

Thames Ambulance Service Ltd

# Thames Ambulance service Canvey Island

## Quality Report

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Date of inspection visit: 1 May 2019 to 2 May 2019  
and 13 May 2019  
Date of publication: 27/08/2019

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 Canvey Island is operated by Thames Ambulance Service Limited (TASL). The service provides a non-emergency patient transport service from several sites throughout England. Thames ambulance Service Ltd had 17 ambulance stations throughout the UK from which patients transport services were delivered. This inspection report details our findings at the Canvey Island, Essex location and Sussex satellite hub.

We inspected this service using our comprehensive inspection methodology. We carried out the short notice announced part of our inspection on the 1 May 2019 at the Sussex location and 2 May 2019 at the Canvey Island location, along with an unannounced visit to the service on 13 May 2019. Service opening hours were 5.30am to 2am at the Canvey Island location, Monday to Sunday. The service provides patient transport for several clinical commissioning groups (CCGs) in the areas of Essex and provides patient transport services for an NHS ambulance service trust from the Sussex satellite hub.

We last inspected this location in September 2017 to follow up on concerns raised at our previous inspection of this location in November and December 2016 (please see previous reports [https://www.cqc.org.uk/sites/default/files/new\\_reports/AAAF7922.pdf](https://www.cqc.org.uk/sites/default/files/new_reports/AAAF7922.pdf)) (see previous report [https://www.cqc.org.uk/sites/default/files/new\\_reports/AAAH1339.pdf](https://www.cqc.org.uk/sites/default/files/new_reports/AAAH1339.pdf)). Both of these previous inspections were conducted under our previous methodology where we did not rate ambulance services.

This inspection was part of our scheduled programme of our inspections. We also needed to follow up on significant concerns raised at our inspections at other TASL locations in October 2018. Although we did not inspect Canvey Island location as part of the October 2018 inspection, we could not gain assurances that the significant concerns we found at other locations were not systematic and widespread. During our inspection of the other locations in October 2018, 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. In order to ensure that patients using the services of this provider were safe, we imposed four conditions of registration across all of the provider's registered locations.

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.

The main service provided by this service was non-emergency patient transport services (PTS).

This is the first time we have rated the service and Canvey Island. We rated it requires improvement overall.

- Risk management systems and processes were in their infancy.
- Processes to improve staff and patient engagement were in their infancy.
- There were limited systems and processes in place to oversee governance around patient transportation being carried out at the Sussex satellite hub.
- We found eleven out of date policies at the Sussex satellite hub. Staff did not have access to electronic policies at this site.
- The service was not meeting the majority of key performance indicators with regards to patient transportation times.

# Summary of findings

- Staff survey (September 2018) showed that staff lacked confidence in employer commitment to training and developing staff, staff knowledge of directors, fair treatment of staff and a lack of confidence in leadership of the company.
- Local management structures were clear but in their infancy.
- There was no formal inclusion/exclusion/eligibility criteria in place for patients that self-referred to the service for transportation.
- We could not gain assurances that specialist bariatric equipment had been maintained and serviced in line with manufacturer's recommendations.

However, we also found:

- Equipment (including vehicles) were in working order and regular maintained inline with manufacturers recommendations.
- The service had systems and processes in place to prevent and control the spread of infection.
- Staff had received and were up to date in several mandatory training subjects, including but not limited to; safeguarding adults and children level two, IPC and information governance.
- Complaint handling systems were imbedded, with oversight from local managers at Canvey Island.

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?

The service had made some improvements following the last inspection. However, we found the following areas for improvement:

The service did not complete and update risk assessments for all patients, including those who booked private transportation.

There was a lack of systems and processes in place to prevent the booking and transportation of bariatric and paediatric patients. This was against the conditions of registration placed on Thames ambulance service in January 2019.

Staff did not always have access to a range of information relating to the patient.

The service monitored response times and used these to improve the service, however, several response times and key performance indicators were not being met.

Appraisal processes at the Sussex location were in their infancy after a period of not being completed.

The service was not always planned and delivered to provide services in a way that met the need of local people.

Waiting times were not always in line with good practice.

Local leaders were recently implemented at the Sussex location and governance processes were in their infancy.

Local risk registers had not identified all the risks the service may have faced.

Staff engagement methods and processes were in their infancy.

However, we also found:

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses.

# Summary of findings

There were mostly effective systems and processes in place to monitor and oversee staff compliance with mandatory training.

Managers recognised the importance of regular mandatory training for staff.

Staff understood how to protect patients from abuse and received the recommended level of training.

Patient feedback for the Canvey Island location was positive. People were able to give feedback and raise concerns about care received.

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Requires improvement 

# Thames Ambulance service Canvey Island

## Detailed findings

### Services we looked at

Patient transport services (PTS)

# Detailed findings

## Contents

Detailed findings from this inspection	Page
Background to Thames Ambulance service Canvey Island	7
Our inspection team	7
Facts and data about Thames Ambulance service Canvey Island	7
Our ratings for this service	8
Action we have told the provider to take	28

## Background to Thames Ambulance service Canvey Island

Thames Ambulance Service Canvey Island is operated by Thames Ambulance Service Limited (TASL). TASL was founded in 1996 and Canvey Island location has been registered since 2013. It is an independent ambulance service with headquarters located in Lincoln. We visited the services registered location in Canvey Island, Essex and satellite station in Uckfield, Sussex.

The service primarily serves the communities of the Sussex and Essex. The majority of Thames Ambulance patient transport services were awarded through five local clinical commissioning groups (CCGs).

The service has had a registered manager in post since January 2019.

Following our inspection of other TASL locations 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 also apply to Canvey Island Office and Sussex satellite station.

## Our inspection team

The team that inspected the service comprised 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 Canvey Island

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:

- 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

# Detailed findings

removal 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 Canvey Island 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.

During the inspection, we visited the Canvey Island location and Sussex satellite base. We spoke with 12 staff including; ambulance care assistants (patient transport drivers), control room staff and local management.

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.

## Activity

- In the reporting period January 2018 to December 2018 there were 35,167 patient transport journeys undertaken at the Canvey Island location. The service did not provide data demonstrating the number of patient journeys relating to the Sussex site.

Seventy ambulance care assistants (patient transport drivers) worked at the service, which 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

- Zero Never events
- Clinical incidents 40 no harm, 13 low harm, two moderate harm, one severe harm, one death
- Zero serious injuries
- 8 complaints (not formal, received between the months of January 2019 to March 2019)







## Our ratings for this service

Our ratings for this service are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
<b>Patient transport services</b>	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
<b>Overall</b>	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement



# Patient transport services (PTS)

Safe	Requires improvement	
Effective	Requires improvement	
Caring	Good	
Responsive	Good	
Well-led	Requires improvement	
<b>Overall</b>	<b>Requires improvement</b>	

## Information about the service

Canvey Island Office and Sussex satellite location supplied a non-emergency patient transport service to commissioners across various areas of the United Kingdom, primarily for the communities of Sussex and Essex. 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

This is the first time we have rated this location.

We rated the services as requires improvement overall.

