Key Themes and Findings from the Ambulance Inspection Programme

Ellen Armistead, DCI

CQC INSPECTION FINDINGS – NHS AMBULANCE TRUSTS

NHS Ambulance Trust Provider Ratings

Provider Rating	Safe	Effective	Caring	Responsive	Well-Led	Overall*
London	Inadequate	RI	Good	RI	Inadequate	Inadequate
North East	Good	Good	Good	Good	Good	Good
Yorkshire	Good	Good	Good	Good	Good	Good
East Midlands	Inadequate	RI	Good	Good	RI	RI
East of England	RI	RI	Outstanding	RI	RI	RI
South East Coast	Inadequate	RI	Good	RI	Inadequate	Inadequate
South Central	Good	RI	Good	Good	Good	Good
South Western	RI	RI	Outstanding	Good	RI	RI
North West	RI	Good	Good	Good	RI	RI
West Midlands	Good	Outstanding	Outstanding	Good	Good	Outstanding

*Overall rating may have taken into account 111 services

All ratings are as of 07/02/2017

Ratings for Safe

Safe Rating	E&UC	EOC	PTS	Resilience	Overall*
London	Inadequate	RI	RI	Inadequate	Inadequate
North East	Good	RI	Good	Good	Good
Yorkshire	Good	Good	RI	Good	Good
East Midlands	Inadequate	RI	RI	N/A	Inadequate
East of England	RI	RI	RI	N/A	RI
South East Coast	Inadequate	RI	RI	N/A	Inadequate
South Central	Good	Good	RI	N/A	Good
South Western	RI	Good	RI	Outstanding	RI
North West	RI	RI	Good	N/A	RI
West Midlands	Good	Good	RI	Good	Good

*Overall rating may have taken into account 111 services

All ratings are as of 07/02/2017

Key findings for Safe

Areas for improvement:

- Nationally, staff numbers were inadequate and retention challenging (particularly in the emergency and urgent care service) as Paramedics are increasingly sought after to work in other non-ambulance service settings.
- Staffing shortages affected the ability of staff to take breaks and complete training, and resulted in staff working longer shifts.
- There were issues with all aspects of serious untoward incident management, with variable reporting, inadequate investigations and a lack of learning. Some providers had experienced a backlog in the investigation and closure of incidents.
- There was variable adherence to standards of Infection Prevention and Control (IPC) including access to training, inconsistent availability of hand gel dispensers and other equipment, and audit processes.
- Although there was some good practice, there was evidence that medicines are not always managed according to local or national guidelines
- There were issues with ensuring that vehicles are appropriately stocked and equipment was in good working order.

Key findings for Safe

- Compliance with training, including safeguarding and major incident training, was variable and was impacted on by inadequate staffing numbers and the geographical spread of the workforce.

However

- Adherence to the DoC was generally good with managers and senior staff demonstrating a good understanding of their duty. Knowledge and understanding at the frontline was more variable.
- Generally records were well completed, although there were issues around the safe storage of patient records.
- In the main, there was a good understanding amongst frontline staff of safeguarding and the procedures to follow, although compliance with formal training was variable.
- Although there were issues with staff training for major incidents, and some examples of out of date policies and procedures, we found examples of where major incidents and business continuity events had been dealt with effectively.

Ratings for Effective

Effective rating	E&UC	EOC	PTS	Resilience	Overall*
London	Inadequate	Good	Good	RI	RI
North East	RI	Good	Good	Good	Good
Yorkshire	Good	Good	Good	Outstanding	Good
East Midlands	RI	Good	Good	N/A	RI
East of England	RI	Good	RI	N/A	RI
South East Coast	RI	RI	Good	N/A	RI
South Central	RI	Good	Good	N/A	RI
South Western	RI	RI	RI	Good	RI
North West	RI	Good	Good	N/A	Good
West Midlands	Outstanding	Good	RI	Outstanding	Outstanding

*Overall rating may have taken into account 111 services
All ratings are as of 07/02/2017

Key findings for Effective

Areas for improvement:

- Performance against response times for E&UC targets was generally poor.
- Appraisal levels were low and there were issues with staff not receiving appropriate clinical supervision or support for training and development.
- Staff understanding of, and training in, the MCA was lacking.

