NHS
High Weald Lewes Havens
Clinical Commissioning Group

# SOUTH CENTRAL AMBULANCE SERVICE NHS FOUNDATION TRUST

# QUALITY ASSURANCE VISIT REPORT

# 14TH DECEMBER 2016

# NON-EMERGENCY PATIENT TRANSPORT SERVICE

## VISIT UNDERTAKEN BY: PATRICIA KENNARD-HWLH CCG CLINICAL QUALITY MANAGER

**AUTHOR: PATRICIA KENNARD-CLINICAL QUALITY MANAGER-HWLH CCG**

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## INTRODUCTION

The High Weald Lewes Havens (HWLH) Clinical Commissioning Group (CCG) Clinical Quality team are engaged in working with a range of providers, using site visits, data collection from other sources, formal and 'soft intelligence' as well as listening to staff and patients in order to give assurance to the public and Governing body.

Coperforma Ltd were awarded the contract for delivering non-emergency patient transport services (PTS) from April 1st 2016 across Sussex. The Sussex-wide service provides transport for eligible people who are unable to use public or other transport owing to a variety of medical conditions to their healthcare appointments. It is completely separate from the emergency and other ambulance services. It operates seven days a week, including Bank holidays.

Since 1st April 2016 the Sussex PTS has been managed by Coperforma Ltd. The start of the new contract saw unacceptable levels of performance, both in making bookings and with the transport itself. Patients and health care professionals had difficulty getting through on the phone lines and many patients were collected late or not at all. The HWLH CCG have worked closely with Coperforma Ltd to improve all areas, and the service has improved considerably, however, the improvements are not consistent across the whole of Sussex and some patients continue to experience problems. More recently there have been a number of issues between Coperforma Ltd and some of its subcontractors, which have raised concerns about the sustainability of the service.

Coperforma Ltd have now asked to step down from the contract and South Central Ambulance Service NHS Foundation Trust (SCAS) is to take over the contract for the Sussex Patient Transport Service**.** SCAS has 40 years' experience, and currently provides the PTS service acros the whole of the South Central region, including Hampshire and the Thames Valley (Berkshire, Buckinghamshire and Oxfordshire). In order to minimise disruption to patients, the transfer will be phased over the next few months, with SCAS taking complete responsibility from April 2017.

The Trust also provide 999, NHS 111, Logistics and Courier service, First Aid and Clinical Training, Air ambulance, Community and Co-Responders, Resilience and Specialists Operations. For the purpose of this report, the main attention will be focused on PTS.

A recent CQC inspection 3-6 May and an unannounced visit 13 and 16 May 2016 was rated good. The report specifically highlighted the care that SCAS staff provide to patients using the Patient Transport Service and was noted as outstanding. Patients reported and appreciated the personal approach and respect shown by staff for their social and emotional needs.
An announced and planned visit by HWLH CCG Clinical Quality Manager took place on December 14th 2016 to assure and review processes, meet with staff and review various documents as needed, in line with the Contract and Key Performance Indicators (KPI's).

Prior to the visit, the CCG Quality team have been in correspondence with SCAS Assistant Director of Quality and Patient Care, and a number of policies were viewed from the SCAS website. With the support of the Safeguarding teams in Brighton and Hove, and Hastings

and Rother CCG's and the Infection Control Lead in HWLH CCG the following polices were reveiwed: Corporate and local induction policy and procedures, infection control, information governance, equality and diversity, harassment and bullying, moving and handling, disciplinary/appeals procedure, clinical waste management, staff recruitment, staff training and development, adverse incident reporting including duty of candour and whistleblowing, safeguarding adults and children, domestic abuse, complaints, serious incidents, mental capacity,PREVENT, bariatric, risk management, first aid and uniform policy. Most were commented as comprehensive but several were noted to be in need of review and to include updated national guidance. This was communicated to SCAS and an immediate response from SCAS was stated that the HR policies have had six months added and that others were in hand with revision, ratification and uploading to the website and this was further assured at the visit.

An introduction meeting was held on arrival with the Assistant Director of Quality and Patient Safety, Debbie Marrs, who has been in post for four years and has many years of nursing experience. An outline of the day was discussed of who would be attending during the visit from Management and to clarify all areas that needed assurance from the list sent prior to the visit. (**Appendix 1**)

## HR-STAFFING

The information in this section was provided by Debbie Marrs, Debbie Sengelow, the Project Manager Lead overseeing the transition and mobilisation plan, implementing milestones and more importantly, recruitment of staff with the possibility of TUPE (Transfer of Undertakings (Protection of Employment) for staff already working in the Sussex area and by telephone, Stacey Warren, Business Manager, who oversees the operational delivery of the contract for Hampshire.