We found the following areas that require improvement:

- The service did not complete and update risk assessments for all patients, including those who booked private transportation.
- There was a lack of systems and processes in place to prevent the booking and transportation of bariatric and paediatric patients. This was against the conditions of registration placed on Thames ambulance service in January 2019.
- The service monitored response times and used these to improve the service, however, several response times and key performance indicators were not being met.
- The service was not always planned and delivered to provide services in a way that met the need of local people.
- Local risk registers had not identified all the risks the service may have faced.
- Staff engagement methods and processes were in their infancy.

However, we also found:

# Patient transport services (PTS)

- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses.
- There were mostly effective systems and processes in place to monitor and oversee staff compliance with mandatory training.
- Managers recognised the importance of regular mandatory training for staff.
- Staff understood how to protect patients from abuse and received the recommended level of training.
- Patient feedback for the Canvey Island location was positive. People were able to give feedback and raise concerns about care received.

## Are patient transport services safe?

Requires improvement 

We rated safe as **requires improvement**.

### Incidents

- **The service managed patient safety incidents well. Staff recognised and reported incidents and near misses.**
- From April 2018 to March 2019 the Canvey Island service reported 57 incidents. The main themes of incidents during the same period included but were not limited to; inappropriate planning, failed discharges and cancelled appointments.
- Incident reporting was paper based. All incident reporting forms were sent to the Canvey Island location (from Sussex) for review, prior to forwarding the Thames Ambulance Service headquarters in Lincoln. A local incident log enabled managers to have oversight of incidents reported. We reviewed the incident log and saw evidence of actions taken as a result of reported incidents, which included follow up and feedback with both patients and staff involved.
- All serious incidents were overseen and investigated by senior managers within the service at provider level. Root cause analysis investigations were carried out where required. A 'rapid review panel' (RRP) reviewed incidents to ensure thorough and appropriate investigations took place and this process was led by the provider's director of quality and clinical governance.
- During our visit to the service on 13 May 2019, we reviewed the last serious incident at the location at Canvey Island. The incident related to a case where two patients were booked to travel together (one hospital to home discharge and the other an inter-hospital transfer). One patient had a complication on route. Staff had previously raised concerns around both patients travelling together and had escalated concerns to the control room centre. Due to operational demand the crew were advised to proceed with the journey.
- The service escalated the incident appropriately the following day to Thames Ambulance Service's Director

# Patient transport services (PTS)

of quality and clinical governance for review. After review, a rapid review panel meeting took place and outlined clear recommendations and changes to practice as a result of this incident. Learning was shared with staff and control booking processes were amended to cease the transportation of inter-hospital transfer patients and discharge patients at the same time to prevent reoccurrence.

- After our inspection, we requested the last three incident report forms relating to the Canvey Island and Sussex locations. At both locations, we saw appropriate action had been taken and that incidents were reviewed and actioned in a timely manner. We saw that communication with other healthcare providers took place, where required.
- We reviewed data of the number of incidents reported for the 12 months prior to our inspection. There had been a sharp increase in the number of reported incidents in January 2019. A member of staff advised us this increase correlated with the time that staff awareness of incident reporting was raised, and that staff felt empowered to report incidents after increased engagement around this process.
- Managers within the service shared incident outcomes and lessons learnt with staff through a variety of methods, including but not limited to; face to face feedback, emails, copies of incident report sharing and the 'Battenberg' newsletters. Battenberg newsletters were distributed amongst staff on an ad hoc basis, when important information required sharing.
- Staff we spoke with were aware of what constituted an incident and demonstrated knowledge of the incident reporting processes in place.
- A policy named "incident reporting and serious incident" policy a procedure was in place. This document had been regularly reviewed and was due for future review in July 2019. The policy contained a flowchart to guide staff on how to report an incident,
- The service provided staff access to a 'serious incident handbook'. This explained the meaning of serious incidents, reporting and investigation processes and methods of sharing learning following an incident investigation.

- 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 service had a policy in place named 'duty of candour'. The policy clearly outlined the roles and responsibilities of staff with regards to the duty of candour. Managers we spoke with understood and described the meaning of duty of candour.

## Mandatory training

- **There were effective systems and processes in place to monitor and oversee staff compliance with mandatory training completion.**
- The service provided mandatory training in a variety of subjects for operational staff through an external organisation. All new members of staff completed mandatory training during their induction. Subjects included, but were not limited to: health and safety, conflict resolution, infection prevention and control, safeguarding adults level two, safeguarding children level two and basic life support.
- At induction, new staff were given a handbook to complete, to demonstrate a minimum level of knowledge in core subjects as part of mandatory training prior to commencement in role.
- Data submitted after our inspection showed that 93% of staff at Canvey Island and 94% of staff at the Sussex satellite base had completed mandatory training which met the service's target of 90%. During our inspection, local managers at both Sussex and Canvey Island told us their staff training compliance levels.
- The service carried out a training needs analysis in 2019. This enabled the service to identify frequency of training and tailor training needs according to staff roles for example; ambulance care assistants and administrative staff required different training.
- At Canvey Island, a work-based assessor and trainer was employed to provide oversight, compliance and attendance at mandatory training. The work-based assessor told us that training provision could be difficult at times due to operational demand. However, the station manager liaised with the trainer on a regular basis to try and ensure staff received training when they

# Patient transport services (PTS)

needed it. During the seven weeks prior to our inspection, the work-based assessor told us there had been an increased focus with oversight and monitoring mandatory training compliance at the Canvey Island location.

- We reviewed 70 records at the Canvey Island base which demonstrated staff driving licences had been checked on an annual basis, detailing category entitlement to ensure staff had the correct categories to drive vehicles.
- Initial driving assessments were carried out at the start of employment. At the time of our inspection, 22% of Canvey Island staff had completed 'driving course assessment' training. However, there are no formal recommendations in place to recommend driver assessment or training for patient transport services. A member of training staff at Canvey Island told us they would request support from Lincoln headquarters in the event of needing a driving assessor, at the time of our inspection there was a vacancy for this role, despite the post previously going out to advert.
- Transportation of children was infrequent at Canvey Island. Training data showed that 100% of staff had received trolley paediatric restraint systems training and 82% of staff had received child seat awareness training.
- There was a dedicated vehicle operated by bariatric trained staff at the Canvey Island location. This vehicle was staffed by five regular crew members. At the time of our inspection, all staff had received training in the use of specialist bariatric equipment.
- The service had implemented bariatric awareness training provided at the point of induction. At the time of our inspection, 10% of staff had completed this training. Whilst this was awareness training only, compliance rates were low, however, all staff working on the dedicated bariatric transportation vehicle had received specific training in the transportation of bariatric patients.
- At both Canvey Island and Sussex, we saw information on display to support staff through safeguarding referral processes, in the event of the identification of a concern or vulnerable person. In addition, ambulance vehicles contained information packs which referenced a safeguarding flowchart and contact numbers for internal escalation and local authority contact numbers.
- Safeguarding training was provided as part of the induction process and repeated on a three-yearly basis. The service provided safeguarding adults level two and safeguarding children level two training for all operational staff. Data submitted prior to our inspection March 2019 showed that 88% of staff had completed this training. This data pertained to all locations within Thames Ambulance Service Limited and fell short of the service's target of 90%.
- After our inspection we requested up to date training data which showed 93% of staff at the Canvey Island location and 91% of staff at the Sussex satellite hub had received safeguarding adults and children level two training. The level of training was in line with national guidance and after our inspection, staff were meeting the service's training target of 90%.
- We spoke with seven staff about the safeguarding of adults and children. Staff told us they knew how to report safeguarding concerns by phoning the call centre and completing the necessary paperwork within the handbooks located in each vehicle. Some staff were able to give an example of learning from safeguarding.
- The service's director of quality and clinical governance and the head of quality and clinical governance had completed level four safeguarding training. A 24-hour safeguarding team within the service were always available for staff to contact, in they required advice. In addition, four members of staff were safeguarding leads and trained to level four. A further 25 members of staff had received safeguarding level three training and provided support cover through an escalation rota.
- Information technology systems allowed special 'notes' to be placed on patient records which indicated to staff an identified patient risk or vulnerability to ensure staff had access to relevant safeguarding information.
- The safeguarding adults at risk policy and procedure provided clear guidance for staff in the event of identification of a safeguarding concern. The policy was