However

- There was universally positive feedback regarding multi-disciplinary working relations both within the trust and with the acute, community and care home providers that staff came into contact with.
- People's care and treatment was planned and delivered in line with current evidence based guidance, standards and best practice and there was evidence that services contribute to local and national audits.
- Ambulance services were quick to identify and implement new clinical pathways.

Ratings for Caring

Caring rating	E&UC	EOC	PTS	Resilience	Overall*
London	Good	Good	Good	N/A	Good
North East	Good	Good	Good	Good	Good
Yorkshire	Good	Good	Good	N/A	Good
East Midlands	Good	Good	Good	N/A	Good
East of England	Good	Outstanding	Good	N/A	Outstanding
South East Coast	Good	Good	Good	N/A	Good
South Central	Good	Good	Outstanding	N/A	Good
South Western	Outstanding	Outstanding	Good	Good	Outstanding
North West	Good	Good	Good	N/A	Good
West Midlands	Outstanding	Good	Good	N/A	Outstanding

*Overall rating may have taken into account 111 services
All ratings are as of 07/02/2017

Key findings for Caring

- All ambulance staff were committed to providing a patient centred service, from the operations centre to the frontline crews for emergency and patient transport services.
- Universal positive feedback regarding the caring nature of all aspects of the service – from the EOC to paramedics and PTS staff.
- Very good evidence of patients understanding the care and treatment they were being offered
- Evidence that patients and relatives were involved in decisions about their care
- Good practice in EOC in ensuring that callers understood the advice given to them
- Universal positive feedback regarding the emotional support provided to patients from all aspects of the service
- Numerous examples of staff “going the extra mile”

Ratings for Responsive

Responsive rating	E&UC	EOC	PTS	Resilience	Overall*
London	RI	RI	RI	N/A	RI
North East	Good	Good	Good	Good	Good
Yorkshire	Good	Good	RI	Good	Good
East Midlands	Good	Good	Good	N/A	Good
East of England	Good	Good	RI	N/A	RI
South East Coast	RI	RI	RI	N/A	RI
South Central	Good	Good	Good	N/A	Good
South Western	Good	Good	Good	Good	Good
North West	RI	Good	Good	N/A	Good
West Midlands	Good	Good	Good	Outstanding	Good

*Overall rating may have taken into account 111services

All ratings are as of 07/02/2017

Key findings for Responsive

Areas for improvement:

- There were systems in place to try and manage the access and flow of E&UC calls and patients, however resource shortages limited the responsiveness of the service.
- All ambulance services experienced delays at emergency departments, which was another contributor to performance problems alongside staff shortages and increased demand. There was evidence that Hospital Ambulance Liaison Officers (HALOs) were used to good effect to try and improve patient flow into hospitals, but there were difficulties funding this role.
- There was variable staff understanding and training for caring for patients with learning disabilities and dementia.
- The complaints management process could be improved, with the main issue being a lack of ’sharing the learning’ across individual services.

Key findings for Responsive

However

- Against a background of significant increases in demand, services were planned and delivered in partnership with local commissioners and local stakeholders to meet the needs of the local population.
- There were good systems in place to support EOC callers, such as easy access to translation to services and technology to assist those who are hard of hearing.
- With regards to PTS, patients were generally able to access the service and arrive on time for appointments. There were some issues with regards being able to contact the control centre to book appointments.

