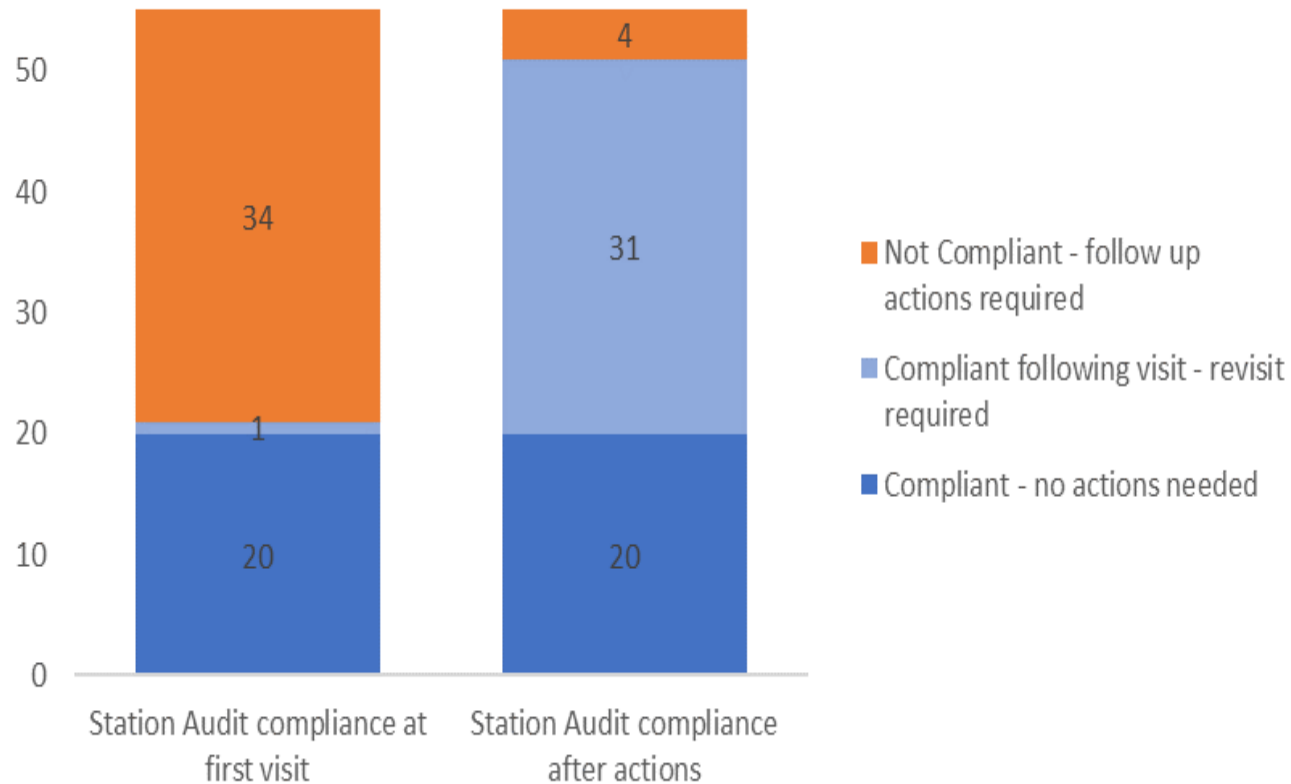
- All 41 CQC statements are addressed within the action plan
- It is evident that there has been issues with staffing levels and the required capacity to meet statutory obligations leading to backlogs and gaps in completion of processes - particularly relating to risk and incident reporting
- An audit schedule is in place across medicine management which will be key to assuring progress against actions
- Staff morale and motivation within the workstreams is positive and all staff have been open and honest and share a strong desire to improve the organisation
- There is strong commitment at a board level working together to challenge and improve
- A wider review of KPI's is required to ensure the 'health' of the organisation can be monitored on a proactive basis

Summary of Actions Taken: Medicines Management

- CQC Action plan submitted in December
- Rapid and significant investment in organisational capacity and infrastructure
- Short term resolution to controlled drugs in place and medium term resolution will be delivered by March 2023
- Controlled drugs lockers complete
- Programme of audits and compliance checks in place

Ambulance Station Audits – Overall Compliance

93% of stations were compliant with audits following visit actions



Source: Station audits and dashboard

- The report shows the overall compliance of the 55 NEAS ambulance stations following Medicines audits conducted in Q4 2022. New data will be available March 2023 for all stations
- The following areas were checked:
 - Fridges - temperatures, cleanliness and storage
 - Drug Bags – tagging, in-date drugs
 - Record Keeping – update and maintenance of drug bag logs
 - OOD / Red Tagged Drug Bags – tagged and segregated for return to pharmacy
 - Drug Room Security – locked drug room door
- The first chart shows the compliance level at the time of the first audit. The second chart shows the compliance level at the time of a second follow-up audit to check whether stations had successfully addressed areas of non-compliance identified during the first audit
- Compliance increased from 38% at the first visit, to 93% at the second visit

Progress with Medicines Management?