Across all services provided by the Trust, there are approximately 3,600 staff members to date. All PTS staff are based at each centre and with the emergency services which ensures there is cohesive working relationships and prevents "silo" working. All staff are supplied with the Trust uniform and this was noted during the visit and identity lanyards were worn. Staff are expected to launder their own uniform at the correct temperature.

The recruitment process includes pre-employment checks, which includes DBS (Disclosure and Barring), references and drivers licence. All the information is held electronically.

There are three education centres, Oxford, Newbury in Berkshire and Southampton. The driving school is based at Newbury. Employees will travel to the nearest education centre for their training. There is an internal education department headed up by the Assistant Director of Education, a practising paramedic with air ambulance and an education team, mostly senior paramedics who are Band 7 trainers and Band 6 trainers who are paramedic technicians, ex PTS staff and Community first responders. Experts are brought in to deliver specific training, for example, mental health which will cover the mental capacity act(MCA), deprivation of liberties(DoLs) and dementia awareness and an expert for train the trainers.

The South Central Ambulance Service Mobile Simulation Vehicle otherwise known as 'Simbulance' is a high-fidelity simulation training ambulance, and the first in the UK for an ambulance service. This is not only used for clinical staff, but for PTS staff to reflect on lessons learnt from a complaint outcome, especially with communication skills.

For each area, there is a PTS Business Manager, a senior Operational Manager, an Operations Manager, Team Leaders who are responsible for mentoring, supervision and appraisals of the Ambulance Care Assistants Band 2/3. There is a Customer Care Manager who is responsible for the PTS Liaison Officers who work within the acute Trusts. They deal with bookings and queries, but also with any problems that occur on the day such as late arrivals and changes in patient appointments. Most importantly they ensure every patient is conveyed in a timely manner. The appraisal procedure was discussed and this is carried out annually, with interim six monthly reviews. Each staff member has a full stage review which includes 1-1, observation in their working environment and feedback including setting objectives for the following year. Any learning required is put in place and all details are kept electronically with the HR department and reminders sent when the appraisal is due.

The induction process is robust and has been reviewed recently. Last year, the new recruits would undertake a two-day induction course but this now is one day face-to-face training. Several initiatives have been incorporated in the induction process. Level 2 Safeguarding and Mental Health Awareness is now part of e-learning package. Before the one day induction, which includes information governance, equality and diversity, principles of infection prevention and control, manual handling, conflict resolution, basic resuscitation and vehicle familiarisation, all new recruits have a five day driving course which includes a written examination, observation and feedback. They also have to undertake a face-to-face three-day first aid at work course. The Trust have recently introduced the National Care Standards and all new recruits are expected to pass these standards which include dignity, privacy, safety and consent. All current staff at the Trust are working towards these standards.

There was a discussion about PTS staff having responsibility for oxygen and syringe drivers on the vehicles and it was stated that the staff are not responsible for these, it would be on a self-administered basis by the patient. The Trust have standard operating procedures including oxygen management, syringe drivers, conveyance of children, lone workers, vehicle inspection, sudden death and vehicle inspection. However, the subject of end of life care was discussed and this is work in progress and is hopefully being developed as a video and a work package and will be piloted in the near future.

The Trust intranet which was viewed at time of visit was extremely informative and easily accessible for the staff, with up-to-date news and items of interest. The staff also receive "Staff Matters" which is a weekly publication which includes any staff stories and health and wellbeing. This was viewed at time of visit. At each centre across the Trust, staff have a notice board which is kept up-to-date by the Operations Management. Another way that staff are notified of any current news and reminders is via a PDA (Personal Digital assistant). This is a handheld device combining computing, telephone, internet and networking features which are issued to all staff and used for their every day work schedule.

The question of staff having their influenza vaccinations was discussed and it was stated that the numbers have increased from last year 18% to 52% to date this year. A lot of hard work has been put in place by the Assistant Director of Quality to ensure that all staff are compliant and the latest figures for December have not been entered to date.

