

Thames Ambulance Service Ltd

# Thames Ambulance service Head Office

## Quality Report

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

## Ratings

**Overall rating for this  
ambulance location**

Requires improvement



Patient transport services (PTS)

Requires improvement



# Summary of findings

## Letter from the Chief Inspector of Hospitals

Thames Ambulance Service Lincoln Office and Grantham location is operated by Thames Ambulance Service Limited. The service provides a non-emergency patient transport service from several sites throughout England. Thames ambulance Service Ltd had 16 ambulance stations throughout the UK from which patients transport services were delivered. This inspection report details our findings at the Lincoln Office and Grantham location.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 1 May 2019 along with an unannounced visit to the service on 14 May 2019.

We previously carried out an announced comprehensive inspection as part of Thames Ambulance Service Limited on 23 October 2018. During our inspection, there were several safety concerns identified, primarily regarding the safe transport of patients with mental health needs, transport of patients with bariatric needs and transport of children aged under 12 years. Because of this, we issued the provider with a warning notice over their non-compliance of Regulations 12, 13, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also imposed four further conditions on their registration.

Prior to this, we carried out focussed inspection on the 15 May 2018 to follow up a warning notice we had issued to the provider in October 2017 over a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

Our rating of this service improved. We rated it as **Requires improvement** overall.

- The service did not have enough staff in all areas.
- The service managed safety incidents but did not always share the lessons well.
- Managers did not monitor the effectiveness of the service to make improvements to meet KPI targets.
- People had to wait for the service which was sometimes delayed, appointment times were not always met.
- Processes to improve staff and patient engagement were in their infancy.
- Leaders did not always use information systems and information to improve services.
- Staff did not understand the service's vision and values, and how to apply them in their work.

However, we also found:

- Staff training had improved, and staff understood how to protect patients from abuse.
- Staff provided care and treatment in line with national guidance.
- Staff had made improvements to work together for the benefit of patients.
- Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions.
- Staff provided emotional support to patients, families and carers.

# Summary of findings

- The service had made some improvements to plan care to meet the needs of local people and their individual needs.

We rated the service as **Requires improvement** overall.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, to help the service improve. We also issued the provider with one requirement notice that affected patient transport services. Details are at the end of the report.

**Nigel Acheson**

**Deputy Chief Inspector of Hospitals, on behalf of the Chief Inspector of Hospitals**

# Summary of findings

## Our judgements about each of the main services

### Service

#### Patient transport services (PTS)

### Requires improvement

### Rating



### Why have we given this rating?

We rated the service as **Requires improvement** overall, we rated effective inadequate; safe, responsive and well-led as requires improvement. We did not have sufficient evidence to rate caring. This is an improvement from our last inspection when we rated the service Inadequate.

The service did not have enough staff in all areas. The service managed safety incidents but did not always share the lesson well. Staff training had improved, and staff understood how to protect patients from abuse. Staff assessed risks to patients, acted on them and kept good care records.

Staff provided care and treatment in line with national guidance. Managers did not monitor the effectiveness of the service to make improvements to meet KPI targets. Staff worked well together for the benefit of patients. Key services were available seven days a week.

Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.

People had to wait for the service which was sometimes delayed, appointment times were not always met. The service had made some improvements to plan care to meet the needs of local people and their individual needs. People were able to give feedback.

Leaders did not always use information systems and information to improve services. Staff did not understand the service's vision and values, and how to apply them in their work. Improvements had been made to support staff and improve the culture of the service. The service needed to continue to improve engagement with staff and patients.

Requires improvement



# Thames Ambulance service Head Office

## Detailed findings

### Services we looked at

Patient transport services (PTS)

# Detailed findings

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## Background to Thames Ambulance service Head Office

Thames Ambulance Service Lincoln Office and Grantham location is operated by Thames Ambulance Service Limited. The service opened in May 2017. It is an independent ambulance service with a head office in Lincoln. The service provides a patient transport service from 14 sites nationwide.

The service has had a registered manager in post since December 2018.

We previously inspected this service as part of Thames Ambulance Service Limited. Following our inspection of that service in October 2018, we issued the provider with a warning notice over their non-compliance of Regulations 12, 13, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also imposed four further conditions on their registration, which applied to all of the providers registered locations including Lincoln Office.

## Our inspection team

The team that inspected the service comprised of a CQC lead inspector and one CQC assistant inspector. The inspection team was overseen by Fiona Allinson, Head of Hospital Inspection.

## Facts and data about Thames Ambulance service Head Office

The service is registered to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely.

At the time of this inspection, the service had the following conditions of registration in place, which were applied in January 2019, following an inspection in October 2018 (across the whole provider, including the Lincoln Office location):

- The registered provider must cease the transport of children aged under 12 years, or less than 135cm in height, until the Care Quality Commission is assured that the appropriate safety requirements for transportation have been met.
- The registered provider must cease the transport of bariatric patients (patients who are over 25 stone or have a complex bariatric requirement) who need assistance to move or where there is a difficult removal

# Detailed findings

due to environment. This will remain in place until the Care Quality Commission is assured that all staff managing bariatric patients are appropriately trained in risk assessment and moving and handling.

- The registered provider must ensure that, following initial assessment, an appropriately trained crew will attend to meet the needs of individual patients who may require additional support due to mental health needs; this includes appropriate training.
- The registered provider must ensure necessary information concerning patient needs according to their physical and mental health is provided to staff prior to carrying on the regulated activity, including information about complex needs and patients living with dementia or a learning disability at point of accepting a journey.

We undertook a short notice inspection of this service on 1 May 2019, where we inspected and rated all elements of the five key questions, including whether the service provided was safe, effective, responsive, caring and well-led. We carried out an unannounced inspection at the Lincoln location on 13 May 2019.

The provider applied to have these conditions removed prior to the inspection and submitted evidence to support their application. We reviewed all of the information provided and assessed all aspects of the conditions during the inspection. We will be writing to the provider to remove the conditions imposed in January 2019.

There was no accountable officer for controlled drugs as controlled drugs were not required for the type of service provided.

There was an NHS England oversight group monitoring the service in the 12 months before this inspection and the CQC were also receiving updates to the service's action plan in response to the breaches identified at the previous inspection.

During the inspection, we visited the Lincoln head office and Grantham site which was an operational station overseen by the Lincoln location. We spoke with 23 staff including; ambulance care assistants (patient transport drivers), control room staff and local and senior management.

During our inspection, we reviewed 13 sets of patient records.