- Significant investment in internal capacity and infrastructure
- Increased challenge and scrutiny of internal practice from subject matter experts
- Improved data availability and audit of practices demonstrating increasing compliance
- Increased awareness from front line staff of the importance of safe and effective medicines management, and appropriate actions for non-compliance

Incidents - actions taken

- 10 year review of serious incident data (2012-2022) undertaken. Analysis identified the number of severe incidents as a percentage of all incidents reported by NEAS was comparable to North West Ambulance Service and London Ambulance Service
- Patient Safety Incident Response Framework (PSIRF) gap analysis complete
- Incident improvement event held in February 2023
- Additional capacity from NECS to support complaints backlogs, risk management and assurance. Expect incident backlog cleared by March 23
- Investment in additional capacity to support PSIRF implementation by September 2023
- New procedures relating to incident management have been reviewed and approved by the Policy Review Group

Listening, Responding and Acting - Staff Experience

- Staff Experience plan under development with our people
- Head of Culture & Staff Experience in place January 2023
- Additional Freedom to Speak Up Guardian in post February 2023
- Talent Management & Succession Planning approach agreed
- Transformation work commenced to address staff concerns relating to working patterns

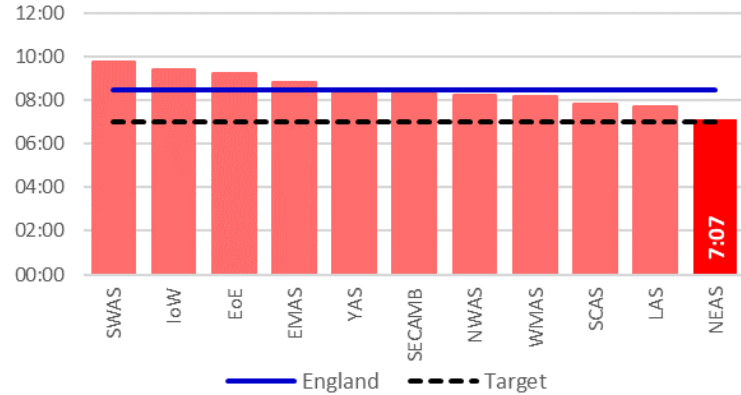
Governance Workstream

- Full independent governance review undertaken
- Rapid policy review program mobilised 93% of Trust policies and procedures are now in date.
- Trust Improvement Board to be established April 23

