Easy Management of Aggression Limited

EMA Patient Transport

Inspection report

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Date of inspection visit: 11 - 20 January 2022
Date of publication: 30/03/2022

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Requires Improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires Improvement

Summary of findings

Overall summary

We rated the service as requires improvement because:

- Managers did not always make sure staff were competent to provide safe care through a system of statutory and mandatory training.
- Recruitment practices did not always meet all the requirements as set out in schedule 3 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014.
- The service did not always manage safety incidents well or share evidence of lessons learnt.
- The service did not always have effective systems or processes to assess, monitor and improve the quality and safety of the service.

However:

- The service had enough staff to care for patients and the service controlled infection risk well. Staff kept good care records.
- Staff worked well together for the benefit of patients and supported them to make decisions about their care.
- Staff spoke of the care they delivered in a manner that demonstrated a kind and compassionate approach which protected patients' privacy and dignity.
- Care was planned to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long to be transferred.
- Leaders understood they needed to develop better systems to run the service well and support staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Requires Improvement 	

Summary of findings

Contents

Summary of this inspection

Background to EMA Patient Transport

Background to inspection

EMA Patient Transport is a private ambulance service based in Poole, Dorset. The service offers both medical and secure patient transport across Dorset, Devon, Somerset, Bristol, Avon and Wiltshire, and Reading. Medical patient transport (referred to in the report as patient transport) is for patients who cannot travel by public transport or other means for medical appointments, planned admissions or discharges at hospital or a clinic or with their GP. Secure patient transport (referred to in the report as secure transport) is specifically for child and adult patients with mental health needs including those detained under the Mental Health Act 1983.

The provider has three ambulances for patient transport and two vehicles with bespoke interiors for secure transfers. Both of these vehicles have two sections behind the driver's cab. The first section has two single seats and bench seating for three people. The second section is a secure place of safety where people in distress, who could pose a risk to themselves or others, can travel safely.

The provider has two premises both located in the town of Poole. One is the administrative base and the other is a unit for storing vehicles and equipment.

The service was registered with the CQC in June 2015 to provide transport services, triage and medical advice remotely and treatment of disease, disorder or injury.

The service has had a registered manager in post since June 2015. A registered manager is a person who has registered with CQC to manage a service. They are 'registered persons.' Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2012 (Regulated Activities) Regulations 2014, and associated regulations about how a service is managed.

This was the first time the services had been inspected.

What people who use the service say

People who use the service say the staff are 'amazing people' who go 'above and beyond' to ensure good patient care.

How we carried out this inspection

On 11 January 2022, we carried out a comprehensive inspection of the service. During the inspection visit, the inspection team:

- inspected both premises at Poole and three ambulance vehicles
- spoke with the registered manager and the human resources and compliance manager
- spoke to two members of ambulance staff
- looked at the training files for 15 staff
- looked at the recruitment files for eight staff
- looked at equipment
- looked at a range of documents and records relating to the running of the service.

Summary of this inspection

Following the site visit, we spoke with another two members of staff, a relative of a patient conveyed by the provider, and an approved mental health practitioner on the telephone.

The inspection team comprised of two CQC inspectors and a specialist advisor. The inspection team was supported by an inspection manager and the inspection was overseen by Catherine Campbell, Head of hospital inspection.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Outstanding practice

We found the following outstanding practice:

- To support patients with mental health problems, learning disabilities and dementia the service had two vehicles designed to reduce anxiety and distress.
- The service used bespoke and specially adapted vehicles to provide care to a wide section of the population.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a service SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service MUST take to improve:

- The service must ensure staff receive training to enable them to provide the safest care. The service did not ensure staff had received up to date statutory and mandatory training. (Regulation 18(2)(a)).
- The service must ensure it is in possession of a full employment history together with a written explanation of any gaps in employment in line with Schedule 3 of the Health and Social Care Act 2008. Staff were not asked to provide written explanations of gaps in their employment history. (Regulation 19(3)(a)).
- The service must operate effective governance processes to ensure it can monitor and improve the quality and safety of the service. The service did not always have effective systems or processes to assess, monitor and improve the quality and safety of the service. (Regulation 17(1)(2)(a)(b)).

Action the service SHOULD take to improve:

- The provider should prioritise supplying training certified by the Restraint Reduction Network (RRN) Standards for all staff requiring training that has a restrictive intervention component in line with national guidance.
- The service should ensure all staff receive training in the Mental Capacity Act and Deprivation of Liberty Safeguards.
- The service should develop systems to ensure learning from incidents.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement

Requires Improvement

Patient transport services

Safe	Requires Improvement
Effective	Requires Improvement
Caring	Good
Responsive	Good
Well-led	Requires Improvement

Are Patient transport services safe?

Requires Improvement

Mandatory training

The service did not always provide mandatory training in key skills to all staff.

Staff did not always keep up to date with mandatory training. We looked at training records for 15 members of staff and saw staff had completed between three and 28 of their 35 mandatory training courses. This meant staff did not have the most up to date knowledge to enable them to provide care.

There were not effective systems and processes to ensure mandatory training was completed. However, leaders acknowledged this was a problem and were in the process of developing an upgraded system to improve this. We saw evidence that leaders had met to discuss systems they could introduce to ensure staff could complete or refresh their mandatory training.