The service also operates third party contracts to fulfil their contracts set by clinical commissioning groups (CCGs).

Activity (October 2018 to April 2019)

- There were 105,570 patient transport journeys undertaken.

There were 140 staff employed at the Lincoln and Grantham bases. This included 64 ambulance care assistants (patient transport drivers) who worked at the service and 70 control staff. The service also had a bank of temporary staff that it could use. There was no accountable officer for controlled drugs as controlled drugs were not required for the type of service provided.

Track record on safety (July 2018 to June 2019)

- Zero Never events
- Clinical incidents 94 no harm, 46 low harm, 22 moderate harm, three severe harm, zero death
- Zero serious injuries

Six hundred and forty-four concerns raised including 31 formal complaints

## Our ratings for this service

Our ratings for this service are:

# Detailed findings

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Requires improvement	Inadequate	Not rated	Requires improvement	Requires improvement	Requires improvement
Overall	Requires improvement	Inadequate	Not rated	Requires improvement	Requires improvement	Requires improvement



# Patient transport services (PTS)

Safe	Requires improvement	
Effective	Inadequate	
Caring	Not sufficient evidence to rate	
Responsive	Requires improvement	
Well-led	Requires improvement	
Overall	Requires improvement	

## Information about the service

Lincoln Office and Grantham location supplied a non-emergency patient transport service to commissioners across various areas of the United Kingdom, primarily for the communities of Lincoln and Grantham areas. The service maintained a fleet of non-emergency vehicles, including non-emergency ambulances, wheelchair accessible vehicles and cars from dedicated ambulance stations and bases.

The provider employed a wide range of staff including registered managers, area managers, station managers, ambulance care assistants, call handling and control room staff, and planners.

The provider did not hold controlled drugs (CDs) at its locations for use on patient transport services.

## Summary of findings

We found the following areas of good practice:

- Staff training had improved, and staff understood how to protect patients from abuse.
- Staff provided care and treatment in line with national guidance.
- Staff had made improvements to work together for the benefit of patients.
- Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions.
- Staff provided emotional support to patients, families and carers.
- The service had made some improvements to plan care to meet the needs of local people and their individual needs.

However, we found the following issues that the service provider needs to improve:

- The service did not have enough staff in all areas.
- The service did not always control infection risk well.
- The service managed safety incidents but did not always share the lessons well.
- Managers did not monitor the effectiveness of the service to make improvements to meet KPI targets.
- People had to wait for the service which was sometimes delayed, appointment times were not always met.

# Patient transport services (PTS)

- Processes to improve staff and patient engagement were in their infancy.
- Leaders did not always use information systems and information to improve services.

Staff did not understand the service's vision and values, and how to apply them in their work.

## Are patient transport services safe?

Requires improvement



Our rating of safe improved. We rated it as **requires improvement**.

### Incidents

- **The service had improved the management of patient safety incidents. Staff now recognised and reported incidents and near misses.**
- There was evidence of some improvement around incident reporting. At the previous inspection we had found a lack of consistency and staff knowledge about incident reporting processes, poor management and monitoring of incidents and a lack of learning from incidents.
- To report an incident staff filled in a paper incident report form and gave it to the station manager who would review it and then escalate to the 'incidents mailbox' if they needed further advice on how to manage it. The mailbox was monitored by members of the quality and governance team where it would be triaged to decide on seriousness and actions.
- At this inspection, all staff we spoke with, both ambulance care assistants (ACAs) and control centre staff said they knew how to report an incident and confirmed they would receive feedback where they have been involved in an incident. However, examples of incidents were limited and some staff could not readily think of any. The quality and governance lead had told us that themes and trends were shared across stations for learning but this did not match what ACAs at site level told us.
- At the Lincoln head office, we reviewed incidents with a member of the quality and governance team and saw there was improved management of incidents and monitoring themes. For example, the service was breaking incidents down into type and severity to assess their most common types of incidents, which had not been done before. They had also seen an increase in incident reporting as staff understanding was improved. They said that common themes included inappropriate

# Patient transport services (PTS)

planning of multiple patient journeys and they were working on this with increased education for new control room staff on the needs of patients and the ACA crews.

- There were no systems for sharing of learning from incidents between stations for wider learning and safety improvement. Three ACAs we spoke with at Grantham said they received feedback if they had been directly involved in an incident or if an incident had happened at the Grantham site, however, they did not receive learning, actions and feedback from incidents at other sites including serious incidents, to drive improvement and reduce the risk of similar incidents reoccurring. This was reflected in meeting minutes we reviewed which included discussion about local site issues and incidents but nothing about the wider region.
- The station manager reviewed all incident forms completed for the Grantham site and said they would try to deal with them on site and would escalate if they felt it necessary to the area manager. However, when we asked the station manager for examples of themes and trends in incidents at their station they were unable to readily provide examples but said they were displayed on the incident's noticeboard in the staff area. We were not assured of how effective the learning process was following incidents. After being prompted they said a frequent issue was delays due to crews being told the patient was ready for collection and when the crews arrived this was not the case.
- The service had a policy for the process duty of candour. The duty of candour is a regulatory duty that relates to openness and transparency and requires the providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person. The policy set out the roles and responsibilities of staff in the duty of candour. Managers we spoke with understood the duty of candour and how to apply this.

## Mandatory training

- **There were systems and processes in place to monitor and oversee staff compliance with mandatory training completion.**
- Training rates had improved since our previous inspection. The three ACAs we spoke with at Grantham

said they were up to date with their mandatory training. The service provided information that demonstrated that all ambulance staff had received statutory and mandatory training (this did not include control staff).

- Staff had access to mandatory training with modules including; equality diversity and inclusion, health and safety at work, fire safety, incident reporting, conflict resolution, infection prevention and control, manual handling objects, patient positioning, moving and handling equipment, paediatric restraint systems, prevent, customer care and communication, information governance, whistleblowing and CQC, dementia awareness, first aid at work, emergency first aid at work, basic life support and driving.
- The provider had completed a training needs analysis to identify the training needs for all staff roles within the organisation. Different modules for different roles were implemented, for example, office staff had different first aid training to patient facing staff.
- Bariatric training was not offered to all staff as the service operated a vehicle, dedicated to the transportation and care of bariatric patients in Lincolnshire. Thirty two staff across Lincoln and Grantham had received this training and the service allocated these staff to journeys for bariatric patients.
- New staff members completed a week of induction training at the provider head office in Lincoln. The induction included mandatory training and a driving assessment.