## Safeguarding

- **Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.**
- There were mostly effective systems in place to safeguard vulnerable adults and children from the risk of abuse and learn from safeguarding concerns.

# Patient transport services (PTS)

in date and was due for review in November 2019. It outlined various types of abuse including but not limited to; modern slavery, forced marriage, female genital mutilation and PREVENT (the government's counter terrorism strategy). The policy contained contact telephone numbers for relevant local authorities for staff to report safeguarding concerns.

- Disclosure and barring service (DBS) checks were overseen locally at both the Canvey Island location and Sussex satellite base. A member of human resources staff held records of DBS checks. We reviewed data and saw that all staff had received a DBS check or were progress if a new member of staff.
- At the time of our inspection, there were no current systems or processes in place at the Sussex location to share learning from identified safeguarding concerns. Engagement methods with the local NHS ambulance service were in their infancy. Whilst this had been identified as a risk, we were unable to gain assurances that information from safeguarding cases was shared for learning amongst staff.

## Cleanliness, infection control and hygiene

### • The service mostly controlled infection risk well.

- There were mostly effective systems and processes in place to prevent and control the spread of infection.
- The provider had an infection, prevention and control policy in place. The policy was reviewed in July 2018 with further review planned to take place in July 2019. We reviewed this policy and noted that the policy lacked clear guidance on processes required for cleaning vehicles or for patients who were transported with a known healthcare associated infection. However, an additional documents named 'infection control procedure' contained information for staff on the cleaning and steps to take in event of a known infectious patient travelling on a vehicle.
- We reviewed the service's infection prevention and control procedure which was in date and had been reviewed in July 2018. The procedure provided guidance for staff with a number of infection prevention and control related subjects including but not limited to; blood and body fluid spillage, equipment cleaning and disinfection, uniform washing, hand hygiene techniques and the use of personal protective equipment (PPE).
- In addition, the IPC procedure provided guidance for staff around the specific course of action to take, in the event of transferring a patient with specific infections, including but not limited to; hepatitis B, Methicillin Resistant Staphylococcus Aureus (MRSA) and clostridium difficile (c-diff).
- The service had two standard operating procedures (SOPs) in place to provide specific guidance to staff on the cleaning of child booster seats and harnesses. Both SOPs had been reviewed in January 2019, with further review planned to take place in January 2020.
- Staff received infection prevention and control (IPC) training. Data submitted prior to our inspection (March 2019) showed 90% of staff at Canvey Island and 80% of Sussex staff had completed IPC training. Please note this data pertains to mandatory training overall for each site. Local training data showed that at the time of our inspection, 100% of staff at Canvey Island had received IPC training which was in line with the service's target of 90%.
- At the service's location in Sussex and Canvey Island, staff had access to hand washing facilities, hand gel and vehicle washing facilities.
- Patient transport vehicles contained PPE including but not limited to; gloves, aprons and face masks. This helped to prevent and control the spread of infection.
- We inspected two vehicles at the Sussex base and three at Canvey Island. All vehicles held an infection prevention control kit containing items including but not limited to; body suits, aprons, various clinical and non-clinical waste bags and shoe protectors. We saw body spill kits were available for use and within expiry dates.
- One vehicle we inspected at the Sussex location, had a dirty wheelchair and a small tear in one seat within the ambulance. This meant it may not have been possible to effectively clean and posed an infection prevention and control risk. We raised our concerns with managers. After our inspection, we saw that a compliance audit had been carried out to rectify these issues.
- Both vehicles at the Sussex satellite base were visibly clean and free from dirt. A vehicle, at the Canvey Island base had been checked prior to use on the day of our inspection. The daily check sheet had noted the vehicle

# Patient transport services (PTS)

was dirty, however, it was still used to transfer patients prior to cleaning. We raised our concerns with managers on site at Canvey Island, who requested the vehicle was returned for inspection and cleaning prior to being used again.

- We reviewed three vehicles at the Canvey Island location and found the vehicles were generally clean and stocked with equipment. All vehicles had an infection prevention control kit, which contained items including but not limited to; aprons, various clinical and non-clinical waste bags. However, one of the three daily check sheets noted that a vehicle was dirty upon commencement of shift. The crew took this vehicle out. We raised our concerns to the station manager who recalled the vehicle from use immediately for cleaning.
- We saw that all ambulance care assistants were bare below the elbow.
- The Canvey Island location and Sussex satellite base were both visibly clean and free from dirt and clutter. Equipment and consumables were stored above floor level to enable effective cleaning to take place.
- At the Sussex satellite hub, routine vehicle cleaning and deep cleaning was carried out by a member of Thames Ambulance staff. We spoke with this member of staff who advised that used mop heads (after routine and deep cleans after body fluid spillage) were disposed of in domestic waste bins. We were not assured that the service was doing all that was practicably possible to prevent and control the spread of infection.
- We raised these concerns with the base's contract manager who was unaware there were no clinical waste bins in place. We were told that clinical waste bins had been removed approximately one year prior to our inspection as staff were using these bins for non-clinical waste. Managers at the service told us that the service was in the process of discussing the provision of clinical waste bins and waste requirements. We saw evidence of discussions in the February 2019 quality and clinical governance group meeting minutes.
- In response to our findings on the day of inspection, the infection prevention and control lead performed a site audit of IPC and waste processes in place. The audit identified the need for clinical waste disposal systems. The service told us they would implement this immediately following our inspection.
- Deep cleaning was overseen at a local level at both the Canvey Island location and Sussex satellite station. Canvey Island held an information board which provided effective oversight of which vehicle was due deep cleaning and the date of last deep clean.
- Out of 48 vehicles at Canvey Island, 41 had received a deep clean at the recommended intervals of 12 weeks. The remaining seven vehicles overdue deep cleaning were clearly marked as a priority. The service had recently implemented an external provider for deep cleaning (three days prior to our inspection) and therefore there was a focus on clearing the backlog to ensure all vehicles had received a deep clean within recommended timeframes.
- At our returned unannounced inspection to Canvey Island, we saw that all vehicles had received a deep clean within recommended timeframes.
- The service carried out monthly audits to monitor compliance with infection prevention and control measures. Areas of focus included but were not limited to; vehicle spot checks, completion of vehicle deep cleaning, staff hand hygiene and uniform compliance.
- At the Sussex base, audit demonstrated areas of low compliance in the months of March 2019 and April 2019 in relation to exterior vehicle spot checks. In addition, vehicle cab and saloon checks, and COSSH compliance were between 78% and 84% at the Canvey Island base. Audit results had identified a theme of vehicles being dirty in both the cab and saloon. In response to the audit results, all vehicles were cleaned prior to use and information disseminated to staff through meetings. We reviewed staff meeting minutes from March 2019 which identified that concerns around vehicle cleanliness were discussed with staff.
- From February 2019 to April 2019, staff compliance with uniform at both Canvey Island and Sussex was 100% (with the exception of Canvey Island for the month of February 2019, where compliance was 97%).
- All linen used for patient transportation was disposable. This helped to prevent and control the spread of infection. We saw that linen was stored appropriately and plenty of stock was available.