Staff were sent a reminder to attend Influenza clinics and reminders for any mandatory or statutory training that is out of date via their PDA. Unfortunately, the education team can be a month out of date and staff have already attended the training, but this is due to the delay of uploading the information which can take time to put in place. A discussion was held about the amount of policies that are on the website which is extremely reassuring, but the question of the expectations of staff reading most of them was not realistic. It was explained that there was an expectation for staff to read the relevant ones to them and every new policy and updated ones are sent out to all staff for a 21 day consultation which would explain the delay in the policies being uploaded to the website. Also, there several easy guides for staff including adverse incidents and investigation.

The staff take part in the annual National staff survey.

Another area discussed was the process for exit interviews and this is in place.

There are approximately 1600 volunteers across the Trust and in each area there are Voluntary Car Driving Leads, whose responsibility is to recruit and ensure all the pre-checks are carried out, including DBS checks. The volunteers are usually utilised for fully mobile renal and oncology patients. All volunteers are given a handbook outlining all the information they will require and also undertake basic training in Information Governance and Equality and Diversity. The Leads are usually volunteer Community First Responders. These staff members respond to local emergency calls and provide life saving first aid before an ambulance arrives. They are trained to assess the situation, providing immediate first aid if needed, and establish the patient's previous medical history.

The Trust have their own bank staff who have the same checks and training as the permanent PTS staff. The Trust also use the same agency and the staff are trained in vehicle familiarisation and are used as attendants on the vehicles. However, if the same agency staff work for a period of time, the Trust will send them to undertake the five day driving course.

A discussion was held on the topic of staff incentives and each centre varies from one area to another. The Head of Operations based at each centre may award the team of the month or a staff member of the month, usually for exceptional work or the handling of a difficult situation. Another incentive noted from the website was the annual staff awards called “Ambies” which was held in Windsor this year. These are awards for teamwork, innovation, professionalism and care.

The subject of Infection Control at each of the Trust centres and staff compliance was only touched on, as this is a specific area that will be recommended at the end of the report for the CCG Infection Control Lead to follow up. However, on information discussed, the Trust has a contract with some hospitals to launder all the blankets that are carried on each vehicle and the crews can pick up clean blankets from a designated cupboard in the hospital. They do not use disposable ones. At hub centres, there is a team of ‘make ready’

operatives whose responsibility is to maintain and clean the vehicles and check the equipment. Each PTS vehicle carries the required standard equipment, for example, gloves, wipes, vomit bowls and urinals. The vehicles are deep cleaned every six weeks, but the Assistant Director stated that there was no national evidence that this was the required length of time and they will be undertaking a pilot for ATP test swabs. The ATP test is a process of rapidly measuring actively growing microorganisms through detection of adenosine triphosphate, or ATP. All clinical waste is deposited in yellow bags that are kept on each vehicle and deposited at each centre in the appropriate containers.

## PATIENT EXPERIENCE

All information regarding patient experience was provided by Amanda Painter, Head of Patient Experience (PE), SCAS website and the Quality and Patient Safety Report September 2016. The Head has been in post for ten months and has made a lot of improvements in a short time and continues to work hard to ensure tracking and responses are completed in a more timely and efficient manner. The whole process and the way of capturing concerns, complaints and compliments needed reviewing and embedding into the Trust. The team consists of six members including the Head and is now centralised in Southampton and it was stated that they are in a “better position”. The team are available 9-5 weekdays and has a voicemail out of hours. An acknowledgement is processed within three days, with information regarding signposting to an advocate and the timescale of the process. An investigation is undertaken within 25 days and if an extension is required this is negotiated with the complainant. A formal response is sent following investigation and details of the ombudsman procedure is also relayed, if the complainant is not satisfied with the outcome. All cases are closed only by the PE team.

A ‘go digital’ launch in April 2016, has evidenced a much more extensive use of the Datix system (this is a patient safety organization that produces web-based incident reporting in the management of complaints, incidents, concerns and Healthcare professional feedback). In July 2016, the PE, Risk and Clinical Governance teams received enhanced Datix training for two days to aid and identify further essential enhancements to meet the current needs of the Trust. The team now have the ability to differentiate how many complaints and concerns are concerning the PTS service. The latest figures from 1st September to 30th November 2016 were 208. This total was mainly concerns with 32 formal complaints. The main theme were delays in picking patients up for appointments and return journeys. However, during the discussion, if this is related to activity during this period, the number is quite low.