## Safeguarding

- **Staff had received training on how to recognise and report abuse. Staff demonstrated knowledge of the reporting processes in place upon identification of a safeguarding concern.**
- We found improvements in staff training in recognising and reporting a safeguarding and awareness of the correct safeguarding process. Staff knew how to report a safeguarding concern and knew who the safeguarding leads were for the service.
- There had been a recent drive since our previous inspection around knowledge and competencies in this area and as a result the safeguarding leads were receiving more safeguarding concern forms.

# Patient transport services (PTS)

- The service told us that all ACA and call handling staff were trained in safeguarding adults and level two safeguarding children; station managers to level three; and the safeguarding leads (who were members of the quality and governance team) to level four. Information we received after our inspection demonstrated that all staff at Grantham had received safeguarding training; however, this information was not supplied for the Lincoln base.
- The provider had a safeguarding adult's policy in place which set out the expectations of staff and the type of abuse. The policy was within the review date and referenced national guidance and legislation.
- The electronic patient transport records system had flags attached to patients with known safeguarding concerns.
- We had concerns that staff who had moved across from another provider had not yet had a disclosure and barring service (DBS) check by the service and the service was reliant on out of date DBS checks carried out by the previous employer. This included staff who had transferred around two years previously. This was not in accordance with the service's policy. The HR lead acknowledged that they needed to update their DBS checks for staff transferred from another provider. However, as this was an issue we had identified in previous inspections, we were not assured it was being prioritised. Staff who were new employees of the service had DBS checks carried out and documented in their HR files as part of the recruitment process.

## Cleanliness, infection control and hygiene

- **The service had improved and now controlled infection risk well.**
- There was a visible improvement at site level of cleanliness and infection control and engagement from staff in maintaining cleanliness compared to our previous inspection. At the Grantham station vehicles were well maintained and clean. We saw staff carrying out routine cleaning between journeys when they came back to the station. There were cleaning materials stored in the garage raised off the floor for safety.
- The station manager checked all vehicles for cleanliness every morning before staff began their shifts but this process was not documented. They regularly did spot

checks of vehicles to ensure they were well maintained and collected and filed the checklists. There was a formal audit process for these to identify and act on any frequent issues and to monitor whether there was improvement or worsening over time.

- Deep cleaning was being performed by an in-house team at the time of inspection. The fleet manager who was based at the Lincoln head office told us they were moving to an external company who had good reviews and specialised in ambulance cleaning and conducted audits including swab tests. The fleet manager showed us the electronic system linked to the new deep cleaning company where deep cleaning results including swab results would be clearly displayed and monitored but it was too early to see these yet as the company had only just been introduced. They were running a trial of the service at the provider's Louth station before confirming whether to roll it out across the other stations.
- We saw the deep clean schedule at Grantham and all vehicles were being deep cleaned on time in accordance with the monthly schedule and were booked in advance. Records of deep cleans at each station were sent to the fleet manager for review.

## Environment and equipment

- **The service mostly had suitable premises and equipment for the range of services it provided.**
- At the previous inspection, we had concerns around equipment, particularly in relation to the lack of personal digital assistants which resulted in staff having to use their own personal phones to take bookings, and the responsibilities for and documentation of environment and vehicle maintenance. At this inspection we found the service had made improvements in relation to our concerns.
- There had been improvement in the access to and maintenance of personal digital assistants (PDAs) which were used by ACAs to receive patient bookings and details about journeys. At the previous inspection, many ACAs raised concerns about insufficient numbers of working PDAs. ACAs at Grantham said they no longer had issues with this. The control centre manager told us

# Patient transport services (PTS)

that they had recently had a drive to encourage station managers to report faulty PDAs straight away and bring them into the Lincoln head office for timely repair. There were spare PDAs at the Lincoln head office.

- The provider had specialist equipment to transport bariatric patients. Stations were required a 48-hour notice period for the transportation of bariatric patients. This allowed the station manager to complete risk assessments and order the specialist equipment from the head office in Lincoln.
- The Lincoln head office consisted of the control centre, which was split into two separate rooms for call handlers taking bookings and control centre and dispatch staff liaising with crews during journeys and managing the allocation of journeys. There was also a training room, several offices for the executive team, HR and other support, and staff kitchen.
- The Grantham site consisted of a small staff room, the station manager's office, a storage room, garage and outdoor parking area for vehicles. Three ACAs we spoke with reported that the environment was well maintained at Grantham since their current station manager had been in post.
- In the garage at Grantham there was a specific faulty equipment area where equipment was clearly marked as out of use, which was an improvement from our previous inspection. Staff knew how to report faulty equipment and said that it was replaced promptly due to their station manager having good oversight of the process. The station manager and ACAs at this site told us that previously the site had been poorly maintained, unorganised and untidy but with team efforts they were continuing to improve it.
- We checked two vehicles at the Grantham site and saw they were visibly clean, well maintained, within service and MOT date and had the equipment inside as specified by the vehicle checklist. Staff confirmed they completed the checklists daily, which was an improvement from previous inspections where there was inconsistency in staff checking and routine cleaning of vehicles and a lack of clarity in who had responsibility for this.
- Staff knew how to report an equipment fault or issue with the vehicle and there was an improved system for timely repair of vehicle faults. At Grantham the station

manager told us they worked closely with a local vehicle servicing company who were able to come out on the same or next day for vehicle faults. There was a board in the station manager's office displaying dates for each vehicle's last and next MOT and service.