## Environment and equipment

# Patient transport services (PTS)

- **The service mostly had suitable premises and equipment for the range of services it provided.**

- There were mostly effective systems and processes in place to ensure that equipment was available, maintained and safe for use.
- Ambulance stretchers and carry chairs were well maintained and serviced in line with manufacturers recommendations.
- After our inspection, we requested evidence of servicing for specialist bariatric equipment in use. The service did not provide this information.
- Vehicle servicing, maintenance and MOTs were overseen using a central spreadsheet (at provider level, overseen by a fleet manager). This ensured that vehicles received a MOT and service in line with manufacturers recommendations.
- At Canvey Island, a vehicle information board was accessible to staff which provided information when servicing was due on vehicles (both ambulances and patient transport cars). Station managers received an advanced warning (one month) of planned servicing to ensure suitable fleet arrangements were in place.
- Vehicles declared off road (VOR), were clearly marked to prevent use.
- Vehicle keys were securely stored at both the Sussex and Canvey Island bases.
- Staff accessed personal digital assistants (PDAs) to receive journey and patient information.
- The service had 45 PDAs, 15 were out of use. The station manager at Canvey Island told us these were in the process of being repaired and there were enough PDAs left (one per vehicle) for staff to use.
- Compliance audits were carried out at the Canvey Island and Sussex locations monthly. Compliance audits examined various measures including but not limited to; the environment, waste management, vehicles, building and kitchen areas. Overall compliance for February 2019 at Canvey Island was 78%, which demonstrated partial compliance (79%-84%). The compliance target was a score of 85% or above. Main areas of non-compliance

from this audit related to the environmental factors including but not limited to; faulty equipment left in corridors, no availability of liquid hand soap and broken toilet facilities.

- The fire risk compliance had identified that fire exit routes were not clearly signposted and that fire doors were not in a good state of repair. The audit contained clear actions to rectify identified issues listing required fire signage. We followed this concern up during our inspection and were advised that due to a possible relocation of the service at Canvey Island, work to fix this issue was on hold to prevent unnecessary cost to the service in case of relocation/renovation of the service. This had not been identified on the location's risk register.
- All vehicles we inspected at Canvey Island and Sussex had fire extinguishers in place. Fire extinguishers had been maintained in line with manufacturers recommendations.
- We reviewed a sample of consumable items including but not limited to; oxygen masks, first aid kits and dressings. We saw that vehicles were well stocked, and all consumables were within expiry dates.
- First aid boxes at base locations were stored in accessible areas and all consumables were within their expiry date.
- During our checks of vehicles, we found two ambulances carried a patient moving and handling slide. We noted these were not secured in the back of vehicles and could therefore pose a threat of a potential missile in the event of a road traffic collision. Similarly, on two ambulance transport cars, we found two unsecure fire extinguishers. We raised our concerns at the time of inspection to managers onsite who advised they would secure this equipment immediately.
- Station facilities included toilets, showers and rest/kitchen areas. All areas were visibly clean. However, at the Canvey Island location, we saw that flooring within crew areas was uneven and damaged, posing a potential slip/trip hazard.

## Assessing and responding to patient risk

- **The service did not complete and update risk assessments for all patients, including those who privately booked patient transportation.**

# Patient transport services (PTS)

- Bookings pertaining to the Sussex satellite base were exclusively handled by the NHS ambulance trust commissioning this service, then passed directly to Thames ambulance crews.
- At Canvey Island, staff told us the eligibility for non-private patients was assessed at the point of booking (by a healthcare professional) to ensure that patients could be safely transported. An inclusion and exclusion criteria allowed staff to make an informed risk assessment as to whether transport could safely take place.
- Specific questions were completed by the healthcare professional requesting transportation. Questions included but were not limited to; is the patient bariatric, does the patient suffer from severe mental health difficulties, patient mobility and whether the patient was bed bound.
- At Canvey Island, we spoke with staff who took bookings who told us there was no inclusion or exclusion criteria in place for patients who privately booked patient transport services. We could not gain assurances that the service thoroughly assessed if the patient was eligible to safely use the service. We raised our concerns with the station manager who told us that staff 'knew' what patients could be booked, and that there were no formal criteria(s) in place.
- Part of our inspection was to assess if appropriate measures had been implemented to facilitate the safe transportation of both paediatric (children under 12 years of age) and bariatric patients. The service was found to be acting outside of the conditions of registration with the Care Quality Commission, which were imposed in January 2019.
- Canvey Island conveyed bariatric and paediatric patients however, the site at Sussex did not transport bariatric or paediatric patients.
- We reviewed one electronic record available at the time of inspection relating to a booking relating to a bariatric patient. The record did not detail specific information about the patient and lacked pertinent information regarding how many crew members were required, if specialist equipment was needed and was not clear if the patient was travelling in their own bariatric wheelchair or requiring transfer to the onboard stretcher.
- From December 2018 to April 2019, Canvey Island carried out 55 journeys for patients under the age of 12 years. From February 2019 and April 2019, Canvey Island carried out seven bariatric transportation journeys. This meant the service was acting outside its conditions of registration.
- The service provided guidance for staff on performing dynamic risk assessments for the safe moving and handling of people.
- On the day of our inspection at Canvey Island, the service was taking bookings for bariatric patients transportation. We reviewed the booking records, there was limited information available to indicate what type of specialist equipment would be required for one case (to carry a patient upstairs at their home address). Booking room staff told us that ambulance care assistants working on the bariatric equipped vehicle had received specific training and that a dynamic risk assessment was carried out prior to moving the patient. However, we were not assured that effective risk assessments were taking place prior to booking and transportation.
- The service had a deteriorating patient policy in place. We reviewed this policy and noted it had been reviewed in January 2019. The policy provided guidance to staff on the action to take in the event of patient deterioration during providing care and transporting patients.
- In the event of clinical deterioration of a patient during transportation, staff had completed basic life support training. Staff told us that in the event of emergency, they called 999 for emergency services to attend.
- The service had a policy in place for patients transported who had an active do not attempt cardiopulmonary resuscitation order (DNACPR) in place. Information around DNACPR orders, if available at point of booking, was passed to crews through the personal digital assistants (PDAs). The DNACPR policy had been reviewed in August 2018 and included guidance for staff around the validity, different types and absence of DNACPR orders.

