

THE LONDON AMBULANCE SERVICE NHS TRUST - CARE QUALITY COMMISSION INSPECTION

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Appendix A: CQC Inspection Report
Appendix B: LAS 2016-2017 Quality Improvement Programme

REASON FOR ITEM

To enable the Committee to question representatives of The London Ambulance Service NHS Trust (LAS) in relation to the report published on 27 November 2015 by the Care Quality Commission (CQC) with the findings of its inspection.

OPTIONS OPEN TO THE COMMITTEE

Members may question representatives of the LAS and seek clarification on issues in relation to its performance and the CQC report.







INFORMATION





CQC Inspection - June 2015

1. The London Ambulance Service NHS Trust (LAS) is one of 10 ambulance trusts in England providing emergency medical services to the whole of Greater London, which has a population of around 8.6 million people. The Trust employs around 4,251 whole time equivalent (WTE) staff who are based at ambulance stations and support offices across London.
2. The main role of LAS is to respond to emergency 999 calls, 24 hours a day, 365 days a year. 999 calls are received by the emergency operation centres (EOC), where clinical advice is provided and emergency vehicles are dispatched if required. Other services provided by LAS include: patient transport services (PTS) for non-emergency patients between community provider locations or their home address; NHS 111 non-emergency number for urgent medical help and/or advice which is not life-threatening; and resilience services which includes the Hazardous Area Response Team (HART).
3. The CQC announced inspection of LAS took place between 1 and 5 June 2015 and between 17 and 18 June 2015 with unannounced inspections on 12, 17 and 19 June 2015. The inspection was carried out as part of the CQC's comprehensive inspection programme.
4. The CQC inspected four core services:
 - Emergency Operations Centres
 - Urgent and Emergency Care
 - Patient Transport Services
 - Resilience planning including the Hazardous Area Response Team
5. The CQC did not inspect the NHS 111 service provision during this inspection.

PART I – MEMBERS, PUBLIC AND PRESS

6. Overall, the Trust was rated as Inadequate. Caring was rated as Good. Effective, and Responsive were rated as Requires improvement. Safe and Well-led were rated as Inadequate.

Overall rating for this Trust	Inadequate	
Are services at this Trust safe?	Inadequate	
Are services at this Trust effective?	Requires improvement	
Are services at this Trust caring?	Good	
Are services at this Trust responsive?	Requires improvement	
Are services at this Trust well-led?	Inadequate	

CQC inspections & ratings of specific services		
Emergency and urgent care	Inadequate	
Patient transport services (PTS)	Requires improvement	
Emergency operations centre (EOC)	Requires improvement	
Resilience	Inadequate	

7. CQC's key findings were as follows:

- The Trust was making efforts to recover from a decline in performance which had worsened in late 2014. At the time of the CQC inspection, the interim chief executive was appointed substantively to the post. This was seen as a positive move by many front line staff to assist stability. There had been two previous chief executives in post or appointed since 2012.
- The Trust was operating with a shortage of trained paramedics in the light of a national shortage and due to paramedics leaving its service for a number of reasons including better pay elsewhere. It had conducted recruitment of paramedics from as far afield as Australia and New Zealand to combat this.
- The CQC had significant concerns about a reported culture of bullying and harassment in parts of the Trust. The Trust had commissioned an independent report into this which it had received in November 2014. However, this was only presented to the Trust Board in June 2015.
- The CQC had similar concerns about the Trust's provision and use of HART paramedics and the Trust's ability to meet the requirements of the National Ambulance Resilience Unit (NARU).
- The Trust had been facing increased contractual competition for its patient transport services (PTS) leading to a diminishing workload. It was trialling a new non-emergency transport service (NET) which had begun in September 2014.
- During the CQC inspection, staff were found to be highly dedicated to and proud of the important work they were undertaking. At the same time, they were open and honest about the challenges they were facing daily. They were largely supportive of their immediate managers but found some senior managers, executives and board members to be remote and lacking an understanding of the issues they were experiencing.