Ratings for Well led

Well-led rating	E&UC	EOC	PTS	Resilience	Overall*
London	Inadequate	Inadequate	RI	RI	Inadequate
North East	Good	RI	Good	Good	Good
Yorkshire	Good	Good	RI	Good	Good
East Midlands	RI	Good	RI	N/A	RI
East of England	RI	Good	RI	N/A	RI
South East Coast	Inadequate	RI	RI	N/A	Inadequate
South Central	RI	Good	Good	N/A	Good
South Western	RI	Good	Inadequate	Outstanding	RI
North West	RI	Good	RI	N/A	RI
West Midlands	RI	Outstanding	RI	Outstanding	Good

*Overall rating may have taken into account 111 services

All ratings are as of 07/02/2017

Key findings for Well led

Areas for improvement:

- Staff often lacked clarity around the service's strategy and aims.
- Although there were processes in place to identify, understand, monitor and address risks, these needed strengthening as they were at times inadequate.
- Local risk registers did not always exist, and where they did they did not necessarily identify all risks, or were not regularly reviewed, leading to a gap in board knowledge.
- There remains variability in middle management and mixed evidence regarding culture. The sector consistently performed poorly on the NHS staff survey.

Key findings for Well led

However

- Against an acknowledgement that services had undergone some significant changes in leadership, there were generally improving opinions of leaders from front line staff. There are real challenges associated with managing across the huge geographical areas of the 10 English ambulance services but there was evidence that senior staff who are more visible are more highly regarded.
- There was good knowledge and adherence to the Fit and Proper Persons Regulation
- There were many examples of innovative ways to increase public and staff engagement with the service including community liaison, school and community fayres, use of social media, staff suggestion schemes comment cards and public Board meetings.
- There was evidence of a desire to innovate to tackle some of the challenges the service is facing. Examples included participation in research studies, ARP, social media messaging for team communication, joint projects with other emergency services, smart phone technology and apps, traffic management solutions and student and advanced paramedic programmes. However, the contribution of the sector to whole system improvement was often underutilised.

THE NATIONAL AUDIT OFFICE REPORT INTO NHS AMBULANCE SERVICES

NAO Report Finding	CQC Findings or Implications	NAO Report Recommendation
• The use of different operating frameworks across the ambulance trusts is contributing to variations in performance. • Each trust has developed its own operating framework which is contributing to variations and inefficiencies in performance. • Ambulance services are not commissioned consistently across England, with differences in how they are funded and what they are funded for.		• NHSE, NHSI and ambulance trusts should work together to define the optimal operating framework for an ambulance trust, allowing some flexibility to tailor responses in urban and rural areas. • Ambulance commissioners should take a consistent approach to commissioning ambulance services, based on the framework.

NAO Report Finding	CQC Findings or Implications	NAO Report Recommendation

• Important factors other than response times require attention when managing ambulance service performance.
 	
• Majority of 'Red 2' patients do not derive clinical benefit from the arrival of an ambulance response within 8 minutes, but it has led to a wide range of operational behaviours that undermine the efficiency of the service.
 	
• General consensus that commissioners, regulators and providers still place too much focus on response times.
	• We are confident that our reports and ratings have been proportionate regarding response times. One provider (LAS) was rated as inadequate on the effective key question for emergency and urgent care. No provider has been rated as inadequate overall for effective.
	
	• There were many positive findings under effective that sought to balance out the (generally) poor performance against response times:
	  • multi-disciplinary working
	  • adherence to evidence based guidance & practice.
		• As part of the operating framework, trusts should develop and report consistent metrics on efficiency, including staff utilisation.
		
		• NHSE and NHS Digital should consider how performance can be made transparent including:
		  • More closely defined metrics to improve comparisons and improve services
		  • Publishing performance on green calls
		  • Including a requirement for trusts to report 'tail breaches'

NAO Report Finding	CQC Findings or Implications	NAO Report Recommendation

• Trusts have made progress in delivering new models of care but barriers are hindering wider adoption
 	
• Trusts are working within an increasingly complex system.
 	
• They find it challenging to engage with the wider health system due to the growing number of stakeholders
 	
• Wider system does not always make good use of ambulance services' experience or recognise the impact that changes to other local services have on ambulance services.
	• There was evidence of a desire to innovate to tackle some of the challenges the service is facing. However, the contribution of the sector to whole system improvement was often underutilised.
	