## Staffing



# Patient transport services (PTS)

- **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. However, sickness rates were high at the Sussex location.**
- The Canvey Island location employed 74 staff (ambulance care assistants). Staff worked a range of shift patterns between the hours of 5.30am to 2am Monday to Sunday. At the time of our inspection, there was one vacancy for a member of control room staff. The post was in the process of being advertised. Staff had identified to managers within the service that this put pressure on other control room staff at periods of high demand.
- The satellite station in Sussex had 32 staff in post. There were four vacant posts for ambulance care assistants, with two members of staff recently recruited, bringing the total headcount to 38 staff (ambulance care assistants).
- Full time staff were contracted to work 37.5 hours per week, however, unofficially, full-time staff worked 40 hours. At the time of inspection, local managers at the Sussex satellite station had identified the need to review the rota's in place to provide fairness and consistency for staff. A station manager had been implemented to oversee this (and other) new processes and changes.
- Staff at the Sussex satellite hub received all their work through PDAs, direct from the external NHS ambulance service control room. Staff at Canvey Island were allocated a vehicle on the commencement of shift. Planned work was then forwarded via the control room staff to PDAs as required.
- After our inspection we requested data detailing sickness at both the Canvey Island and Sussex sites. From December 2018 to April 2019, sickness rates ranged from 1.43% to 4.16%. For the same period, Sussex data ranged between 6.48% and 14.62%. During our inspection, the station manager advised that there were a number of staff who were 'long term sick' which raised sickness rates.
- Shift rotas were on display at both the Canvey Island location and Sussex satellite hub.

- Out of hours, Thames ambulance service operated a rota to provide on call duty managers, who addressed issues with staffing as and when required.

## Records

- **Staff had access to a range of information relating to the patient.**
- Control room staff advised that once a booking was received, if additional information was required (for example more information around a patient's mobility), they would contact the source who booked the journey.
- Information around do not resuscitate orders (DNACPR) was communicated at the point of booking, or occasionally, at the point of patient collection.
- Staff at both Sussex and Canvey Island accessed patient records from personal digital assistants (PDAs) which included the pickup location, medical needs, and if appropriate information around do not attempt resuscitation orders.
- All journey information (scene arrival times, destination arrival times) was electronically submitted through the PDA. Information was transferred to control to avoid the need for paper records.

## Medicines

- **The service had systems and processes in place to safely administer and store medical gases.**
- The service carried medical gases (oxygen). Other medicines were not required for patient transport services.
- We looked at five vehicles and the storage of medical gases. In all vehicles, medical gases were found to be in date, and securely stored within vehicles.
- We saw that medical gases in Sussex and Canvey island were stored in a lockable cabinet which was ventilated. Full and empty cylinders were clearly marked in designated area.

## Major Incidents

- The service had a major incident plan in place which provided guidance for staff in the event of a major incident. The policy also contained action cards to outline the roles and responsibilities of staff during a major incident.

# Patient transport services (PTS)

## Are patient transport services effective?

Requires improvement 

We rated it as **requires improvement**.

### Evidence-based care and treatment

- Policies used by staff were Thames Ambulance Service Ltd wide. All policies and procedures were reviewed at provider wide level.
- Access to policies at the Canvey Island location was via personal digital assistants (PDAs) and desktop computers. Staff also had access to some policies and guidance in information packs that were stored in the vehicles.
- Staff at the Sussex location only had access to paper policies. At the time of the inspection a computer was being setup in the staff room, however, this was not connected to the internet. Due to PDAs being supplied by the local NHS ambulance service, Thames Ambulance Service were unable to provide electronic access to policies for staff at Sussex. We reviewed all paper polices located at the Sussex satellite hub and found that eleven polices were pending review or out of date. We raised our concerns with the contract managers for the region who advised the service was in the process of installing internet access to enable staff to view policies electronically. However, due to a lack of access to polices through PDAs, we were not assured that Sussex staff could access polices in a timely manner.
- We reviewed the infection prevention and control policy in place and saw this policy lacked reference to national guidance. The policy lacked clear guidance on processes required for cleaning vehicles or for patients who were transported with a known healthcare associated infection. However, the service's 'infection control procedure' contained information for staff on the cleaning and steps to take in event of a known infectious patient travelling on a vehicle but the IPC policy did not cross refer to this document.

- The IPC procedures document referenced standard infection control procedures, 'Epic3' guidelines for preventing healthcare-associated infections and the World health Organisation 'five moments for hand hygiene'.

### Nutrition and hydration

- Due to the nature of services provided, the service did not routinely offer food or drink to patients.

### Response times / Patient outcomes

- **The provider monitored response time and used these to improve the service, however, several response times and key performance indicators were not being met.**
- Due to the nature of services provided, monitoring of patient outcomes was limited for patient transport services.
- The service monitored response times using key performance indicators (KPIs). KPI data submitted to the local clinical commission group(s) for the Canvey Island location, measured a variety of indicators including but not limited to; arrival time at hospital (separate indicators for admissions, renal patients and outpatients), collection time at hospital (planned discharge) and unplanned discharges.
- From September 2018 to February 2019, Canvey Island performance varied. The lowest compliance was seen for arrival time at hospital, with results ranging between 41% and 64% (KPI target of 90%). The service performed better with KPI performance data for collection times at hospital for planned discharges with performance ranging between 88% to 96% (KPI 95%).
- There were nine KPI's set out by local commissioners for the Canvey Island site. Data showed that no KPI's for the Basildon and Mid-Essex contracts were met from December 2018 to April 2019. Local managers at Canvey Island were in the process of maintaining communication with the local CCGs around KPIs monitoring.
- Whilst KPI data was collected at the Sussex satellite station, there was no formal contract or service level agreement in place. The contracts manager had recently started to support staff in the understanding of KPIs and planned to meet on a regular basis with the

# Patient transport services (PTS)

local NHS ambulance service which Thames Ambulances conveyed patients for. Please see the 'governance' section of the well-led report for more information.

- Data provided after our inspection detailed KPI performance data for the Sussex site from January 2019 to March 2019. Areas of poorer performance included; the transportation of renal patients to 45 minutes before their treatment time (83%-87%) and the transportation of unplanned ward and emergency and urgent care discharges, to be collected within 120 minutes of their agreed discharge (84% to 88%). These results were rated as 'red' on data provided by the service, indicating that KPIs were not being met.
- The service had the option of using fixed route planning. The service's registered manager told us fixed route planning was not used as it did not offer the flexibility that was often required for patient transport services.

