



Sarah Dunnett
Interim Head of Hospitals
Inspections
Care Quality Commission
By email

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NHS Trust**
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14th April 2022

Dear Sarah,

CQC Reference Number: INS2-12690215621

Thank you for your recent visit to EEAST and the letter dated 7 April 2022 with your initial feedback.

We were very pleased to share with our staff that you felt welcome and that everyone you spoke with were able to be open and honest. We are proud that you were able to witness firsthand how passionate our staff are about their roles and are great advocates for our patients, although we appreciate and share the frustrations faced by all in these very challenging times.

In response to your feedback, I wanted to write to confirm the immediate steps we have taken.

- 1. Staff were tired and raised concerns around staff retention and the fact they were not receiving mandatory training, one to ones and appraisals.**

We are aware that our staff are tired and acknowledge the concerns raised to you and to us regarding the inability to complete mandatory training and appraisals. This has been an on-going concern of which we have a robust plan in place, however we acknowledge that the trajectory has slipped and is not yet where we wish this to be.

Due to the increased operational pressures further exacerbated by sickness,

we have been required to change our plan in order to meet the needs of our staff and we hope to see further improvements moving forwards. We would be keen to discuss this in more detail as part of our well led visit.

2. Staff raised concerns around the fiat vehicles in relation to their personal safety and that some staff were not able to drive them.

The acquisition of the Fiat vehicles as part of the move toward the national ambulance specification which now forms the majority of the fleet within the Trust led to the identification of several issues for certain groups of staff.

To address this, the Trust has formed a multi-disciplinary working group with representatives, from ops, workforce and Unison to look into solutions to particular issues such making adjustments to specific vehicles where possible and changes to equipment on a risk based approach.

The Trust initially identified 120 staff as having compliance issues with the vehicles which through the work undertaken on adjustments has reduced this to 32 with retro fitting of adjustments having been made to our existing fleet. There also several further developments we have in train for this financial year to our Fiat fleet.

For colleagues who are unable to work on the Fiat ambulances we have retained a number of Mercedes vehicles whilst we work with national colleagues on future fleet design on an updated national specification.

3. Concerns that given the pressures; some crews were three manned because some staff had been waiting a long time for their blue light training. Equally some apprentices had not been able to progress to being qualified because they were waiting an excessive amount of time for their portfolios to be marked.

We are aware of the concerns in relation to three man crews and understand the need to ensure appropriate resourcing and we have work in place to address this issue sustainably.

With regard to blue light training, third manning is often due to the following reasons:

- Certain cohorts of students require supernumerary hours for completion of their portfolios e.g. for the Degree Apprenticeship program provided by University of Cumbria.
- Some apprentices and new starters do not have the ability to drive ambulances due to:

- Not having a C1 licence (the appropriate weight designation applicable to all learners born after 1980).
- Not having Blue Light / Certificate in Emergency Response Ambulance Driving (L3CERAD) accreditation (which must follow, after completion of C1 accreditation).

However, the L3CERAD courses are planned with both Medipro (our apprenticeship provider) and our own Driver Training Unit (DTU), of which we have a trajectory of trainees and a forecast for delivery over the coming year to reduce the number of non-qualified blue light drivers.

In relation to portfolio marking delays we acknowledge that there has been delays as a result of the transfer of apprentices to Medipro which was required after the outcome of the OFSTED inspection last year.

Medipro started to take on learners in October 2021, marking outstanding paperwork and preparing prioritised learners for End Point Assessment (EPA); this is being undertaken in priority order (i.e. those who had been outstanding the longest were completed first).

4. At the Holdings Lane Ambulance Station there was some concerns around the storage of medication. This included controlled drugs. Medicines were stored in a locked room with a keypad entrance. Controlled drugs were stored in locked boxes accessible with a key kept in a keypad locked key store. Accessing this box meant that staff had access to all controlled drugs.

At our Holdings Lane Kings Lynn site, you highlighted a serious medications management issue regarding staff who had access to Controlled Drugs (CD's). We would like to assure you that all sites follow the same Trust wide medications management policy which means that only registered healthcare professionals have access to the key safe to access CD's. Therefore it is only those individuals who are trained in the handling and management of CD's who have access to these.

In addition, the main CD storage locker which is the storage unit that is used to restock the CD pouches can only be accessed by the local management team. The keys for these are kept in the safe room but codes to this are only known to those with delegated authority for this unit.

To ensure absolute clarity, we have reissued our policy through all clinical teams and we have asked local leaders to discuss at their daily briefings. The medications management group will also be undertaking dip test audits to ensure all policies and procedures relating to the access of CD's are being

followed.

5. Room temperatures were not being monitored where medications were being stored.

With regard to room temperatures not being monitored where medications are kept, we understand this is best practice and have immediately resolved this by purchasing thermometers for all areas where medications are stored. These are due to arrive within the next week and we have a clear plan of installation coupled with adding daily checking of temperatures to our daily CD audit.

We will also be amending the policy regarding medications management to include temperature monitoring as well as including clear escalation actions, should the temperature reach sub-optimal levels. This amendment to our policy will be signed off by our Medications Management Group in May when it next meets.

6. At the Cambridgeshire Ambulance Station we found that cleaning chemicals were being stored in the sluice area in a room that was not locked. In addition, the room and equipment within the room was visibly dirty.

7. At the Peterborough Ambulance station, we found cleaning chemicals were stored in a room that was not locked.

The issues of cleaning chemical products at Cambridge Ambulance station and Peterborough Ambulance station not being locked away was an oversight and poor practice.