## Assessing and responding to patient risk

### Staff had not always completed and updated risk assessments for each patient.

- Following our previous inspection in October 2018 we identified concerns in relation to the transport of bariatric patients, and children under 12 years old, we had imposed conditions on the service's registration about these patients. We reviewed evidence around actions the service had taken to improve the safety of these groups of patients being transported. Staff had received training, 88% had been trained in transporting bariatric patients. For children under 12, we were told that this patient group comprised less than two percent of all the service's journeys. ACAs and station managers confirmed they were trained in the use of paediatric equipment and would refuse to take a patient under 12 if they did not have the appropriate equipment with them.
- During our inspection we spent time with the call handling staff and observed the booking and triage process, we saw that the second question of the triage was 'Is the patient sectioned under the Mental Health Act 1983?' to ensure they were not booking patients who were detained, as they did not have the competencies and resources to do this. There was a further question on the system which asked if the patient had any mental health illness that required additional support or limited the patient's ability to travel by other means. There was also an 'extra details' section where staff were required to record any additional relevant information about a patient's condition this included information relating to medical conditions and challenging behaviour. Although this was an improvement, there was limited evidence of a process to monitor compliance and ensure that these journeys were being managed consistently.
- Staff told us they relied on the hospital or other care provider giving mental health information at the booking. We did see there was an 'additional information' section and the call handler we were

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observing did ask the provider whether the patient had any other conditions such as dementia; however, the booking form did not specifically prompt the call handler to ask about this so there was limited assurance this was taking place consistently and that call handlers had all the support needed to ensure this. In addition, control centre staff and ambulance care assistants (ACAs) told us that other care providers were not always forthcoming with all the information that crews might need to manage patient risk so the reliance on this was not sufficient assurance. However, the service had developed an escalation process to empower staff to raise concerns to a manager if they arrived to pick up a patient and discovered that the patient did have challenging behaviour. This was a new process and yet to be embedded.

- Prior to inspection, we had received concerns from a care agency about an end of life care patient at very high risk of pressure ulcers who had been booked for a transfer between mattresses. We were told that the crew failed to turn up at the agreed time and told the care agency that this patient was 'not a priority' despite the fact they were receiving end of life care and at high risk of pressure ulcer development. They did not attend until the next day by which time the patient had acquired a pressure ulcer. When we asked the service about this the executive team were not aware of the incident and were not readily able to locate it in their booking and records system. We were therefore concerned that this would not have been picked up or reported had the care home not contacted us.
- We discussed this in terms of risk assessment, prioritisation and risk management with the executive team on inspection and they confirmed this patient should not have been booked with the service as they were not qualified or trained to carry out such a transfer with this level of risk. They could not explain why this booking was made with them and not responded to appropriately. At the time of our inspection the senior team were carrying out an investigation into this incident. We were concerned that the provider was not monitoring the quality and content of bookings to ensure that patients and others using the service were accessing it correctly.
- We were told that crews were trained in completing a 'dynamic risk assessment' on arrival with the patient

which should act as a second layer of triage and risk assessment. However, five of the staff we spoke with felt that this training was not comprehensive enough. It was not clear how crews were supported in being competent to carry this out. All ACAs told us that if they felt there was a potential patient risk they would call control first but that it was a matter of judgement.

- On our return unannounced inspection, we spoke with staff to assess how they ensured risk assessments were completed at the time of journey booking to ensure patients met the eligibility criteria. Staff told us, since the announced part of the inspection two weeks previously, they were referring children under the age of 12 and bariatric patients to approved third party providers while the conditions were still in place.
- Crews escalated concerns about patients to their managers or higher. This escalation system meant there was always someone on call including out of hours to escalate to. Staff we spoke with confirmed they knew how to escalate concerns promptly and felt supported to do so, which was an improvement from the previous inspection.

## Staffing

- **The service mostly had enough staff with the right qualifications, skills and training to keep patients safe from avoidable harm and provide the right care and treatment.**
- At the control centre staff said that although there had been some improvements in staffing and managing demand, they were still under pressure due to the number of calls coming in. This matched information we had received in the six months prior to inspection from both staff and service users about insufficient numbers of staff leading to delays in bookings and calls and difficulty accessing the service by phone, although this was improved since our previous inspection.
- At Grantham there were 12 substantive ACAs and three bank staff. There were some concerns raised at Grantham that a number of staff had been reallocated to other areas of the service. The ACAs had not been made aware of the reasons why, their demand had not decreased so it meant their workloads had increased. The station manager at Grantham said they still had concerns around sufficient staffing to meet patient needs especially as they had recently had three



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members of staff on long term sick leave at the same time but was unable to provide a specific vacancy rate. This was not identified on a local risk register and there was no evidence of a formal recruitment plan or strategy.

- There was an on-going programme of recruitment across all contracts. Senior leaders told us that they had completed a complex operational modelling of demand compared to activity levels. We were told that the distribution of staff across all locations in Lincolnshire represented the optimum level of staff to meet that contract.

## Records

- **Staff had access to a range of information relating to the patient.**
- Staff accessed patient records securely via the PDAs. We found that maintenance of PDAs and numbers of fully working PDAs had improved since the last inspection.
- All journey information (scene arrival times, destination arrival times) was electronically submitted through use of the PDA
- The booking form included the question of whether the patient had in place a do not attempt cardiopulmonary resuscitation (DNACPR) order in place and this information was shared with crews when they received the patient information on their PDA. We were told that where a DNACPR has been noted in the patient booking record, staff would request to see the original form before carrying out the transfer and would refuse to do so if the original form was not presented.

## Medicines

- **The service had systems and processes in place to safely administer and store medical gases.**
- The service did not use, store or administer medicines. Patients' own medicines were transported with the patient. The ambulance staff did not take any responsibility for controlled drugs (CDs) carried by patients. If CDs accompanied a patient they were the responsibility of the patient or carer.
- Oxygen cylinders were stored appropriately at the Grantham site with separate storage for full and empty canisters.

## Are patient transport services effective?

Inadequate



Our rating of effective stayed the same. We rated it as **inadequate**.

### Evidence-based care and treatment

- **The service provided care and treatment based on national guidance and evidence-based practice.** Managers did not always check to make sure staff followed guidance.
- We were concerned that there remained a lack of local audit and sharing results of local audits with operational staff. Improvement was required in the use of local audit to monitor and measure call handling and service effectiveness.
- The provider had a range of policy and procedural documents in place for staff to follow. All policies and procedures were reviewed at provider wide level. Staff had access to policies at both stations through a desktop computer that could be used by all staff and via personal digital assistants (PDAs).
- There was some improvement with the issue of policies being up to date and relevant to the service and sharing changes to policy with base staff. For example, at the Grantham site we saw notices on the staff noticeboards about changes to policies. A work-based assessor we spoke with said there were still some policies and procedures that needed to be updated.

### Nutrition and hydration

- Due to the nature of services provided, the service did not routinely offer food or drink to patients. When call handlers were taking bookings they asked for information about the patient's nutrition and hydration needs, particularly for long journeys, for example whether the patient was diabetic.

