

South Central Ambulance Service NHS Foundation Trust

Inspection report

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Ratings

Overall trust quality rating

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Summary of findings

Our reports

We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

The Evidence appendix appears under the Reports tab on our website here: www.cqc.org.uk/provider/RYE/reports.

Background to the trust

South Central Ambulance Service NHS Foundation Trust (SCAS) was formed on 1 July 2006, after the merger of the Royal Berkshire Ambulance Service NHS Trust, the Hampshire Ambulance Service NHS Trust, the Oxfordshire Ambulance Service NHS Trust and part of the Two Shires Ambulance Service NHS Trust. On 1 March 2012, the trust achieved foundation trust status. South Central Ambulance Service NHS Foundation Trust provides a range of emergency, urgent care and non-emergency healthcare services, along with commercial logistics services. The trust delivers most of these services to the populations of the South-Central region – Berkshire, Buckinghamshire, Milton Keynes, Hampshire and Oxfordshire. In addition they provide a non-emergency patient transport services (PTS) in Surrey and Sussex. There is also Resilience and Specialist Operations offering medical care in hostile environments such as industrial accidents and natural disasters. This team is known as Hazardous Area Response Team (HART) based in Hampshire. SCAS is the main provider of 999 emergency ambulance services within the South Central region (as are all English ambulance trusts in their defined geographical areas); all other services the trust delivers are tendered for on a competitive basis. Services are delivered from the trust's main headquarters in Bicester, Oxfordshire, and a regional office in Otterbourne, Hampshire. Each of these sites includes an emergency operations centre (EOC) where 999 and NHS 111 calls are received, clinical advice is provided and from where emergency vehicles are remotely dispatched if needed. There is a PTS contact centre at each EOC. The trust also works with air ambulance partners; Thames Valley and Chiltern Air Ambulance (TVAA) and Hampshire and Isle of Wight Air Ambulance (HIOWAA). The trust serves a population of over seven million people across the six counties. They employ 3,300 staff who, together with over 1,000 volunteers, operate 24 hours a day, seven days a week.

Overall summary

We rated it as **Good** ●

What this trust does

South Central Ambulance Service NHS Foundation Trust provides a range of emergency, urgent care and non-emergency healthcare services, along with commercial logistics services. The trust delivers most of these services to the populations of the South-Central region – Berkshire, Buckinghamshire, Milton Keynes, Hampshire and Oxfordshire. They also provide non-emergency patient transport services in Surrey and Sussex. They receive 999 calls in their clinical coordination centres in Bicester, Oxfordshire, and Otterbourne, Hampshire; Response to 999 calls is by arranging the most appropriate resource from community first and co-responders, to rapid response vehicles, ambulances, air

Summary of findings

ambulances or a combination, and sometimes all, of these; The trust provide the integrated urgent care service for the Thames Valley and NHS 111 service for Hampshire from two clinical coordination centres; Take eligible patients to and from hospital appointments and treatments with their non-emergency patient transport service (PTS) and provide a commercial logistics service across Oxfordshire.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

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?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse. We use information from previous inspections, engagement, notifications and information from staff, patients, stakeholders and the trust to decide what areas of the trust to inspect.

CQC temporarily suspended all routine inspections on 16 March 2020 to support and reduce the pressure on health and social care services during the COVID-19 pandemic. CQC, as well as providers, want to be able to prioritise keeping people safe during this time. This inspection was already underway at the time of the suspension and therefore couldn't be completed in the usual way.

This report includes the findings from the completed service level inspections, but the well-led inspection was not completed. CQC is only able to update findings on well-led at the overall trust level or update the other trust-level ratings when we have inspected the well-led component. As a result, the ratings for the overall trust and five key questions included in this report are from a previous inspection.

During this inspection we inspected one core service, the patient transport service. The rating for this service can be found in that section of the report.

Ratings tables

The ratings tables show the ratings overall and for each key question, for each service and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

Outstanding practice

We found examples of outstanding practice in the Patient transport service.

For more information, see Outstanding practice in the Patient transport service section of this report.

Summary of findings

Areas for improvement

We found areas for improvement including one breach of legal requirements the trust must put right. We found six things the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

For more information, see the Areas for improvement and Regulatory action in the Patient transport service section of this report.

Action we have taken

We issued a requirement notice to the trust. Our action related to a breach of one legal requirement in the patient transport service.

For more information on action we have taken, see the section on Areas for improvement and Regulatory action.

What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

Is this organisation well-led?

We did not inspect trust-wide well-led at this inspection. See section headed 'what we inspected and why' for more information.

Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good Aug 2018					

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Ratings for ambulance services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018
Patient transport services	Requires improvement →← May 2020	Good →← May 2020	Good ↓ May 2020	Good →← May 2020	Good →← May 2020	Good →← May 2020
Emergency operations centre (EOC)	Good Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018
Resilience	Good Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018
Overall	Good →← May 2020	Good →← May 2020	Good →← May 2020	Good →← May 2020	Good →← May 2020	Good →← May 2020

Overall ratings are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Patient transport services

Good   

Key facts and figures

South Central Ambulance Service provides patient transport services (PTS) in Hampshire, Berkshire, Buckinghamshire, Oxfordshire, Surrey, Sussex and Milton Keynes. The service operated out of 41 stations. Some stations were shared facilities with front-line services and PTS, other stations were dedicated PTS facilities and some stations were in community settings where PTS services shared the space with other community services. The PTS service has 344 vehicles available to use across the locations.