Please be assured that this has been discussed and remedial actions have been put in to place with our contracted cleaning companies and is now part of the regular cleaning audit.

8. At the Peterborough Ambulance Station, we found the medical gases storage area where the medical gases were stored to be extremely dirty and full of debris, including the plastic caps from the cylinders, paper cups, dirt and leaves.

The level of dirt and rubbish described within your report is unacceptable. This storage area is an external area and is therefore rostered for cleaning on a monthly basis. Based on your feedback we have increased cleaning frequency to every other week which will be monitored to require whether a further increase in frequency be required.

9. Within the Essex area not all staff were consistently wearing Personal Protective Equipment when conveying and caring for patients.

We were very disappointed to read that not all members of our staff in the Essex area were compliant with the use of appropriate PPE. You also noted as part of the AOC feedback that infection prevention control processes were not always followed at the Chelmsford office in the same way as they were at Bedford.

To remedy this, we have taken the following immediate actions:

- Trust wide communications regarding continued adherence with our PPE requirements.
- Specific and tailored communications to the Essex team regarding use of PPE, and direct discussions regarding temperature checks, sign in and movement throughout the building. Due to the layout of the Chelmsford AOC, they do not have a one-way system. However, the few people who were not complying with the wearing of masks, the temperature checks at point of entry and sign in, were oversights at the time and this is not their usual practice nor a standard the local management accept, and has therefore been addressed by the leadership team within the AOC.

Our IPC team have increased audit surveillance beyond the normal frequency in regard to PPE compliance and IPC processes.

You advised us of the following areas for Improvement specifically in the AOC:

1. The management of the call stack and consistency in the application of Emergency Standard Operating Procedure 3 (ESOP3) remains a concern in terms of risks to patients.

We recognise the risks surrounding this, and we are currently in the process of reevaluating our surge plan and associated standard operating procedures due to the current pressure which the urgent and emergency care system has been under.

The use of these procedures in general are for use in times of extreme pressure. However due to unprecedented demand across the system we have identified that the use of these has become normalised due to the chronic pressure within the urgent and emergency care system, this has therefore prompted the re-evaluation of our existing plans described above.

2. Lack of assurance processes in relation to dispatch and audit / breach analysis in relation to the call stack and risks to patients.

We recognise the concerns in relation to this and are already developing new audits to constantly review the stack and the ever changing risks in relation to severity of calls.

As per the previous area for improvement this constant heightened state has become the norm prompting a re-evaluation of risk and again, we would welcome a discussion as part of well led.

3. Staff described a worsening not improving culture, and that acceptance seemed to be the norm as they saw a lack of impact given the time since concerns were raised by the CQC.

We recognise that we still have a long journey ahead of us to fully embed the right culture across the organisation and we would be keen to discuss culture as part of our well led visit.

Currently there is a programme of work in relation to our control centres which will significantly improve the working environment. Specifically, commencement of a refurbishment of the AOC in Chelmsford is imminent.

Through discussions with staff, we believe this will not only improve all the areas they and you have highlighted such as dim lighting, tatty desks, general dirtiness, but due to a brighter, lighter and more ergonomic design this will aid with the culture as well.

In conjunction with the above we have also commissioned an immediate deep clean of the area at Chelmsford, along with a health and safety check to temporarily secure wires as well add coat hooks and also review the possibility of a change to brightness through the lighting system prior to the refurbishment taking place.

4. Staff raised concerns around the lack of training, appraisals, one to one support, career progression and competency checks. Staff we spoke with told us they had not received training, professional updates or appraisals within the last twelve months.

As per a previous point at the start of the letter, we recognise that appraisals are an ongoing issue and we have plans in place to remedy this.

With regard to training and one to one support, due to our extensive and

continued recruitment (to date we have recruited over 100 emergency call handlers since Autumn) therefore our training and one to one support has been concentrated on this specific group.

This has unsettled the area and we recognise that there is clearly more to do to ensure all feel well supported and have access to career development and training.

- 5. Risks associated with staffing levels were below the planned numbers. Managers we spoke with told us this was affected by high levels of sickness, the current vacancy rates and staff retention. We were not assured that staffing levels met the demands within the service and this may impact on patient safety when managing the high volume of calls within the service.**

We recognise that we have historically understaffed call handling for some time, which had led to the significant recruitment activities described above starting last Autumn. This work will continue to progress in this year to ensure we have the appropriate level of resourcing to be able to meet the needs of patients.

- 6. Emergency Call Handler Module Staff were not trained to the same level as permanent staff. This raised a risk as they were unable to undertake full patient assessments in line with the Advanced Medical Priority Dispatch System (AMPDS) and needed to call for assistance from other AMPDS qualified Call Handlers, who were then taken away from answering the front line calls, which may increase call waiting times and double up on resources.**

To address the understaffing issues within the Trust and to best manage patient safety with the demands faced we have initially recruited new call handlers on an accelerated training programme called the Emergency Call Handler Module, recognising the limitations that this presented whilst balancing this with the risk faced by the Trust. We have a programme in place to convert these members of staff to the full AMPDS qualification over the coming months.

Thank you again for your letter, and I hope our initial responses above are helpful and provide some assurance on the action we are taking in response to your initial inspection findings. We look forward to discussing these in more detail during our well led inspection at the beginning of May.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Tom Abell', with a stylized flourish at the end.

Tom Abell
Chief Executive

Copy to:

Nicola Scrivings
Melissa Dowdeswell
Catherine Morgan
Johnathan Davies

Chief Executive: Tom Abell
Chair: Nicola Scrivings
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