



Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group

HEALTH OVERVIEW AND SCRUTINY COMMITTEE:
13 MARCH 2019

REPORT OF LLR HEALTH AND SOCIAL CARE SYSTEM

NON-EMERGENCY PATIENT TRANSPORT SERVICE –
THAMES AMBULANCE SERVICES LIMITED (TASL)

Purpose of report

1. The purpose of this report is to provide an update from LLR Clinical Commissioning Groups (CCGs) on the Non-Emergency Patient Transport Service, and in particular reference the Care Quality Commission's published inspection report on 13th February 2019. This is to ensure openness and transparency in relation to provider management as well as service performance.
2. The Health Overview and Scrutiny Committee is asked to consider and note the content of this report.

Introduction and Background

3. Thames Ambulance Services Limited (TASL) was awarded the LLR contract for Non-Emergency Patient Transport Services (NEPTS) following a procurement exercise across LLR in June 2017, and service commenced 1st October 2017. The contract is now in its 2nd year of operation.
4. On average, 11,000 journeys are undertaken every month, including hospital discharge, transport to/from outpatient appointments, as well as transporting renal patients. Eligibility criteria are established to ensure transport is in accordance with medical/clinical patient need as determined by the ordering clinician.
5. Since contract award, service performance has been below expectation which has impacted upon the quality of the service and in particular patient experience. The CCG contracts team continue to monitor and manage the situation with TASL via fortnightly interface and monthly contract meetings.
6. Over the past six months alongside winter resilience planning, TASL's operational performance has stabilised and has improved alongside quality monitoring and reporting enhancements.

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Quality - Care Quality Commission Inspection 23rd October 2019 and Report

7. The CQC inspection took place in October 2018 at TASL bases in Lincoln, Spalding and Grimsby and the head office in Lincoln. The report highlights a number of areas for improvement and concern, and has published ratings across the health domains. The overall service rating is noted as “Inadequate” with the following domain ratings:

Thames Ambulance Service Inadequate (Thames Group Uk)

The provider of this service has requested a review of one or more of the ratings.

Thames House, Charfleets Service Road, Canvey Island, SS8 0PA
(01268) 512005
Provided by: Thames Ambulance Service Limited

CQC inspection area ratings
(Latest report published on 13 February 2019)

| | |
|------------|---|
| Safe | Inadequate ● |
| Effective | Inadequate ● |
| Caring | Good ● |
| Responsive | Inadequate ● |
| Well-led | Inadequate ● |

8. Although there were no bases or sites of operation in Leicestershire inspected or any specific concerns raised about LLR service, there are implications for all NHS organisations contracting with TASL.
9. Following the inspection an NHS England (NHSE) risk summit was held on the 8th of November where CQC and CCG concerns were discussed and a number of actions were agreed including each county being asked to undertake their own assurance visit. It was agreed that an NHSE oversight group would be established to support close monitoring of quality concerns.
10. The CCGs quality team subsequently carried out its own quality visit on the 7th of January 2019 specifically to the two sites in Leicestershire. On the whole, the visit identified some areas for improvement consistent with themes but generally was more positive than previous visits with no major concerns highlighted. It was noted that not all staff had completed mandatory training and there was a distinction between new staff and those that had transferred from the previous provider. Further, the number of formal complaints received is minimal (1 average/month), however the CCGs are working with TASL to assure that patient complaints and concerns are captured and categorised appropriately.