The service transported patients who were unable to use public or other transport due to their medical condition and included those who were, attending hospital outpatient clinics, being admitted or discharged from hospital wards or needed life-saving treatments such as radiotherapy, chemotherapy, or renal dialysis. From December 2018 to November 2019 PTS completed 590,058 non-emergency patient transport journeys. Including, 3,635 journeys for patients under the age of 18 which equated to 0.6% of journeys.

The journeys were booked and coordinated by dedicated contact centre staff, call handlers and dispatchers, based in Eastbourne (West Sussex), Durrington (East Sussex), Dorking (Surrey), Otterbourne (Hampshire) and Bicester (Oxfordshire).

The trust employs 878 PTS staff who comprised of managers, ambulance care assistants (ACAs), contact centre staff and logistics staff.

The service employed hospital liaison officers in major hospitals (HLOs). HLOs linked with hospital staff to deal with patient transport bookings and queries, and to help with patient discharges from hospital.

Patient transport services was supported by a volunteer car service, members of the public who volunteer with transporting patients to routine appointments. At the time of inspection, there were 183 active voluntary car drivers working in PTS. From December 2018 to November 2019 volunteer drivers undertook a total of 85,532 journeys which equated to 15% of journeys.

The trust fulfilled contracts with 17 clinical commissioning groups across the counties it serviced.

Prior to the inspection we reviewed a range of information from and about the service. During our inspection we visited 11 PTS stations throughout the region the trust served:- New Haw, Camberley (Surrey); Eastbourne (Sussex); Totton, Eastleigh, Havant, Basingstoke (Hampshire); Reading, Newbury (Berkshire), Stoke Mandeville (Buckinghamshire); and Didcot (Oxfordshire). We visited the contact centres at Otterbourne (Hampshire) and Eastbourne (Sussex) and the SCAS training centre based at Newbury (Berkshire). We checked 23 vehicles and spoke with 10 patients and approximately 50 staff members. Staff members included contact centre staff, ambulance care assistants, managers and senior managers.

Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.

Patient transport services

- Staff provided good care and treatment and assessed patients' food and drink requirements. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care.
- 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.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However,

- The service did not consistently control infection risk well. Equipment and control measures were not always used to protect patients, themselves and others from infection. Equipment, vehicles and premises were not always visibly clean and this was not consistently monitored throughout the service.
- The service did not always assess the environmental risks of PTS stations. Some premises did not keep vehicles and people safe. Safety measure had not been identified to mitigate the risk to vehicles and staff.
- The service did not always meet agreed response times.

Is the service safe?

Requires improvement ● → ←

Our rating of safe stayed the same. We rated it as requires improvement because:

- The service did not consider infection risk consistently across the PTS service. Equipment, vehicles and premises were not always visibly clean and this was not reliably monitored throughout the service.
- Some premises did not keep vehicles and people safe. Safety measure had not been identified to mitigate the risk to vehicles and staff.

However,

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The design, maintenance and use of facilities, premises, vehicles and equipment mostly kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

Patient transport services

- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service did not use any medicines on board patient transport other than oxygen.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team, the wider service and partner organisations. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- The service mostly provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Patient hydration and comfort needs were considered in planning journeys.
- The service did not carry or use any pain-relieving medication.
- The service monitored and worked towards meeting agreed response times so that they could facilitate good outcomes for patients. They used the findings to make improvements.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Staff gave support to patients and signposted them to other services if required.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

However,

- The service did not always meet agreed response times whilst transporting patients.
- Work to standardise procedures and processes and communicate across the PTS regions was still in its infancy and needed to be embedded.

Is the service caring?

Good  

Our rating of caring went down. We rated it as good because:

Patient transport services

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Good ● → ←

Our rating of responsive stayed the same. We rated it as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was working to be inclusive and took account of patients' individual needs and preferences. The service made reasonable adjustments to help patients' access services.
- People could access the service when they needed it, in line with national standards, and received the right care in a timely way.
- It was easy for people 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, including those in partner organisations.

However,

- The service did not carry interpretation books or cards on vehicles to help communicate with patients where English is not their first language.

Is the service well-led?

Good ● → ←

Our rating of well-led stayed the same. We rated it as good because:

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Patient transport services

- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Outstanding practice

We found examples of outstanding practice in this service.

- Hospital liaison officers (HLOs) were based at major hospitals. The HLOs supported the daily management of patient flow for the service and were very responsive to individual patient need, they worked to minimise delays for their own service and for the hospital trust.
- The contact centre learning and development team had developed an innovative, bespoke induction course which prepared and gave the contact centre staff the skills and knowledge to work in the service and had improved the quality of service for patients.

Areas for improvement

We found areas for improvement in this service.

The provider **MUST**:

- Have a robust system in place, throughout the patient transport service, to ensure equipment, vehicles and premises are cleaned and infection control procedures are followed and monitored effectively.

The service **SHOULD**:

- Consider the security of vehicles and staff when PTS vehicles are kept in a public car park.
- Consider the risks associated with storing large amounts of tyres in garages and to issue guidance on their safe storage to minimise associated health and safety issues.
- Consider keeping interpretation books or cards on vehicles to help communicate with patients where English is not their first language.
- Consider reviewing the variance in staff knowledge about vehicle load lists.
- Consider reviewing call answering times/aborted calls between operational and contact centre staff to make sure there is effective and efficient communication.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

Please note: Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website www.cqc.org.uk)

This guidance (see goo.gl/Y1dLhz) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

Regulated activity

Transport services, triage and medical advice provided remotely

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Our inspection team

Terri Salt inspection manager led the inspection.

The team included one further inspection manager, three inspectors, and three specialist advisers.

Specialist advisers are experts in their field who we do not directly employ.