## Competent staff

- **The service had some processes in place to ensure staff competencies and the commencement of employment. However, appraisals (at the Sussex location) were in their infancy.**
- Prior to the contracts manager being in post from April 2019, staff at the Sussex satellite site had no records of regular staff performance development reviews (PDRs) or appraisals. This had been identified by the contracts manager on commencement of post and emphasis had been placed on carrying out PDRs in the four weeks prior to our inspection.
- At the time of our inspection, 23 out of 33 staff had a completed PDR. We saw evidence that a further four staff were booked to have a PDR, three were staff were long term sick and the remaining three were awaiting a date.
- Staff were encouraged to attend their PDR and were offered overtime to complete this process.
- At Canvey Island, 19 out of 70 staff had received a PDR in the 12 months prior to our inspection. The registered manager and station manager carried out the PDR process with staff. The station manager explained the PDR completion, was work in progress due to the temporary absence of staff competent to perform appraisals within the service.

- All staff undertook induction training upon commencement of their role. Training subjects included but were not limited to; basic life support. infection prevention and control, information governance and emergency first aid at work. Staff were required to complete the induction course and learning outcomes were assessed to ensure they understood the training.

## Multi-disciplinary working

- **Front line operational staff worked together to care and support patients.** At the Canvey Island location, booking requests came to the control room from the booking organisation (hospital). Control staff liaised with operational crews to allocate work.
- Where required, control room staff contacted the hospital (or other healthcare provider) to ascertain additional information required prior to transportation. The recently appointed station manager at Canvey Island, reported feeling supported in their role to engage with local clinical commissioning groups (CCG). The station manager and registered manager both described a good relationship with the named point of contact at the CCG.
- Managers within the service had worked on developing relationships with local hospital discharge lounge staff. At one local hospital, registered nurses and healthcare assistants had completed a day shadowing ambulance care assistants and control room staff at Thames Ambulance service. The aim was to highlight the challenges of the service provided and improve joint working, to benefit smooth and efficient patient transport services.
- At the Sussex satellite hub, all bookings were made, handled and allocated by the external NHS ambulance service. Previously, there was a lack of oversight and multi-disciplinary working with this provider and no regular engagement took place. From April 2019, a contracts manager had been put in place at Sussex. The contracts manager had identified a lack of regular engagement and had implemented regular meetings with staff to improve communication and service provision for patients.
- Previously, there was a lack of oversight of the NHS ambulance service contract relating to transportation from the Sussex satellite hub. A new contracts manager at Sussex told us in the future there were plans in place

# Patient transport services (PTS)

to maintain regular engagement and communication with the NHS ambulance trust, however, due to its infancy, we were unable to see evidence of this at the time of our inspection.

- The staff we spoke with told us they mainly had a good working relationship with the control room. They said control room staff generally accommodated lunch breaks when requested during a shift.
- The service worked with other healthcare professionals to share information such as do not resuscitate orders with staff, prior to transportation. Information was shared at the point of booking. In addition, staff could contact the person who requested transportation to ascertain more details, if required.

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

- **Staff supported patients to make informed decision about their care and treatment.**
- The service did not transport patients detained under the Mental Health Act. At our previous inspection the registered provider was informed it must ensure that, following an initial assessment, an appropriately trained crew will attend to meet the needs of individual patients who required additional support due to mental health needs; this included appropriate training. At the time of our inspection, 93% of Canvey Island staff and 91% of Sussex staff had completed training in the mental health act.
- 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?

Good



We rated it as **good**

## Compassionate care

- **Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.**

- The service carried out patient experience surveys. Data as of 18 January 2019 showed that 186 returns had been made for the Canvey Island location. The survey data showed that 95% of patients would recommend Thames Ambulance Service Limited to friends and family of they needed transport. Patient feedback included quotes: “excellent service, lovely staff that go the extra mile”, “brilliant service, very fond of the morning drivers” and “comfortable journey and on time”.
- Staff at the Canvey Island location told us they had tried to provide the same drivers for patients to provide consistency in care. An example was given of where a patient had requested a specific driver, the service facilitated this upon the patients request.
- After our inspection, we reviewed 15 patient feedback forms for the Canvey Island site. Feedback was positive.
- At the time of our inspection, increased engagement was in the process of being planned with the NHS ambulance service trust which Thames ambulance provided patient transport services to from the Sussex location.
- After our inspection we requested up to date data for the friends and family test for both the Canvey Island and Sussex sites. This was not provided by the service.

## Emotional support

- Staff regularly conveyed the same patients to maintain an understanding of their emotional needs and provided support where necessary.
- We were told that ambulance care assistants used blankets to cover patients to protect a patient’s dignity and privacy.

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

- Staff we spoke with told us they always communicated with patients throughout the journey. Staff kept patients informed of key information such as traffic and any potential delays.

# Patient transport services (PTS)

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

Good



We rated responsive as **good**.

### 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.**
- Patient transport services provided non-emergency transport for patients who were unable to use public or other transport due to their medical condition. This included patients attending hospital admissions, outpatient clinics, hospital discharge or those requiring treatments such as chemotherapy or renal dialysis.

### Meeting people's individual needs

- **The service did take in to account patients' individual needs.**
- Patient eligibility to use the service was checked at the point of booking. The information technology system in use was pre-set to accept or reject patients, dependent on condition and requirements for travel. Control room staff could request more information if required from the person requesting transportation.
- At Canvey Island, 93% of staff and 91% of staff at Sussex had received training in mental health (including dementia) awareness training. The service's target was 90%.
- At Canvey Island staff had access to telephone translation services to support patients whose first language was not English, although staff we spoke with did not know this facility was available. We spoke with senior managers at the Sussex hub, who advised there were no translation services in place. Therefore, we were not assured that the service met the individual needs of all patients whose first language was not English.
- Canvey Island service transported bariatric patients. During the bookings process, bariatric patients were identified and passed exclusively to crews with

specialist equipment and training. The service at Canvey Island had a dedicated bariatric ambulance with specialist equipment to meet the individual needs of patients.

- At Canvey Island, the service rarely transported children, however, we saw appropriate equipment (child seat and child stretcher harnesses) in place to promote the safe transportation of paediatrics. The Sussex satellite hub did not convey children under the age of 18 years and therefore this equipment was not required.
- Staff had access to several communication aids to support patients with additional or complex needs including pictorial signage to support patients with additional communicational needs. However, on one vehicle at Sussex, we saw that there was no communications cards or language details available for staff. After our inspection, the service's manager completed an audit and put actions in place to rectify the lack of access to communications cards and language line.

### Access and flow

- **Waiting times were in line with good practice.**
- Canvey Island provided a service in line with contracts from local NHS clinical commissions groups (CCGs).
- We reviewed data relating to transport delays for the month of April 2019. The service provided transport for two CCGs from the Canvey Island location. We reviewed data received following the inspection which highlighted transport delays (over two hours) which occurred in 40 cases for month of April 2019 out of a total of 4101 journeys (1%).
- Vehicles and crews were allocated from the control room at Canvey Island, once booking had been received from providers requiring patient transport services. This meant resources were allocated in a timely manner to crews.