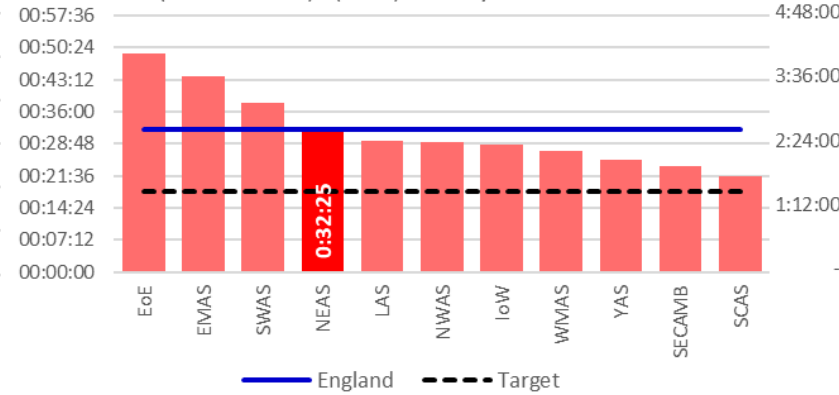
ARP Performance

January 2023

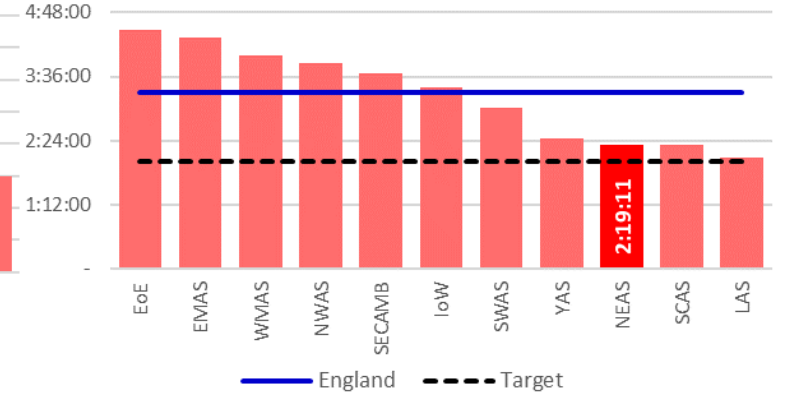
Category 1 Response Times - Mean response (min:sec) - (MTD) January 2022-23



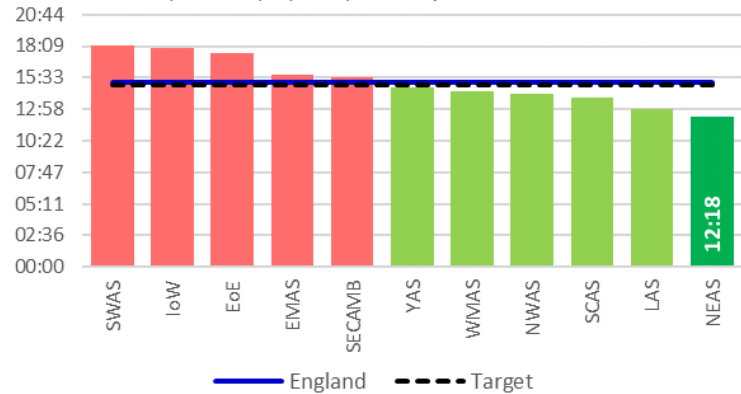
Category 2 Response Times - Mean response (hour:min:sec) - (MTD) January 2022-23



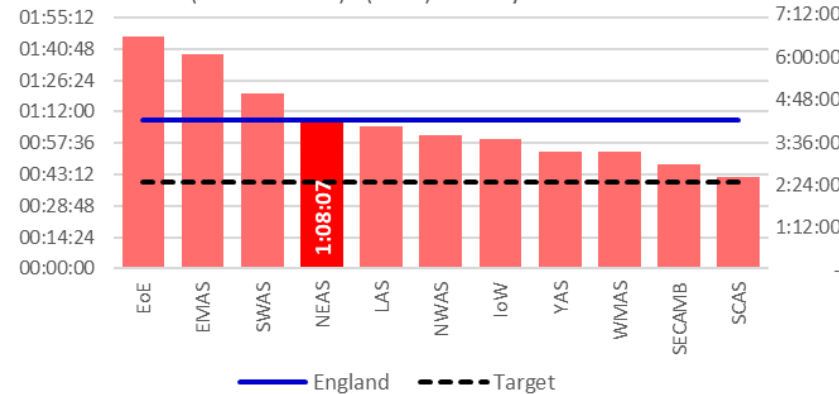
Category 3 Response Times - 90th centile response (hour:min:sec) - (MTD) January 2022-23



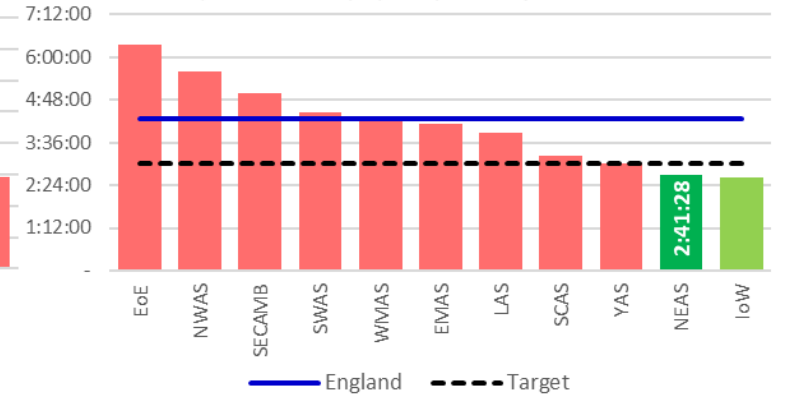
Category 1 Response Times - 90th centile response (min:sec) - (MTD) January 2022-23