11. The CQC inspection team's main findings as included in the report include:
- a. Generally, staff we spoke with during our inspection of the ambulance stations said they had not completed safeguarding or mandatory training and station managers told us they had no access to training data. At the time of our inspection, the provider was unable to tell us staff compliance rates with safeguarding or mandatory training.
 - b. Generally, ambulance staff we spoke with during our inspection said they had no training on the MCA or meeting the needs of bariatric patients. Staff said they had not received handling and moving training and felt unsafe transferring bariatric (morbidly obese) patients. However, we could not corroborate this.
 - c. At the Grimsby ambulance station, managers told us they had no access to staff contact information and didn't know how to contact staff if they needed them to cover shifts or inform them of any changes.
 - d. We found infection control issues at the ambulance stations we visited, this included staff not having access to running water at the Spalding location and staff were unable to clean vehicles, and records of deep cleaning were unavailable. At the time of our inspection, the Grimsby ambulance station had ongoing issues with cleanliness and bird control. Following our inspection, the provider took action to install pest control equipment to eliminate this.
 - e. We found visibly unclean vehicles at the Spalding and Lincoln ambulance stations.
 - f. Generally, ambulance staff and managers we spoke with during our inspection did not understand risk at the stations we visited, we found out of date policies in use and some of the ambulance staff had no personal digital assistants (PDA) to support their day to day activities limiting their access to information. This was particularly evident at Grimsby, where nine PDA were out of use.
 - g. Ambulance staff we spoke with during our inspection told us they had no access to equipment for transporting children, despite the provider offering this service and we found limited equipment for this purpose during our inspection.
 - h. Medical gasses at Spalding site were not being stored safely, there were environmental issues with the base being on a second level and staff access to equipment provided.

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- i. Generally, ambulance staff told us they had not received appraisals or supervision, and data supplied by the provider showed appraisal rates below the providers compliance target.
- j. Generally, ambulance staff we spoke with during our inspection told us of their concerns regarding the safe transport of patients with mental health needs or dementia and questioned how the provider was assessing patient needs and if staff were competent to transfer these patients.
- k. Generally, ambulance staff told us they did not receive feedback from complaints or incidents, unless they were directly involved. Information sharing was not routine and we found staff lacking in information about the new organisational structure and proposals for the business going forward.
- l. Managers and ambulance staff were not using key performance data at ambulance station level, generally staff we spoke with were unaware of how this was used or how it impacted on the business or quality of the service.
- m. The provider monitored call centre handling times and at the time of our inspection we saw compliance against call handling targets was not being achieved. Some ambulance staff we spoke with questioned how work was allocated to the ambulance teams as they often felt patients were not assessed correctly.
- n. Generally, staff we spoke with at the ambulance stations didn't know the providers vision or strategy, staff did say they wanted to provide good care, but they were not aware of the providers vision or strategy.
- o. We found limited records of team meetings at the stations we visited, staff told us they have had very few meetings, if any, in the last six to 12 months.
- p. Leadership was not embedded throughout the service, staff described a culture of significant change, consistent changes in management and a lack of senior management presence throughout the organisation.
- q. Generally, ambulance staff we spoke with told us that relationships with the transport booking and call handling teams was fractious and there were difficult relationships between front line and office staff. Ambulance staff said that workloads often led to them not getting breaks or correct information about patients.
- r. Generally, staff told us that staff morale was low at the ambulance stations we visited. Staff said they had no contact with the senior team

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and that managerial posts had changed so much they were unsure who was in managerial roles.

- s. The provider had recruited a fleet manager, we noted an improvement from our last inspection in terms of fleet management and the provider had detailed records of vehicle maintenance and scheduling.
 - t. Staff we spoke with across the providers teams, demonstrated caring attitudes towards patients and a will to provide them with the right level of care and support.
 - u. The complaints team had increased in size and the provider now had a system to log and respond to complaints formally.
 - v. The provider had implemented a corporate risk register, strategic plan, vision and business plan.
 - w. The provider had introduced a quality team and was beginning to review some areas of performance data.
 - x. The provider had increased the number of staff trained to safeguarding level 3 and 4.
 - y. Following this inspection, we told the provider that it must make other improvements, to help the service improve.
12. It should be noted that TASL have formally challenged a number of the CQC's findings published in the report, and are in the process of liaising with the CQC to ensure accuracy in order to ensure the actions it takes has the desired impact.
13. In light of the concerns identified in October/November, and the wide geography involved, NHS England quality teams regionally have led oversight of TASL's improvement plans.
14. LLR has maintained a development and action plan with TASL since December 2017, and has continued to monitor and manage steady progress to ensure the continuity of service for patients.