Several innovative plans during the recent months have taken place as follows: Patient Roadshows over various areas explaining the procedures and processes, the Head of PE had a time slot at the Private Provider Training day in September, which was used to provide guidance on complaint handling regulations and processes, PTS staff members have attended workshops to have an understanding of the complaint procedure and twenty of the PTS team attended a complaints investigation training course in June.

The PE team attend Operations and PTS team meetings to share advice and knowledge of complaint handling and Datix use. All PE reports and analysis is reported at the Quality and

Safety Committee, which meets quarterly and also feeds into the Board meetings. An aggregated Learning report which is produced quarterly has information concerning learning outcomes, patient experience and Datix details. This is sent out across the Trust to all the staff. Any immediate information concerning incidents where staff are encouraged to write up their reflective practice together with a learning tool, with the support of their senior management is shared through SCASCADE.

On their website within the PTS section, there is a section called 'Patient zone'. This area for patients explains everything they need to know on how to book transport. There is an explanation about eligibility criteria and signposting if a patient is not eligible for transport, how to manage their booking and feedback. Patients are encouraged more and more to use online bookings and to fill in their online feedback forms. However, patients can phone into the two Demand centres based in Bicester, Oxfordshire and Southampton, Hampshire. All PTS vehicles have freepost surveys on board for patients to take away and post back at their convenience. Patients are provided with a quarterly newsletter keeping them up to date with actions taken to improve the service provided. A recent new initiation especially in Thames Valley area, patients can book transport through a booking kiosk based in the acute Trusts. All feedback is analysed and reported by the PE Manager for PTS and feeds into the Patient Experience Review Group which meets quarterly. Patient forums are held every six months in each of the four counties where SCAS delivers its service.

The Family and Friends test remains to be a challenge but this nationally is well known. The main problems for PTS is the number of repeat patients and the low numbers of patients returning their forms. The Trust have adopted this for two years and the two questions asked are: would you recommend the service to your family and friends and would you recommend working for the service. The Trust have been in discussion with other ambulance services and a co-ordinated response to NHS England to raise concerns about the appropriateness of the test is currently being prepared.

Within the Education Department, the Trust have been training members of the public for 15 years including First Aid at work, Manual Handling, Basic and Intermediate life support and Automated External Defibrillation. All details can be found on the website.

## CLINICAL GOVERNANCE

All of the information provided in this section was provided by Debbie Marrs, and further information from the SCAS website. The Director of Patient Care is responsible, together with a skilled team, for clinical governance and quality to the Trust's registered and unregistered clinical staff, to advise the Board of Directors on service developments, the lead Executive Director for Safeguarding both adults and children, Director of Infection Prevention and Control and the Trust Caldicott Guardian.

The Director of Patient Care attends the Board meetings which meets bi-monthly, one month internally and the other is public. The minutes of these meetings can be seen on their website but the September minutes were viewed at time of visit. The structure of all the Trust groups and meetings were discussed. (**Appendix 2**) The following meetings provide information to the Board: Quality and Safety Committee who meet quarterly, the Audit

Committee who meet quarterly and are the current drivers for signing off most of the policies and the Executive Team who meet weekly and are responsible for workforce development and HR policies. The Health and Safety Group responsible for all Health and Safety policies, the Patient Safety Group, Patient Experience Group and the Clinical Review Group all inform upwards to the Executive team. The Medicines Management group, Education Review group, National Ambulance Service Medical Directors Group and the Joint Operational Air Ambulance Delivery Group all inform upwards to the Clinical Review Group. The Serious Incident panel who meet bi-monthly and the Quality Governance and Risk Directors Group inform upwards to the Patient Safety Group. Lastly, the Equipment and Vehicle Review group inform upwards to the Health and Safety Group. Majority of committees have a PTS representative which is considered essential as historically there was very little involvement. The Clinical Governance Leads meet monthly with PTS Operations Manager to discuss specific issues to the service and this feeds upwards to the Patient Safety Group.

The Trust has a risk register which was seen during the visit. It was noted that there was one risk associated with PTS which concerned maintaining compliance with private providers and this is work in progress, especially with taxi firms.

The Complaints system has been mentioned earlier in the report. There are two Serious Incident Investigation Managers, who are both paramedics. One is based in the North and the other in the South. They are responsible for all the coroners hearings and give advice and support to all investigations. There is also a Legal Claims Manager. It was stated that there had not been any serious incidents requiring investigation in the last 2 years with the PTS.