Category 2 Response Times - 90th centile response (hour:min:sec) - (MTD) January 2022-23



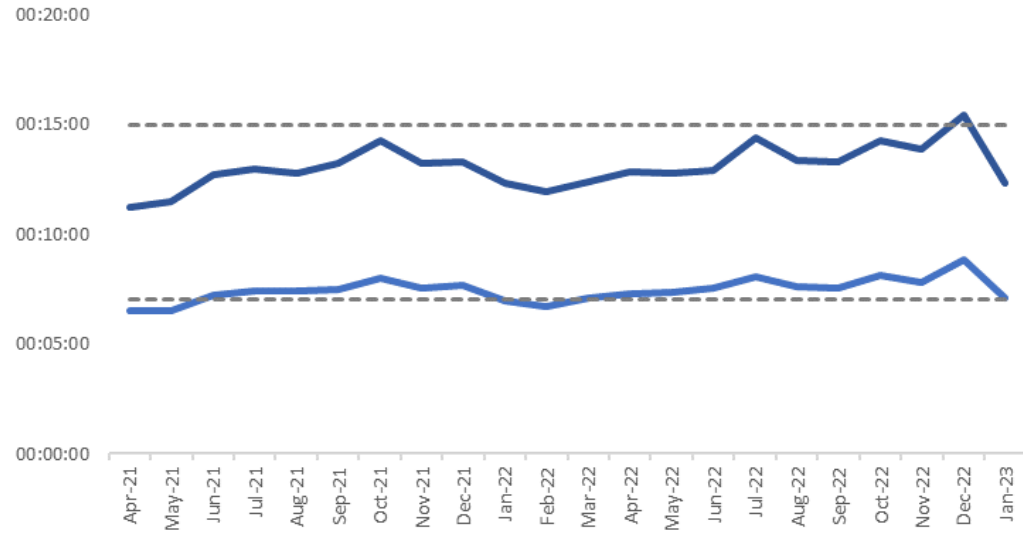
Category 4 Response Times - 90th centile response (hour:min:sec) - (MTD) January 2022-23



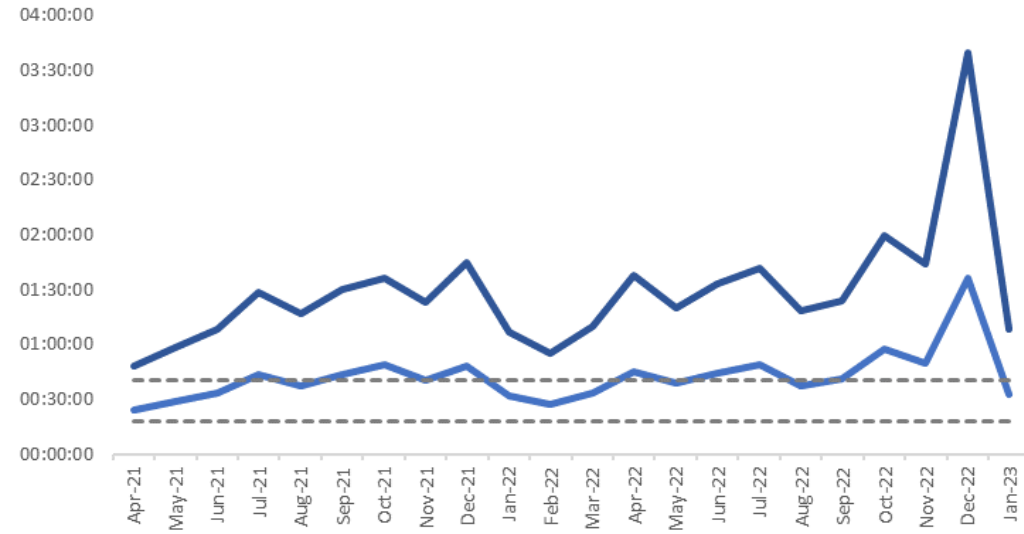
Source: NHS England, <https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/>