Performance

15. In general, over the life of the contact TASL's performance has made marginal improvements towards meeting contractual key performance indicators (KPIs) and in some areas more significant improvements. TASL's performance has been compared to the previous provider, and is comparably better in some areas and slightly worse in others.

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16. A summary of their performance to date includes:
- a. Eligibility Criteria – all new bookings have gone through the eligibility criteria, and data provided since July 2018 shows that 96% of booking requests have passed eligibility.
 - b. Call Centre – the call centre performance has been below expectation, however this has started to improve following recruitment in December. Since the contract began, an average of 88% of calls were answered and 12% abandoned, but only 65% of answered calls were answered in 60 seconds. Performance improved significantly between June-August 2018, and although reduced again September to December performance has improved as part of winter resilience planning.
 - c. Time on Vehicle (Outpatients) – TASL has consistently achieved four out of six KPIs for time spent on the vehicle by Outpatients. Performance for the other two standards (travelling 35+ miles) has fluctuated, but the number of patients that missed the KPIs are small (80 and 69 patients respectively).
 - d. Outpatients Time of Arrival – TASL has consistently not achieved the two KPIs for the time of arrival for Outpatients. There was an upward trend up to August 2018, but performance has since dipped. Over the 15 month period, 66% of Outpatients arrived within an hour of the appointment time, rising to 71% arriving on time for the appointment.
 - e. Outpatients Time of departure – TASL has consistently not achieved the two KPIs for the time of departure for Outpatients. Performance has been sporadic over the period, averaging 59% collected within an hour rising to 85% collected within two hours.
 - f. Discharge Time of Departure – Performance for discharge patients has consistently been below expectation, with a couple of good months (January and March 2018). Over the period, 69% of discharge patients from the LRI were collected within two hours of the made ready time, and 51% of discharge patients from all other hospitals collected within two hours of the made ready time. Commissioners have worked closely with TASL and University Hospitals of Leicester (UHL) to enable more flexible capacity to meet variation in demand over the course of the week, as well as facilitating improvements to the logistical planning of patient discharges from hospital.
 - g. Renal Dialysis – Renal dialysis patients are the one part of this service which has had positive performance. The Time on Vehicle KPIs were either achieved or were close to being achieved, and there was consistent month-on-month improvement for the three arrival and collection time KPIs up to July 2018, but has since stabilised.

Conclusions

17. TASL provides an important service for those patients who rely on it to take them to health care appointments, and back home from hospital. It is essential patients have confidence the service is safe and reliable.
18. Although the CQC's inspection did not cover bases in Leicestershire or Rutland, we were aware the CQC's inspection in October had raised some concerns and an action plan was developed in response. We are also aware that TASL has challenged some aspects of the report.
19. Following the publication of the inspection report we have discussed the implications with TASL, and are reviewing the progress made in responding to the CQC's concerns. We will then consider next steps and work with other CCGs and NHS England and of course TASL to ensure the continuity of service.
20. CCGs seek to assure patients using the non-emergency patient transport service that they take the report seriously and will continue to work collectively to ensure the service meets the needs of patients.
21. The CCGs remain closely engaged with TASL, commissioner colleagues, NHSE, and patient groups to ensure continuity of service for our patients. Whilst we have experienced numerous challenges with TASL, we have already resolved a number of issues to date and worked diligently to safeguard the continuity of care for LLR patients over the course of the winter season. We maintain a robust and closely managed action plan and quality monitoring approach to capture working practice and areas for improvement.
22. Locally TASL's performance and quality delivery is improving (albeit slowly) over the past 2-3 months, relationships between providers remain positive, however they do remain a challenged organisation.

Background papers

23. CQC's inspection report: <https://www.cqc.org.uk/location/1-217265480>

Circulation under the Local Issues Alert Procedure

24. The report reflects impact across the entire LLR geography.

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List of Appendices

25. N/A

Relevant Impact Assessments

Equality and Human Rights Implications

26. N/A

Crime and Disorder Implications

27. N/A

Environmental Implications

28. N/A

Partnership Working and associated issues

29. N/A

Risk Assessment

30. N/A