### Response times / Patient outcomes

- **The service did not meet the majority of its key response time targets and key performance**

# Patient transport services (PTS)

**indicators within the service. Managers were not aware of the service's current performance and did not consistently monitor these to improve the service.**

- The service had a number of key performance indicators (KPIs) which had been set by commissioners of the service. This included target time for discharges of within 60 minutes of the expected pick up time. For dialysis patients the target time was 30 minutes. The service did not have key performance indicators (KPI) for response times for transfers between providers.
- The service was not consistently meeting KPIs. In Lincolnshire there were 10 KPIs set by commissioners. From December 2018 to April 2019, the service did not meet any of the 10 KPIs and performance was variable. For example, the KPI '95% of renal patients should arrive at hospital 30 minutes prior to appointment' was not achieved for any of the months and the average performance was 62%. In North Lincolnshire, there were 22 KPIs set by commissioners and the service was not meeting any of these.
- The chief executive officer told us that some of their KPIs were not achievable and they could not see how they would ever achieve full compliance with them.
- We had concerns that there was still a lack of sufficient oversight of KPIs for each station and also at the level of the senior team, although it was improved since our previous inspection. We asked the station manager at Grantham how they were currently performing against their KPIs and they could not say from memory apart from that they had improved in the month of April 2019, although they were able to access a spreadsheet which displayed this information. The contracts manager oversaw KPIs and we were told this person held a daily call with all station managers in their region to give an overview of performance.
- We reviewed data of delayed patient journeys during April 2019, supplied to us by the provider. This data showed for the Lincolnshire area, 93 journeys, equating to 2.4% of all journeys completed, were delayed by two hours or more. Of these delays, 72 journeys were delayed by over two hours, 19 journeys were delayed by over three hours and two journeys were delayed by over four hours. Data of delayed patient journeys for the same period for the north east Lincolnshire nine

journeys were delayed by over two hours, equating to 1% of all journeys completed. Of these delays eight journeys were delayed by over two hours, and one journey was delayed by over three hours. In the same period 417 journeys for renal patients were completed on time.

## Competent staff

- **The service had some processes in place to ensure staff competencies and the commencement of employment. However, appraisals were in their infancy after having not been carried out.**
- For staff in the control centre there was a two week induction period during which new staff sat next to a qualified call handler and listened at first then had a period of supervision when they started taking calls themselves. The control centre lead told us that upon joining the service, control centre staff completed a visual/audial/kinaesthetic questionnaire to help individuals understand their best ways of learning and working.
- Not all staff had received appraisals in the last year. This included ACAs who had moved from a previous provider. At the Lincoln centre 80% of staff had a completed appraisal and at Grantham 64% of staff had completed an appraisal. However, appraisals were scheduled for staff who had not yet had one, which was an improvement from the last inspection.
- The service had been working with the Grimsby Institute since May 2018 to help support control centre staff with a non-vocational qualification. The service had also introduced 'work-based assessors' to help staff locally in their development and competence. The service had introduced a training and improvement coordinator, whom we observed delivering sessions on dementia awareness to new recruits. However, this role was only temporary, and it was not clear who would take on this responsibility permanently.

## Multi-disciplinary working

- **Front line operational staff worked together to support patients however, methods for staff engagement were in their infancy.**
- At our previous inspection there had been concerns around internal MDT working between ACA and control



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centre staff with a lack of understanding between the two staff groups about their respective responsibilities and a lack of teamwork between them. There was some improvement in this area and ACAs reported they felt that issues they reported were understood and taken into account by control staff which had not been the case at our previous inspection.

- The control centre manager told us there had been a recent drive to improve communications between the ACA and call centre staff groups.
- Staff felt external MDT working was still challenging as they had varying levels of communication with different care providers. ACAs and control centre staff told us they did not always receive the information required from discharging providers or sometimes the patient was not ready to leave, which caused delays to their journey and potentially the next journey. We asked if they provided feedback when this happened, staff told us they sometimes provided feedback but it depended on the hospital or care provider, there was no formal process.

## **Consent, Mental Capacity Act and Deprivation of Liberty Safeguards**

- **Staff supported patients to make informed decision about their care and treatment.**
- The electronic records system held information about patients with identified special needs and requirements which included people living with dementia and learning disabilities.
- The service provided training upon induction on the Mental Capacity Act, Deprivation of Liberty Standards and consent.
- The service had a mental capacity policy in place. The policy was regularly reviewed and cross referred to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards 2009 and other Thames Ambulance Service policies (safeguarding vulnerable adults, consent and other relevant policies). The policy provided guidance to staff including but not limited to; decision making and best interests decisions.

## **Are patient transport services caring?**

Not sufficient evidence to rate



We were unable to observe any care interactions therefore we did not have sufficient evidence to rate caring.

### **Compassionate care**

- **Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.**
- The provider sent us their friends and families test survey results following our inspection, at Grantham 36 patients out of 38 and at Lincoln 26 out of 30 rated the service excellent for being courteous and caring.
- Patient and carer feedback comments included 'Staff were very good, phone centre better than before' '...has been amazing to our resident and has gone out of their way to make them feel settled' and 'excellent service – staff are always cheerful'.
- During our inspection, our conversations with ambulance care and assistants and control room booking and dispatch staff demonstrated that staff were considerate of the needs of patients. Staff spoke about patients and their relatives in a kind caring and respectful manner.

### **Emotional support**

- Staff gave examples of when they had offered support to patients who were distressed. This was both operational and control staff.

### **Understanding and involvement of patients and those close to them**

- The provider sent us their friends and families test survey results following our inspection, 32 patients out of 38 and at Lincoln 24 out of 30 rated the service as excellent when staff communicated with them.

# Patient transport services (PTS)

## Are patient transport services responsive to people's needs?

Requires improvement



Our rating of responsive improved. We rated it as **requires improvement**.

### Service delivery to meet the needs of local people

- **The service was planned to provide services in a way that met the needs of local people.**
- The service worked under contracts set by clinical commissioning groups (CCGs). The senior management and operational director said they were working more closely with CCGs and encouraging CCGs to carry out quality site visits. The main area of concern for service delivery was Lincolnshire.
- At the last inspection we had been told the provider was introducing a commissioners' information online self-service portal to enable commissioners to log in and access up to date information in relation to their contract. However, this was still not in place at the time of our inspection.
- ACAs and station managers felt there had been improvement in recent months in control centre planning journeys appropriately, for example, taking account of the geographical spread of patients, and putting only appropriate patients together on journeys with multiple patients, although there were still some issues reported with this. One ACA said they had raised this at a local team meeting recently and had seen improvement as a result.