Response Times

C1 Mean and 90th Centile



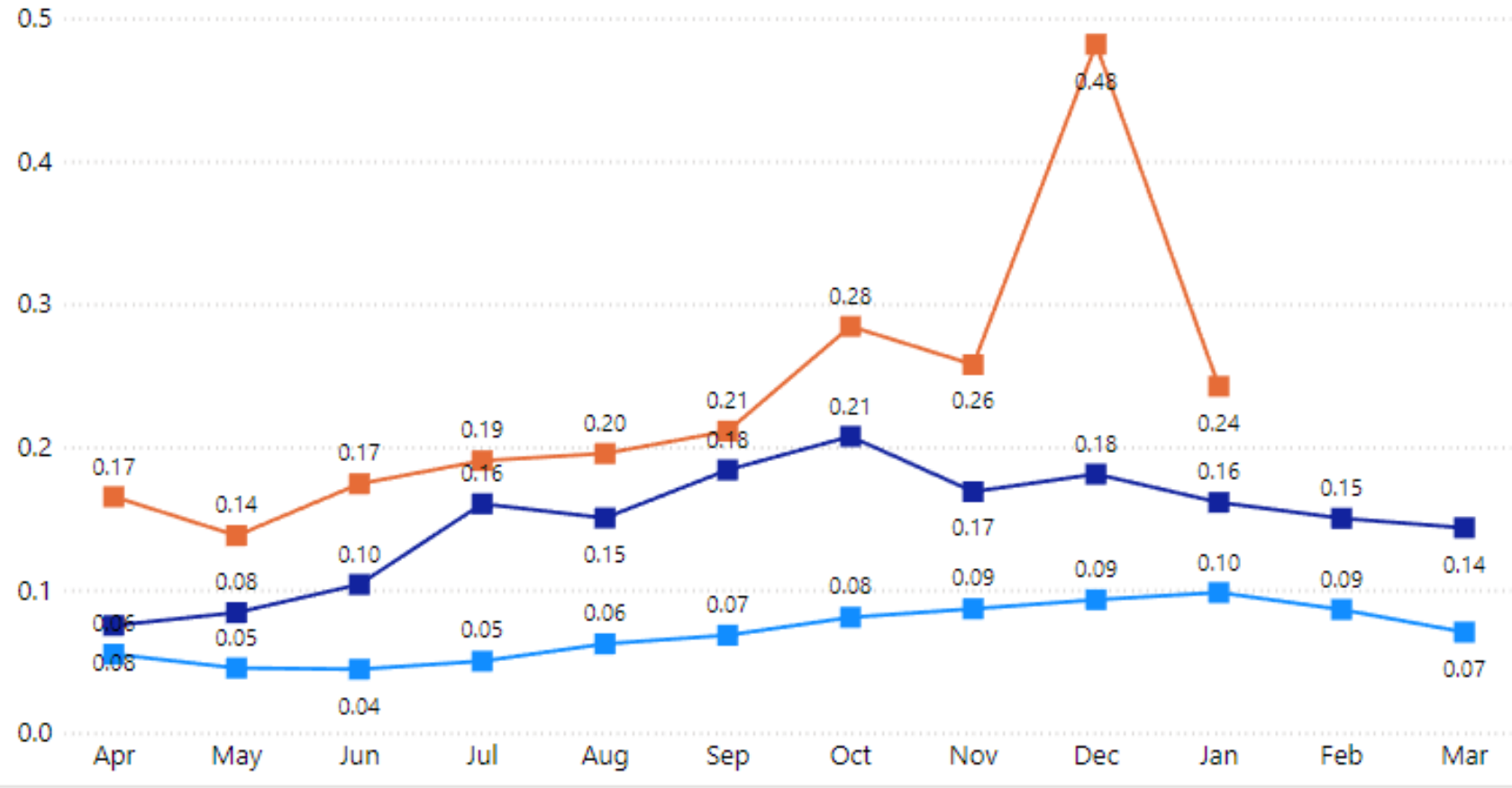
C2 Mean and 90th Centile



Ambulance Handovers

Average Time Lost for Handovers over 15 minutes per Handover (hh.h)

Financial Year — 2020/2021 — 2021/2022 — 2022/2023



Source: Association of Ambulance Chief Executives, NDOG6 Ambulance Hospital Times

Shared understanding of risk

Risks and Issues	Mitigations
Issue: Non recurrent financial settlement and subsequent impact on quality and performance improvement trajectories	Trust building investment request as part of planning round Continued conversations with system regarding Trust and System risks
Risk: Organisational capacity and resources to deliver change at pace	Exec Directors in place Feb 23 Full Team in place April 23 Board development plan in place



North East Ambulance Service

Bernicia House
Goldcrest Way
Newburn Riverside
Newcastle upon Tyne
NE15 8NY

T: 0191 4302099

E: publicrelations@neas.nhs.uk