There is a safeguarding team led by a Head of Safeguarding and managed by the Assistant Director of Patient Care.

The question of homeworkers was raised and it was stated that only Managers work from home.

## CONCLUSION:

During the visit, it was extremely evident that since the 2014 CQC report, where areas needed complete review, especially with the PTS, a lot of hard work from management and staff has been put in place to raise the profile of the service and this is to be commended. It was also clearly evident in the reporting of the recent CQC report in May 2016. It was also clear that the Trust is always looking for innovations to continue improving processes and systems and there was a great energy, passion and commitment about the delivery of patient care among the staff during the visit. The wellbeing of the staff is paramount and the management are motivated to ensure the standards of care are maintained.

The Deputy Chief Executive, James Underhay, who attended the meeting for a short time, was realistic and under no illusion that the contract for Sussex would be challenging and difficult in the early stages and fully recognised that significant improvements are needed, but felt confident that the staff and management would maintain and deliver the service.

Lastly, I wish to thank all the staff for their warm welcome, hospitality and to be reassured that the HWLH CCG Quality team were assured of their service to patients and feel confident that working closely together, our patients in Sussex will receive a high standard of care from this service.

**RECOMMENDATIONS AND ACTIONS FOR HWLH CCG:**

- The Infection Control Lead to undertake an infection control assurance visit to one of the centres to review compliance of vehicle maintainance and staff
- The Quality Manager to send through assurance visit reports of the three sub-contractors- actioned
- The Quality Manager to discuss with the CCG project team about any legacy issues concerning complaints and incidents following Coperforma's exit the end of March. Who will manage and monitor historic cases?
- The Quality Manager to send details of all the Safeguarding Leads across Sussex- actioned

Patricia Kennard-Clinical Quality Manager

HWLH Clinical Commissioning Group

21st December 2016

**APPENDIX 1**

**LIST OF AREAS THAT NEED ASSURANCE FROM THE KPI'S AND CONTRACT**

**PROCESSES FOR:**

Staff recruitment/turnover

Induction-how long/programme

Appraisals-how often, do staff have a 3 monthly appraisal on joining the company-are PDP'S included in this process-is there a database

Staff survey-how do they record staff satisfaction-is there a database

Staff retention- are staff offered an exit interview if leaving-incentives

Is there a training database, both for mandatory and specialised training-fire, equality and diversity, safeguarding, governance, whistleblowing, complaints process, who are the trainers, do they have accreditation

Clarification required for both adult and child safeguarding, SI and complaints process-are all staff aware of where the policies are kept and the process for raising and do they receive feedback on any investigation with learning outcomes

Is there a corporate risk register? Who manages this?

Clarification on named leads for safeguarding, Governance, Complaints, SI's and is there a Caldicott Guardian?

Clarification on quality assurance visits and 'spot checks' for sub- Contractors. Governance monitoring, CQC registration, staff checks-DBS, vehicle validation for ambulance and cars provision, wheelchair provision, child seats, infection control, cleaning and calibration of equipment and checking for expiry dates, SLA, contract with Coperforma, audits and policies, staff wearing appropriate clothing/work wear and have a Driving at Work policy

Bariatric patients-how are these assessed and managed for transport-correct equipment

Patient experience –how is this captured, method of capturing, reporting and acting on feedback

Family and Friends-how is this being incorporated into systems and how is it being recorded and details collated

Board meetings-are there any minutes

Are there any other meetings held and minutes

Schedule 6-contract management, reporting and information requirements

How do they manage the media-do they have a comms Lead?

Have they a Business Continuity Plan?

Are there or any plans to establish patient forums/engagement groups

**POLICIES:**

Health and safety

Infection control

Information Governance

Equality and Diversity

Harassment and bullying

Moving and Handling

Disciplinary/appeals procedure

Clinical waste management

Medicines Management

Occupational Health

Staff recruitment

Staff training and development

Contract fraud

Adverse incident reporting and investigation including duty of candour, whistleblowing and reporting of injuries and diseases-

Safeguarding Adults

Safeguarding children

Complaints

Serious Incidents requiring investigation (SI's)

Infection control

With the winter approaching, is there a policy on Outbreak management-for example-norovirus?

**This list is not exhaustive**

## APPENDIX 2

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