### Meeting people's individual needs

- **The service did not always take in to account patients' individual needs.**
- We had concerns about how staff were equipped and supported to meet the needs of individual patients which we have reported on under the 'Assessing and responding to patient risk' subheading above. ACAs at Grantham could not give details of any specific training sessions they had received on meeting the needs of patients with mental health illnesses or dementia or learning disabilities and a work-based assessor said

they felt it would be valuable to have this. This was despite the provider supplying information that demonstrated that 21 staff at Grantham and 43 staff at Lincoln had received mental health awareness training.

- Although the service had increased the level of training to meet specific needs such as bariatric patients or patients living with dementia or learning disabilities, we were not assured that the level and quality of training was sufficient to support operational staff in meeting patients' individual needs. For example, a member of staff at Grantham said they had received training at the Lincoln training room in transporting bariatric patients, but this training did not involve actually being shown the bariatric vehicle so they would not feel confident in using it.
- There was evidence of some improvement in meeting patients' individual needs. For example, there was improved support and systems to meet the needs of patients living with dementia. The dispatch team always allocated a double crew to a patient living with dementia and staff told us they knew how to escalate when they were not sure if they could meet the needs of the patient.
- We listened into bookings being taken by call handlers in the control centre and saw that they asked the person making the booking (usually a care home or a hospital) if there were any specific requirements such as deafness, dementia or mobility needs although this was done in an optional 'additional information' box rather than prompting the call handler to always ask these specific questions.
- We saw an example of a booking being taken where a care home was requesting an escort (the patient's husband) to travel with the patient as they were receiving end of life care and the husband wanted to attend all the patient's appointments. It was policy for an escort to always be permitted for a medical need but the call handler was not sure in this instance so referred to the duty manager for clarification. They advised that as the patient was receiving end of life care an escort should be permitted. There was always a duty manager on shift in the control centre for call handlers to raise any issues or queries.
- We spoke with three ACAs at Grantham on the first part of the inspection and one at Lincoln on the second part

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of the inspection and all four said there were sometimes issues with not being given all the information they needed to meet the needs of the patient, although all four said it had improved since our previous inspection.

## Access and flow

### • **Waiting times were not always in line with good practice.**

- We spent time with staff in the control centre to observe how patients accessed the service. Bookings were made over the phone usually by a hospital or other care provider but could also be made by the patient or a relative directly. Call handlers took patient details if they were a new patient or could retrieve their data using an ID number if they were a previous user of the service. Call handlers went through a list of eligibility criteria to assess whether the patient could be booked into the service and details of the booking and the patient's requirements such as whether they required a wheelchair or stretcher.
- The eligibility questions were different depending on the contract and on the criteria set by the commissioners. The reason for the potential variation in how call handlers asked the questions was because if the same questions were applied to each booking, patients may be able to respond to try and achieve eligibility when they shouldn't. Call handlers confirmed there were some patients who were not eligible who called frequently and tried to circumvent the criteria.
- There was a screen in the control centre which updated in real time displaying the number of calls, average call time and performance against target call times.
- Once a journey was booked it had an individual code so that it could be tracked and amended by the control and dispatch team if needed. Journeys were colour coded to show if they were inbound or outbound, booked but not yet started, delayed, aborted, in progress or completed. Journeys were allocated to either the service's own ACA staff or to third party providers in bookings for children or bariatric patients as the service was not able to transport these patients under the conditions of their registration.
- We observed dispatch and control centre staff who were responsible for managing journeys at the time of transport, allocating crews and liaising with crews if required during journeys. During our observations we saw they updated and amended bookings according to information being provided such as traffic issues. For example, there was a clash with two bookings being allocated to one crew, due to the first journey overrunning, so the control staff reallocated the second booking to another crew.
- At our previous inspection in October 2018 we had been told by ACAs that journey planning was poor and was affecting the quality of the service they were able to provide; for example, receiving multiple overlapping bookings in various locations which they would not be able to reach in the time allocated to them. We saw some improvement in this area, as ACAs told us there was improved consideration of journey time and allocation of staff by the control centre and a better dialogue between ACAs and control staff.
- We observed an issue with access to the service and booking processes. For example, one dispatcher managed an issue where a patient had been booked but the wrong address details were provided. The dispatcher told us that if it had been a local crew they probably would have picked up that the address did not match the provider name but because it was allocated to a crew from a different region they would not have had this local knowledge. It was not clear where the error had arisen. We asked the dispatcher if this would be reported as an incident and they said it would not be reported by the ACA crew.
- The dispatch team members we spoke with also raised concerns that individual patients were not always monitored with an ID number to see when a patient had tried to access the service multiple times with different booking requests to try and circumvent the eligibility criteria. At the time of our unannounced inspection a dispatcher liaised with two ACAs and all three confirmed there was an issue with a patient who had called up three times on three separate days requesting different booking arrangements and mobility needs each time and each request had been logged by the booking team without the discrepancies being questioned. We raised this with an operations lead who told us each patient had an ID number so if they had called up the day before with the same name and NHS number then the

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previous booking information that had been taken should have been visible on the booking. It was not clear why or how the multiple bookings for this patient had been able to be logged onto the system.

## Learning from complaints and concerns

- **People were able to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.**
- There was improved awareness of the complaints process and of complaints management by the patient experience team (PET) since our previous inspection. Staff said they received feedback from complaints where they had been directly involved and knew how to direct patients to the complaints process. However, there was a lack of any wider shared learning from complaints between sites.
- The service did not benchmark itself against other providers in relation to the complaints it received which meant it could not assess how effective it was within the sector with providing positive experiences for people using the service.
- The communications lead was in the process of managing a website redesign to make it easier for patients to raise a complaint.

## Are patient transport services well-led?

Requires improvement



Our rating of well-led improved. We rated it as **requires improvement**.

## Leadership of service

- **Locally, leadership had improved.**
- The service was led by a senior leadership team who were based at the Lincoln head office. This comprised the chief executive officer (CEO) and chief administrative officer. They were supported by a finance director, associate director of human resources, director of operations, director of quality and clinical governance, regional directors (north and south) and an assistant director of corporate services.