	• Feedback from NHS Ambulance Trust Chairs and Chief Executives that:
	  • The quality summit was poorly attended by providers and commissioners
	  • Some recommendations were dependent on partners who were able to simply walk away from their actions.
		• NHSE and NHSI should ensure that CCGs assess and understand what is preventing ambulance trusts from maximising new models of care.
		
		• CCGs should also ensure engagement with the ambulance service takes place on all changes to the local health service provision so that negative impact or conflicting demand can be assessed and mitigated.

NAO Report Finding	CQC Findings or Implications	NAO Report Recommendation
• 500,000 ambulance hours (41,000 12 hour shifts) lost in 2015-16 due to turnaround times at A&E exceeding 30 minutes.	• All ambulance services experienced delays at emergency departments, which was another contributor to performance problems alongside staff shortages and increased demand. • There was evidence that Hospital Ambulance Liaison Officers (HALOs) were used to good effect to try and improve patient flow into hospitals, but there were difficulties funding this role.	• In order to tackle rising delays in transfer of care at hospitals, NHSE should publish transfer times for all ambulance trusts and hospitals. • NHSE and CCGs should work together to adopt a nationally consistent approach to incentivising acute trusts to reduce delays.

CQC INSPECTION FINDINGS – INDEPENDENT AMBULANCE SECTOR

Where are we in the programme of inspection?

- There are circa 310 registered independent ambulance service locations (and circa 260 providers)
- By the end of March 2017 we expect to have carried out comprehensive inspections of approximately 60 independent services.
- In addition, by the end of March 2017 we expect to have carried out a further 10 unannounced inspections, based on local intelligence which indicated a level of risk.
- In response to the risks identified in our initial inspections and externally, we aim to schedule the remaining comprehensive inspections in 2017/18. In doing so, we also need to refine our approach for:
    - Air ambulance providers (only require registration and regulation if they are responsible for the clinical care)
    - The transport of detained patients

What differs between an NHS Ambulance Trust and an independent ambulance service inspection?

- There are only two core services – emergency & urgent care and PTS.
- Inspection teams are generally smaller. Independent ambulance services vary considerably in terms of company size and many only offer one core service.
- There are no national data collections by either the NHS or Independent Ambulance Associations and performance on response times when sub-contracting forms part of the NHS performance standards. This makes it particularly difficult to report on the effective key question.
- We inspect and report at the location level only (in line with our approach to other independent sector providers).
- CQC does not currently have the power to rate independent ambulance services, although DH launched a consultation in August 2016 to extend our rating powers to a number of providers, including independent ambulance services. We are awaiting the outcome of this consultation.
- We have, however, taken enforcement where necessary, including suspension or cancellation of a provider's registration.

What are our initial findings (1)?

Safe

- There are problems with the recruitment processes, including DBS checks and ensuring staff hold the correct driving licence categories.
- Safeguarding knowledge is basic and staff are not always trained to the appropriate level.
- Various concerns around incident reporting including poor reporting systems and culture, and limited evidence of learning from incidents.
- Variable adherence to IPC standards.
- Concern about vehicle and equipment maintenance.
- Driver training – no national standard = variability.
- Variable adherence to medicine management standards

Effective

- Main concern is around training, supervision and performance management of staff.

What are our initial findings (2)?

Caring

- As with NHS Ambulances Trusts, independent ambulance services generally perform well in the caring domain (although the smaller and ‘ad-hoc’ nature of some services can make staff-patient interaction difficult to observe).

Responsiveness

- Contracts are outdated with little or no emphasis on regulatory obligations and with a focus on cost.
- Complaints management is variable – it is often difficult to complain and there is little use of complaints as a learning opportunity.

Well led

- Strategy and vision often poorly developed.
- Governance and risk management processes and procedures are poor and in some cases absent.
- Variable leadership capability.