### 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.**

# Patient transport services (PTS)

- All complaints regarding the service (Canvey island location and Sussex satellite hub) were handled at Thames Ambulance Service headquarters in Lincoln, through the patient experience team.
- The station manager at Canvey Island received a monthly report, detailing the number of complaints received, to enable the identification of potential themes in complaints. Complaint details were shared with staff through newsletters, emails or face to face, if required.
- Complaint updates were a standing agenda item at bi-monthly quality and clinical governance meetings, which were provider wide and overseen by senior managers within the service.
- Patients could feedback or make complaints in a variety of ways including completion of patient feedback forms (carried on vehicles), telephone contact with the service or through the Thames Ambulance service website. The website contained links to the patient experience team and provided a link to the service's complaints policy. However, after our inspection, we noted that this link was not in use.
- The service provided information leaflets for patients advising how they could forward compliments or complaints about the service to the patient experience team.

## Are patient transport services well-led?

Requires improvement



We rated well-led as **requires improvement**.

### Leadership of service

- **Locally, leadership had been subject to recent change. Managers at the Sussex site were newly appointed at the time of our inspection.**
- Thames ambulance service limited had an executive management team in place and were located at the service's headquarters in Lincoln.
- Locally, the service had a clear leadership structure in place. The Canvey Island and Sussex station managers and team leaders reported to the location's registered

manager, who in turn reported to the Head of Operations (HOO) for the South. The HOO reported directly to Thames Ambulance Service operations director, based at the service's headquarters in Lincoln.

- Local management at both Canvey Island and the Sussex satellite hub told us they felt supported in their role, and that senior management within the service were responsive to concerns raised. Local managers praised HR services and senior service managers based at the headquarters in Lincoln.
- Local leadership of both the Canvey Island base and Sussex base had been subject to recent change. In January 2019 a station manager had been appointed at Canvey Island, and in April 2019, a contracts manager had been appointed at the Sussex base.

### Vision and strategy for this service

- **The service had a clear strategy in place (provider wide) and was in the process of implementing the strategy at the time of our inspection.**
- The service's values were displayed at both the Canvey Island location and Sussex satellite hub. The provider wide values were; 'patients first, staff focussed and responsible and accountable'.
- 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.

# Patient transport services (PTS)

- 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.
- The implementation of the 2018-2021 strategy was split in to three areas. For the first 18 months, the service's focus was to review policies, improve governance, focus on the health and wellbeing of staff and implement a number of initiatives to improve performance. At the time of our inspection, we saw some signs of improvement, including change in local management, increased compliance with mandatory training and a drive to improve staff engagement. However, these changes were in their infancy and required time to be embedded.
- We spoke with local managers at the Canvey Island location. Managers were clear on the service's values and that going forward, the strategy was to provide a clear focus on putting patients first and being responsible and accountable in their roles.

## Culture within the service

- **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.**
- There had been significant managerial change within the service at both the Canvey Island location and Sussex satellite hub.
- Local managers at the Sussex satellite station, described a culture that was previously poor. There had been a lack of consistent local management and staff support, which had led to poor morale. In response, the service implemented a contract manager to provide support to staff at this location.
- The station manager at Canvey Island described an improved staff culture due to a recent focus on improved staff engagement. We spoke with seven ACAs who all described station managers positively, as 'easy to approach' to raise any issues, 'supportive' in terms of development and 'understanding' of personal issues. All staff we spoke to knew how to escalate concerns and felt that they would be listened to.

- The service provided guidance to staff on how they could raise concerns through a whistleblowing policy. The policy was reviewed in June 2018 and provided guidance to staff on raising concerns.

## Governance

- **There was a lack of effective governance processes. Managers were clear about their roles and accountabilities however were new in post.**
- 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 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.
- We reviewed monthly quality reports relating to both the Canvey Island location and Sussex satellite. Reports detailed various aspects of site compliance including but not limited to; buildings, environment, waste management and vehicles.
- The monthly quality report (February 2019) for Canvey Island was mostly compliant with areas including but not limited to; building, kitchen areas, waste management and vehicles. However, areas of poorer compliance included; notice boards and fire risk.
- The bi-monthly quality and clinical governance meetings discussed incident reporting. Minutes from February 2019 demonstrated that incident reporting awareness had increased as a direct result of station managers providing training and increased staff engagement which corroborated our findings at the Canvey Island location.
- The monthly quality report for the Sussex location highlighted areas of compliance around the environment, garage and vehicle cleaning areas. However, areas of poorer compliance were noted in relation to waste management, notice boards and fire risk.

# Patient transport services (PTS)

- At the time of our inspection, the service was in the process of accessing staff personal confidential information from information technology systems. Previously, managers were unable to access information including staff's next of kin and addresses due to IT access issues. We saw that local management at Canvey Island and Sussex had taken steps to address this issue and used paper-based staff files whilst the electronic records were being corrected.
- Over recent months at both Canvey Island and Sussex, staff team meetings had not taken place. There was an increased focus at both locations to provide regular opportunities for staff to engage with each other and managers within the service in the future.
- Managers carried out local audits included environmental assessments, hand hygiene and infection prevention and control audits. This meant the various aspects of the quality of service was monitored on a regular basis.
- A contracts manager had been in post at the Sussex satellite hub for a short time prior to our inspection. We were unable to see evidence of embedded oversight and governance procedures/processes at the time of our inspection due to the manager being new in post. There was no contract or service level agreement in place for patients transported by Sussex staff on behalf of an external NHS ambulance service trust. This had not been identified by managers at the time of our inspection.
- Plans to improve key performance indicators at the Sussex site were in their infancy. There had been no station manager in post until April 2019, just prior to our inspection, which meant engagement and discussion with the external NHS ambulance trust had not been in place.
- At Canvey Island, the station manager and registered manager for this location met with the clinical commissioning groups (CCGs) on a regular basis to oversee service provision. Staff at Canvey Island described an open and communicative relationship with the CCG.
- The manager at the Sussex location told us that in the future, plans were in place to monitor oversight of the

work carried out to ensure key performance indicators were met. However, due to recently being in post, we were unable to see embedded evidence of this at the time of our inspection.

## 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.**
- The provider wide corporate risk register outlined key risks the service faced and included, but were not limited to; safeguarding, levels of complaints, staffing and mandatory training. The corporate risk register had been reviewed in February 2019.
- Locally, the risk register had been recently implemented at Sussex prior to our inspection to improve oversight of risks the service may face at a location level.
- We reviewed the risk register for Sussex (implemented 8 April 2019 by the contracts manager who was new in post). The risk register was in its infancy and was due to be stored on a central information technology system to allow provider wide oversight of local risks. Risks included, but were not limited to; poor rota alignment, safeguarding feedback and lack of dedicated fire marshal. All risks had been rated according to level of risk, detailed recommended controls, actions taken and had clear review dates. The contracts manager advised the risk register was 'in progress' due to recent implementation and in time, they would like to add additional risk to possibly highlight a lack of dedicated fire escape in the building and staffing concerns.
- At the Sussex location, staff did not have electronic access to policies either at the premises, or through personal digital assistants. This had not been identified as a risk on the local risk register for this location.
- There were clear lines of reporting risks from a local level to senior managers provider wide. Staff at Sussex highlighted risks to the head of operations, who in turn reported back to the clinical governance director and director for corporate governance.
- Managers at Canvey Island maintained a local risk register. The registered manager was responsible for the oversight and updating of this local risk register. Both the station manager and registered manager were clear on lines of escalation in the event of identification of risk



# Patient transport services (PTS)

and reported feeling supported in their role by senior managers at provider level and headquarters. We were given an example of where the headquarters in Lincoln had been responsive to concerns around staffing which had been raised locally at Canvey Island.