- Locally, each site was managed by a station manager who had oversight of the ambulance care assistant (ACA) workforce for their individual station. Station managers reported to a contract manager for their area, who reported to either the north or south regional director of operations.
- The service had a registered manager for the Lincoln head office and the satellite sites and had also appointed other registered managers to have oversight of other areas, which was an improvement from our last inspection. The senior team said they felt more confident about management arrangements following restructuring and that there was more ownership of specific areas and responsibilities.
- We still had concerns about the presence and strength of senior leadership which we had identified at the previous inspection in October 2018. All ACAs we spoke with at Grantham said they were not sure of who the senior team were and had not met them. Most of the executive team were based at the Lincoln location, near to the control centre, on both days of our visit there was a lack of executive team presence amongst operational staff, although control centre staff did report it was improved from last year. The regional directors of operations (south and north) were not based at Lincoln and senior leaders told us they regularly visited all operational bases.
- We spoke about staff engagement with the executive team and the executive team and they told us they acknowledged the issue around engagement but most of their work was based at the Lincoln head office so they were limited in being able to get to stations and spend time with ACA staff. This was a concern as the disengagement between senior management and operational staff was highlighted as a priority at the previous inspection and the senior team had told us it had also been raised as a concern in their CCG quality reports.
- There was positive feedback about contract and station managers and operational managers who sat below the executive team and we saw on inspection that they made visits to the control centre and to local stations to speak to staff and find out what was happening at operational level.

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- At Grantham there was evidence of significant improvement in local leadership and management. The Grantham site was managed by a station manager who was visible, approachable to staff and provided staff with the support and leadership required for them to complete their day to day jobs. All ACAs we spoke with said their manager was supportive including one who said the support from the station manager was their main reason for continuing employment with the service. The station manager reported that their line manager the regional operations lead was supportive and often visited the site to observe operations and speak to staff. This was an improvement from the previous inspection.
- It was a concern that all station managers were expected to have the same level of oversight and complete the same tasks regardless of the size and scope of their work. The Grantham station manager felt they were able to demonstrate good leadership and have sufficient time to support their team on 'ride outs' and with appraisals because they were a small team of 12 members of staff and seven vehicles, in comparison to for example, another location which comprised of 73 members of staff and 52 vehicles.
- There was also a concern about the lack of cover arrangements at site level management. We were told by staff that if the station manager was on leave or off sick there was no manager to cover. ACAs said they would feel comfortable contacting control or the contracts manager directly for any issues, but it meant there would be no manager on site and that there was no one to check ACAs had safely finished shifts and left the site.
- We were told this was the case across the provider. There was no plan to address this and it was not on the provider's risk register so we were not assured there was oversight or acknowledgement of this issue.
- The provider had a three-year strategy in place, published in 2018 which set out the organisation's objectives and a set of staff values. Thames Ambulance Service had a provider wide strategic plan for 2018-2021. The plan outlined four outcomes, which focussed on;
  - Providing an outstanding patient experience; to provide safe high-quality care, help patients to make timely decision about their transport, treating patients as individuals and with dignity and response and positively responding to patients concerns and complaint with subsequent learning from these.
  - Partnerships that make a difference; working with commissioners, collaboration with partners, planning and responding to business continuity and emergency incidents, and working closely with The Care Quality Commission.
  - Making Thames Ambulance Service a great place to work; keeping staff safe, ensuring proper training of staff and access to equipment, developing a culture of continual learning and development and supporting an inclusive and flexible workforce.
  - Providing a high performing and well governed organisation; embrace new idea, systems and technologies, being accountable for actions and outcomes and continually striving to achieve high levels of operational performance.
- However, this was not effectively shared with staff. All three ACAs we spoke with could not tell us what the service's vision or strategy was. At the Lincoln head office, a service lead told us they were aware of the provider core values, one of which was to become patient led. They also said that it was a key target of the provider to become 'the biggest' PTS provider. Another service lead could not say what the vision or strategy was but said it was displayed on the intranet and on a noticeboard.
- It was not evident from our other visits to other registered location and satellite sites that all staff were working to a shared vision and set of values, or that patient care was emphasised as the key priority for the service.

## Vision and strategy for this service

- **The service did not have a clear vision for what it wanted to achieve and a strategy to turn it into action.**

## Culture within the service



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- **The service was in the process of change and a focus on promoting a positive culture was in progress at the time of our inspection.**
- At our previous inspection there had been significant changes in management and leadership structures which had contributed to a sense of instability and uncertainty throughout the service. We found some evidence of improvement in this area, although this had not yet been embedded.
- There was evidence that staff were more confident in raising concerns and all ACAs and control centre staff we spoke with said they knew how to escalate issues and felt they would be taken seriously. There was stronger teamwork taking place in comparison to our previous inspection. All ACAs reported a positive and open culture at the Grantham site. At the Lincoln control centre we saw improved communications between control centre staff and ACAs during journeys.
- The three ACAs we spoke with at Grantham said they enjoyed their work and the control centre manager at Lincoln said 'I love my job; I go home smiling, I'm so involved in what I'm doing'. Senior leads acknowledged that there were still issues with staff not feeling valued and a negative culture but felt it was gradually improving.

## Governance

- **There was a lack of effective governance processes. Managers were clear about their roles and accountabilities however were new in post.**
- ACAs reported to and were overseen by a station manager. The station manager reported to the contracts manager who had oversight of stations in a designated region. The contracts manager reported to the northern or southern operations manager who in turn reported to the senior team. We had concerns that the site-level governance structure did not take account of the significant differences in the size and scale of individual stations. The station manager we spoke with described it as a 'one size fits all' approach which worked for their small station but was not well suited to other larger stations. We also had concerns that operational staff

(ACAs) did not know what the governance structure and process was past the contracts manager for their area or the types of discussions that would be taking place at regional or senior level.

- At our previous inspection we had raised significant concerns about governance and issued a requirement notice for the service to become compliant with Regulation 17: Good governance. There had been some improvements in governance processes and systems, although these were not yet embedded. This included local team meetings taking place regularly for staff to be made aware of current issues or incidents. This was happening at Grantham although there was evidence that it had not yet been rolled out consistently across all sites operated by the Lincoln head office.
- Following our previous inspection, the service had introduced an internal workplan for CQC compliance and were holding weekly senior team meetings to assess performance against their action plan in response to the concerns raised at our last inspection. The senior team told us they felt significant progress had been made in relation to governance processes and risk management. However, due to the concerns we had identified including the breaches of condition, the issues with assessing risk, and the lack of local risk management and staff being empowered to do this, we were not assured governance processes were sufficiently improved.
- The provider had a quality and clinical governance group who aimed to provide the executive board with assurances against contract performance, CQC standards, Health and Safety Executive regulations and information governance standards. However, there was no evidence of sharing this information with local teams to encourage engagement and improvement.
- The quality and clinical governance group met on a bi-monthly basis. We reviewed meeting minutes from February 2019 and saw the meeting covered various aspects of the service including but not limited to; incident overview, complaints update and infection prevention and control reports. Meeting minutes from the February 2019 clinical governance group meeting detailed discussions around an increase in incident

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reporting forms being submitted to the service. Managerial staff at a local level were already aware of rise in reported incidents which was due to increased staff awareness of incident reporting processes.

