

London Ambulance Service NHS Trust

- 220 Waterloo Road, London, SE1 8SD

There should be enough members of staff to keep people safe and meet their health and welfare needs (outcome 13)

CQC
2012
US

Improvements required

Our latest report on this standard published on 22 December 2012

We inspected on 14 and 15 November 2012 during a routine inspection

We checked that people who use this service:

- Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

How this check was done

We reviewed all the information we have gathered about London Ambulance Service NHS Trust, looked at the personal care or treatment records of people who use the service, reviewed information sent to us by the provider and carried out a visit on 14 November 2012 and 15 November 2012. We observed how people were being cared for, talked with people who use the service, talked with staff and talked with stakeholders.

Our judgement

There were not enough qualified, skilled and experienced staff to meet people's needs. Staffing levels should be reviewed and increased in light of increased demand on the service and to ensure that staff have sufficient time for breaks and training.

Reasons for our judgement

The London Ambulance Service NHS Trust told us that they were compliant with this outcome and that there were enough qualified, skilled and experienced staff to meet people's needs. There was a reported 3% vacancy rate and 6% staff turnover rate at the time of our inspection. However we spoke with many frontline staff who felt strongly that there were not enough staff, and this had meant training had been consistently cancelled, and there was not enough time to complete essential paperwork or undertake breaks during the working day.

A demand management plan was in place to manage the increased call volume to the trust

and the availability of resources on the road to respond. This was mitigating the risk but the Trust had recognised that inadequate staffing against the increased demand was leading to delays in responding to less urgent calls.

Staff told us:

"I have only had three breaks in the last year".

"I requested 10 minutes for a comfort break but was refused; I ended up having to use facilities at a patient's home"

"I have worked for London Ambulance for over twenty years and I have never seen such a high demand on us. We go from one call to another for the whole shift- there's no time for breaks or training".

Staff told us that they were consistently finishing their shifts late to meet the high demand. We heard from many staff about the increased workload during each shift and that they were dealing with back to back calls on most days. Targets for less urgent calls had not been met and staff explained this was due to the high volume of life threatening calls dealt with.

Staff cover was arranged through the relief rota. However, staff reported that the set up of the relief rota was "less than ideal" and "you never know what hours or where you are going to work, you just roughly know whether it's going to be an early, late or night shift."

Staff reported that morale was low and that there was "No praise or appreciation for the work that we do and the support from management is poor." In the latest NHS staff survey. Staff job satisfaction, the trust was worse than average for staff job satisfaction when compared to other trusts.

All staff spoken with, apart from one team, told us their Core Skills refresher training had been cancelled due to a lack of staffing. One staff member reported that training in all areas was 'insufficient.'

The implementation of the mental health risk assessment and sharing of clinical audit findings had been delayed due to staff vacancies.

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People should be safe from harm from unsafe or unsuitable equipment (outcome 11)

Improvements required

Our latest report on this standard published on 22 December 2012

We inspected on 14 and 15 November 2012 during a routine inspection

We checked that people who use this service:

- Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- Benefit from equipment that is comfortable and meets their needs.

How this check was done

We reviewed all the information we have gathered about London Ambulance Service NHS Trust, looked at the personal care or treatment records of people who use the service, reviewed information sent to us by the provider and carried out a visit on 14 November 2012 and 15 November 2012. We observed how people were being cared for, talked with people who use the service, talked with staff and talked with stakeholders.

Our judgement

There was not enough equipment to promote the care and welfare of people using the service.

Reasons for our judgement

There was not enough equipment to promote the care and welfare of people using the service. For example, when we visited an ambulance depot we found that ambulances were not appropriately equipped at times. Frontline staff told us that this was a concern to them as small reusable items of equipment that were routinely needed were not available, for example a blood glucose stick. There had also been times when equipment had been damaged or missing.

We looked at records that showed us that there had been serious incidents relating to ambulances not having the right equipment available. One example was that staff did not

have a mechanical suction unit which was required when attending to a patient. Staff were able to borrow the equipment from other professionals on the scene however had this not been possible the patient was at risk of choking. Minutes from an internal quality meeting recorded that there had been incidents relating to missing equipment (known as kit to London Ambulance staff) and problems identifying and addressing these shortfalls. Clinical audits had highlighted a shortage in diagnostic equipment. The Trust had recognised this as a current risk.

The Trust was addressing this issue and had an action plan in place. However at the time of our visit the availability of suitable equipment was still a concern.

The blankets AND sheets are a big whole NHS system in London problem. There is a big variation as to how these are handled among all the London NHS trusts of which LAS is the only pan London one.

Blankets - I can't imagine this has been solved although I heard discussions were going on with various trusts to try and sort some of the chinks out. At one meeting I went to it was reported that many, many thousands of blankets go missing each year - whether by theft, carelessness, appropriation by other providers, etc. This costs LAS a lot of money.

Something near half the new blankets ordered were missing around a half year later - or something in that order of magnitude. I don't know the various issues relating to disposable vs recyclable blankets - but I have been informed that the disposable ones are pretty useless in some important cases. These include providing warmth in such weather as we are having now, dealing with shock, and providing security for a patient, for example who is being moved downstairs in a chair and it is important their arms are securely in the chair for their own comfort. I have been told there is a strong view that there real and essential need for the more substantial blankets at least as a ready choice.

I know dealing with blankets and sheets is being discussed with Trusts all over London.

Apparently other UK ambulance services have agreements with the hospitals in their areas that the hospitals will deal with laundering and recycling - certainly of sheets and probably blankets in some cases. The hospitals are paid for this by the Ambulance trusts. I don't know what variety of blankets are used but presumably if blankets are the washable type they could/would be included in many contracts.

I heard talks/ negotiations were going on in London - there are a lot of Trusts to get on board - but don't know where this has got to. So if you haven't got a workable system at the macro level it is not going to be possible at the micro level to give everyone a clean blanket. I wouldn't like to be refused transport to hospital due to a twice used blanket - but of course it needs to be an important problem to sort out asap.

3 x 10
blankets Pottery