8. The CQC saw several areas of good practice including:
- The Trust's intelligence conveyancing system to help prevent overload of ambulances at any particular hospital emergency department.
 - Good levels of clinical advice provided to frontline staff from the Trust's clinical hub.
 - The CQC observed staff to be caring and compassionate, often in very difficult and distressing circumstances.
 - The percentage of cardiac patients receiving primary angioplasty was 95.8% against an England average of 80.7%
 - Good multi-disciplinary working with other providers at Trust and frontline staff levels.
9. However, there were also areas of poor practice where the Trust needs to make improvements. Importantly, the Trust must:
- develop and implement a detailed and sustained action plan to tackle bullying and harassment and a perceived culture of fear in some parts.
 - recruit sufficient frontline paramedic and other staff to meet patient safety and operational standards requirements.
 - recruit to the required level of HART paramedics to meet its requirements under the National Ambulance Resilience Unit (NARU) specification.
 - improve its medicines management including:
 - formally appoint and name a board director responsible for overseeing medication errors and formally appoint a medication safety officer.
 - review the system of code access arrangements for medicine packs to improve security.
 - set up a system of checks and audit to ensure medicines removed from paramedic drug packs have been administered to patients.
 - set up control systems for the issue and safekeeping of medical gas cylinders.
 - improve the system of governance and risk management to ensure that all risks are reported, understood, updated and cleared regularly.
 - address under reporting of incidents including the perceived pressure in some departments not to report incidents.
10. In addition, the Trust should:
- review and improve trust incident reporting data.
 - ensure all staff understand and can explain what situations need to be reported as safeguarding.
 - review the use of PGDs to support safe and consistent medicines use.
 - improve equipment checks on vehicles and ensure all equipment checks are up to date on specific equipment such as oxygen cylinders.
 - ensure sufficient time for vehicle crews to undertake their daily vehicle checks.
 - ensure consistent standards of cleanliness of vehicles and instigate vehicle cleanliness audits.
 - set up learning to ensure all staff understand Duty of Candour and their responsibilities under it.
 - ensure adequate and ready provision of protective clothing for all ambulance crews.
 - ensure equal provision of ambulance equipment across shifts.
 - improve the blanket exchange system pan London to prevent re-use of blankets before cleaning.
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- ensure full compliance with bare below the elbow requirements.
- review and improve ambulance station cleaning to ensure full infection, prevention and control in the buildings and in equipment used to daily clean ambulances.
- set up a system of regular clinical supervision for paramedic and other clinical staff.
- ensure all staff have sufficient opportunity to complete their mandatory training, including personal alerts and control record system.
- increase training to address gaps identified in the overall skill, training and competence of HART paramedics.
- review staff rotas to include time for meal breaks, and administrative time for example for incident reporting.
- review patient handover recording systems to be more time efficient.
- provide NICE cognitive assessment training for frontline ambulance staff.
- improve training for staff on Mental Capacity Act assessment.
- ensure all staff receive annual appraisals.
- review development opportunities for staff.
- improve access to computers at ambulance stations to facilitate e-learning and learning from incidents.
- review maintenance of ambulances to ensure all are fully operational including heating, etc.
- review arrangements in the event of ambulances becoming faulty at weekends.
- review and improve patient waiting times for PTS patients.
- ensure PTS booking procedures account for the needs of palliative care patients.
- develop operational plans to respond to the growing bariatric population in London.
- review operational guidelines for managing patients with mental health issues and communicate these to staff.
- ensure better public and staff communication on how to make a complaint including provision of information in emergency and non emergency ambulances.
- communicate clearly to all staff the trust's vision and strategy.
- develop a long term strategy for the (Emergency Operations Centres (EOCs)).
- increase the visibility and day to day involvement of the trust executive team and board across all departments.
- review trust equality and diversity and equality of opportunity policies and practice to address perceptions of discrimination and lack of advancement made by trust ethnic minority staff and staff on family friendly rotas.
- review the capacity and capability of the trust risk and safety team to address the backlog of incidents and to improve incident reporting, investigation, learning and feedback the trust and to frontline staff.

11. The above list is not exhaustive and the trust should study our reports in full to identify and examine all other areas where it can make improvements.

WITNESSES

Representatives from the Trust have been invited to attend the meeting to answer questions from Members.

SUGGESTED SCRUTINY ACTIVITY

Members review the evidence collected during the year and, following further questioning of the witnesses, decide whether to submit commentaries to the CQC.

BACKGROUND INFORMATION

None.

KEY LINES OF ENQUIRY

Following its inspection of LAS, a Quality Improvement Programme has been created to address the areas for improvements identified by the CQC. The Committee is interested in the action that has been taken to address the issues identified in the inspection report as well as:

- What issues identified in the inspection report have not yet been addressed (and why)?
- What are the barriers to implementing actions and how will these be overcome? If the intended action cannot be taken, what alternative action will be taken?
- How are the actions being monitored?
- With regard to actions that have been implemented, what impact have they had on finances, staff and patients?