- There was a lack of clarity about third party contracts and ensuring third party staff were privy to the same information and risk assessments particularly in relation to the conditions imposed on the service's registration and the specific patient risks we had identified.

## Management of risk, issues and performance

- **The service had some systems in place to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.**
- We had concerns about governance and risk management which had also been identified as concerns at our previous inspection in October 2018.
- At Lincoln head office we spoke with the executive team about their main risks and actions to mitigate them. On their corporate risk register there were 14 risk entries which included recruitment and staff training.
- Our concerns were because the executive team told us site risks at individual stations were recorded and managed by station managers and then escalated upwards to area managers and then to the executive team but this did not match what we were told by ACA staff and the local station manager at Grantham. We were not assured that the process was known and used consistently and with confidence by local teams. We also asked a service lead in the control centre and they told us they had been shown the risk register but could not think of any local or directorate risks when we asked, except for the risk of a poor CQC report at an organisational level.
- At Grantham, we asked the station manager about local risk management and they said they did not keep a local risk register and were not aware they were expected to. They said there had been limited communication from senior management about responsibilities for recording and acting on local risks. They told us that all station managers received a short training session on risk assessments but felt it was not

sufficient for them to identify and respond to all potential risks on an ongoing basis. They felt unsupported by senior management in risk management and escalation.

- We asked the station manager what their main current risk would be and they said that previously the station environment had been an issue because it was messy, unorganised and poorly maintained when they took over the role but this had improved and was no longer a risk, and they could not provide any other risks. is supported the concern they had that they were not supported to have the knowledge and competencies to identify and act upon local risks. The service provided the location's risk register following our inspection, we reviewed risk register which had three risk rated low, concerning environmental and storage issues. Two risks had been added in May 2019 and one in April 2019.
- Risks were not shared with operational (ACA or control centre) staff to engage them in improvement of the service and help improve their awareness. This was confirmed by three ACAs at Grantham.

## Information Management

- **The service was not always collecting data and analysing it, to understand performance, make decisions and improvements.**
- Due to our concerns about audit arrangements and local risk registers, we were not assured the service was consistently collecting information to monitor safety, quality and performance. There was limited evidence that performance against KPIs had improved since the last inspection in October 2018.
- The service used an electronic patient records system which staff could access securely through personal digital assistants (PDAs). Staff could access policy and procedural documents through these devices and a computer terminal in the station. This was an improvement from the previous inspection where there had been issues with access to working PDAs.
- There had been an initiative to improve the consistency and content of noticeboards at each station to ensure staff across the service had access to the same information and that it was concise, up to date and relevant to their work. We saw improvement of this at Grantham.

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## Public and staff engagement

- **Staff engagement methods and processes were in their infancy.**

- Staff engagement was a significant concern at our previous inspection and on this inspection, we identified ongoing issues with staff engagement. The service performed very poorly in their most recent staff survey. For example, 33.1 percent of staff who completed the survey said they disagreed or strongly disagreed with the statement 'my employer shows they care about patients'. 45.8 percent of staff said they disagreed or strongly disagreed with the statement 'my employer shows they care about staff'. There was a low response rate of 206 staff out of over 800, with many staff who did complete it skipping questions due to the volume of questions on the survey, despite the survey being open for completion for four months.
- Staff we spoke with were not aware of the results of this staff survey or any changes implemented as a result and the three ACAs at Grantham were not aware there had been one carried out. There was no action plan to respond to the main concerns identified in the staff survey. Two service leads at Lincoln acknowledged the staff survey had not been an effective exercise.
- Staff told us that there were no opportunities to meet with staff from other sites or share learning such as combined meetings or focus groups. This meant that stations operated in relative isolation.
- There had been some improvements in staff engagement at Lincoln and Grantham although these improvements had not been embedded across the service. At site level at Grantham staff were more engaged than the sites we visited at previous inspections and they reported they felt involved in their work and encouraged by their station manager. There were regular staff team meetings taking place for updates and information sharing which was an improvement from our previous inspection. However, staff reported this was due to the station manager and

regional lead ensuring they were supported and were not sure of how the senior team were ensuring staff engagement and support. They also felt that other stations may not have the same experience.

- We reviewed location meeting minutes for March 2019 and April 2019, actions were assigned to staff and an update of progress was discussed. Within the minutes the station manager thanked staff for their hard work during a busy period.
- At Lincoln head office, the service had recently recruited a communications lead. The head of control centre reported this had improved staff engagement and team building. We spoke with the communications lead and they told us about initiatives to improve staff engagement including a focus on 'good news stories' being shared with staff, redesigning the 'Battenberg' newsletter to make it more concise and visually engaging, improving the intranet and social media forums, and auditing staff mailing lists to ensure they were contacting all relevant staff in communications. There had also been an initiative to give all staff an Easter egg as a thank you. However, they acknowledged it was going to take longer for engagement to show sustainable improvement and this was a new role so it was too early to assess the impact of this engagement work.
- At Lincoln we were told about a 'high five' scheme for recognising staff commitment and effort and a 'speak out' system to raise concerns but staff at Grantham were not aware of this.
- One member of staff from the control room had been recognised for developing a handbook for control centre staff with key messages and support. They had done this on their own initiative but we were concerned that this had only been identified and completed by an individual rather than in partnership with service leads.

## Innovation, improvement and sustainability

- There was limited innovation at the time of our inspection as the main focus was on improving the issues identified at the last inspection and compliance with their action plan.



# Outstanding practice and areas for improvement

## Areas for improvement

### Action the hospital **MUST** take to improve

- The provider must ensure that there are processes in place to monitor and audit all aspects of performance including compliance to safety protocols and call-handling processes.
- The provider must continue to improve safeguarding training rates.

- The provider must improve response times to ensure that patients are not delayed for appointments and treatment.

### Action the hospital **SHOULD** take to improve

- The provider should ensure that systems and processes are in place to monitor vehicle cleanliness.
- The provider should ensure the senior leadership team are visible in all locations.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 17 HSCA (RA) Regulations 2014 Good governance