- The risk register at Canvey Island had two risks from 2015 and 2016. Whilst rated as low, the risk from 2015 related to poor and uneven flooring with the service's crew area. Whilst areas had been marked with tape, the floor was still very uneven, causing a potential slip/trip hazard. The risk register outlined, that planned reconstruction of the site was due to take place in early June 2019.
- Vehicle cleaning was on the risk register, we saw evidence that this had been addressed, with the outsourcing of cleaning services to a third party, in a bid to improve compliance.
- A recent fire risk compliance check identified that fire exit routes were not clearly signposted and that fire doors were not in a good state of repair at the Canvey Island location. This had not been identified on the location's risk register.
- Station managers told us they had received training around risk management, recording and awareness at the Thames Ambulance Service headquarters in Lincoln. This was in line with the service's action plan (last reviewed March 2019). which was put in place after our last inspection in October 2018 Staff were clear in lines of reporting and the escalation of risks.
- Managers at the Canvey Island based were clear on challenges the service faced in the future, these included service provision and securing contracts, increasing staff engagement and improving the culture of the service and staff.
- The service monitored the quality of services provided through use of a dashboard relating to the Canvey Island location. There was no oversight or dashboard in place relating to the Sussex location. Therefore, we were not assured that there was effective oversight and monitoring of services provided from this site. The dashboard at Canvey Island monitored areas including but not limited to; the rates of incidents including abusive behaviour from patients, late collection, patient/staff accident, staff behaviour and eligibility criteria.

## Information Management

- **The service was not always collecting data and analysing it, to understand performance, make decisions and improvements.**
- Systems and processes to share information with staff were in their infancy.
- At Canvey Island, staff accessed patient information and polices using personal digital assistants (PDAs). However, staff at Sussex did not always have access to policies because PDAs provided by the local NHS ambulance service did not contain this information. At the time of our inspection, there was not electronic access to policies at the Sussex base. This meant that we were not assured that staff could access information when they needed to.
- At the time of our inspection, a computer was in the process of being installed at the Sussex location which could provide staff with electronic access to polices.
- The service (at both locations) use information technology to secure handle and pass confidential information relating to patients.
- Staff notice boards were in place at both Canvey Island and Sussex. Information included incident reporting data, complaints and guidance on various policies and procedures.
- Each patient transport vehicle contained an information pack. The pack provided staff with guidance on the reporting of incidents, safeguarding processes and various forms in the event of vehicle collision or other incidents.

## Public and staff engagement

- **Staff engagement methods and processes were in their infancy.**
- Local managers had identified that previously, there was a lack of effective staff engagement processes in place.
- In response to a lack of previous staff engagement, the station manager at Canvey Island and contracts manager at Sussex had placed a focus on increasing staff engagement through a variety of methods including; regular meetings, emails and face to face contact with staff. We were unable to see evidence of this at Sussex due to new implementation, and Canvey

# Patient transport services (PTS)

Island staff told us they were not aware of the occurrence of team meetings. We were not assured that new processes for staff engagement were embedded within the service.

- We reviewed two previous staff meeting minutes from March 2019 and May 2019. Meetings contained a standardised agenda, covering topics including but not limited to; staff uniforms, general business and vehicle cleaning. However, we saw that staff attendance numbers to meetings were low, with five operational staff attending each meeting.
- The provider had recognised that staff engagement was previously lacking and in response, had introduced staff engagement meetings with local managers to gain feedback from staff. Local managers would then feedback to senior leaders within the service. Due to recent implementation, we were unable to see evidence of positive impact from these meetings at the time of our inspection.
- 'Battenberg' newsletter publications were distributed to update staff on various matters and recent developments within the service.
- A staff survey was released in September 2018 to gain feedback from staff. Due to a lack of responses, the survey duration was extended from one month to four months. In total (Thames Ambulance Service provider wide), 206 responses from a group of over 800 staff members were received. Of responses, 5% (approximately 10 staff) came from Canvey Island staff (Essex) and 0.5% (one member of staff) came from Sussex staff. Areas of concern included but were not limited to; employer commitment to training and developing staff, staff knowledge of directors, fair treatment of staff and a lack of confidence in leadership of the company.
- Patient engagement was focused around feedback cards, which staff gave to patients after transportation. For the month of December 2018, staff working from the Canvey Island base collected 186 responses in relation to patient surveys. The patient survey was group wide and newly implemented in 2018. The survey review indicated that the new, standardised format would continue to be used and monitored. The service had

planned that in the future, patient feedback surveys were to run on a quarterly basis at Canvey Island, to ensure the collection of comparable and meaningful data.

- After our inspection we request patient data relating to the Sussex location. The service did not provide this data after our inspection.
- The service offered an employee assistance line to provide support to staff. This was to help with a number of subjects including general wellbeing support.
- At Canvey Island, local managers ran an 'you said, we did' event where staff could raise areas of concern or suggest things they would like to change. Examples of changes that took place as a result of this event included but were not limited to; more efficient vehicle repairs and uniform issues. In response to uniform issues, the provider had implemented a working group to investigate and respond to the concerns raised.
- At the Sussex base, monthly staff meetings had commenced in April 2019 after the new manager had come in to post. We reviewed minutes and saw that a variety of topics were discussed, including but not limited to; rota management, computer access to policies/procedures, housekeeping and the reporting of faulty equipment.
- There were no formal processes in place to monitor patient feedback at the Sussex site. This meant that staff did not receive feedback which could have helped identify and improve the way services were delivered.

## **Innovation, improvement and sustainability**

- Locally, the importance of staff receiving regular mandatory training had been recognised. Mandatory training compliance had improved over recent months and a work-based assessor and trainer had been employed to assist with ensuring staff received regular training to be competent in role.
- The service at Canvey Island had identified the need to provide tailored patient feedback questionnaire for patients with renal conditions. At the time of our inspection in May 2019, the questionnaire was awaiting ratification from the local clinical commissioning group, prior to planned patient distribution on a quarterly basis.

# Outstanding practice and areas for improvement

## Areas for improvement

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

- The provider must take ensure that there are systems and processes in place to gain feedback and share learning from safeguarding investigations.
- The provider must ensure that there are effective systems and processes in place to monitor and improve the service provided (specifically relating to the Sussex location).
- The service must ensure that all risks are identified and reviewed on a regular basis with clear documented action to demonstrate the mitigation of risk.

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

- The provider should ensure there are systems and processes in place to support patients whose first language is not English.
- The provider should ensure that systems and processes are in place to monitor vehicle cleanliness.
- The provider should ensure there are systems and processes in place to maintain regular oversight of key performance indicators to drive service improvements.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There was a lack of systems and processes in place to gain feedback and share learning from safeguarding investigations.</p> <p>There was a lack of effective systems and processes in place to monitor and improve the service provided (specifically relating to the Sussex location).</p> <p>The service did not always identify and review risks on a regular basis. There was a lack of documentation to demonstrate the mitigation of risk.</p>