Training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards was not available for staff. This was highlighted to the provider as something they needed to prioritise at the time of our inspection. The provider took immediate action and provided evidence they had purchased this training from an external training provider

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. However, not all staff were up to date with their adult safeguarding and child protection training.

Staff did not always received training specific for their role on how to recognise and report abuse. We looked at 15 staff training records and found only six staff had completed training in level three safeguarding adults and four staff had completed training in level three safeguarding children. Safeguarding training was not delivered in line with best practice. Training had been delivered in house and without the support of an external organisation which was not in line with the intercollegiate guidance. This meant there was a risk the staff that were trained were not trained to an acceptable standard.

However, the provider had a safeguarding policy and safeguarding handbook for staff to follow if they suspected a patient was at risk of abuse. The staff we spoke to knew how to identify adults and children at risk of, or suffering, significant harm and told us they worked with other agencies to protect them.

Recruitment practice did not always ensure that staff were of good character as leaders did not request evidence about gaps in employment.

Disclosure and Barring Service checks were completed as part of the recruitment process.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and the premises visibly clean.

The premises and vehicles were visibly clean and had suitable furnishings which were clean and well-maintained. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

Staff followed infection control principles including the use of personal protective equipment. Staff cleaned equipment after patient contact and followed the provider's infection prevention and control policy on enhanced cleaning following conveyance of COVID-19 positive patients.

Staff undertook twice weekly lateral flow tests to ensure they did not have COVID-19. Staff were asked to log their test results with the admin team so leaders could manage potential outbreaks.

However, there was no evidence to show when the provider's COVID-19 policy had been adopted, reviewed and updated.

Environment and equipment

The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The service had two premises, one was used to store vehicles and equipment the other was their administration base. The service had three ambulances for patient transport and two vehicles with bespoke interiors for secure transfers.

The secure place of safety in the secure vehicles allowed clear observation and two-way communication. All vehicles were large enough to carry a patient chaperone.

The service had enough suitable equipment to help them to safely care for patients. Staff carried out daily safety checks of specialist equipment.

Staff disposed of clinical waste safely. Cleaning fluids were stored in locked cupboard in line with Control of Substances Hazardous to Health (COSHH). Stock was stored appropriately, and consumables were all in date.

Assessing and responding to patient risk

Staff identified and quickly acted upon patients at risk of deterioration. Staff completed and updated risk assessments for most patients and removed or minimised risks. However, not all risk assessments were carried out for patients needing secure transport. Some training in restraint was not provided by accredited trainers and not in accordance with the most recent guidance.

Staff completed and updated risk assessments for patient transport patients, this included assessing patients' fitness to travel through face to face conversations with hospital staff. However comprehensive risk assessments that enabled staff to prevent or reduce risks were not always carried out for secure transport patients.

Requires Improvement

Patient transport services

We looked at eight secure transport booking forms and saw staff completed risk assessments for each patient prior to travel although risk information was not always recorded in full.

Staff did not receive training in the use of restrictive practices from an accredited training provider. From April 2021, all services across health and social care were expected to use training in restrictive practices that was certified as complying with the Restraint Reduction Network (RRN) Standards. However, the service was providing staff with restraint training that was accredited prior to this guidance being introduced. We saw evidence that leaders were exploring using RRN accredited trainers to deliver future restraint training.

During journeys staff assessed and managed risks to patients. They aimed to achieve the right balance between maintaining safety and providing the least restrictive environment possible to support patients' during their journey. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour.

Staff received basic life support training and knew how to respond in a medical emergency.

Staffing

The service had enough staff to deliver the services they were being asked to deliver. However, they did not always have the skills and training to keep patients safe from avoidable harm. Leaders regularly reviewed and adjusted staffing levels and skill mix and gave new staff an induction.

The service employed 13 permanent members of staff in addition to the registered manager. They employed a further three people on a flexible basis to deliver the service at busy times. The service operated seven days a week from 8am to 8pm to cover patient transport using two ambulances for the local acute hospital. The service was on standby seven days a week to provide secure transport from 8am to 8pm using one vehicle. The service had additional vehicles that could also be staffed for pre booked and urgent patient and secure transfers.

Bank staff and leaders provided cover for staff absence.

As already discussed, the service did not ensure mandatory and statutory training was provided to ensure staff had the skills to keep patients safe from avoidable harm.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, and stored securely.

Staff kept clear records and followed best practice guidelines. Body maps and transfer observation forms were used to record details of the patient journey and when restraint was used.

Staff followed guidance to safely store patients' records, for example legal paperwork, during journeys. When staff used any form of restraint, including the use of seclusion in the secure place of safety, they kept clear records and followed best practice guidelines.

Medicines

The service followed best practice when administering, recording and storing oxygen. No other medicines were used in this service.

Requires Improvement

Patient transport services

Staff followed systems and processes to administer oxygen safely. They completed records to show when and how much oxygen they administered. Training on the use of oxygen was provided to staff, and staff who had not been trained understood they could not administer oxygen.

When patient's medicine was being transported with the patient their medicine was security tagged and stored safely for the duration of the journey.

Incidents

The service mostly managed patient safety incidents well. Staff recognised incidents and near misses and reported them in line with their policy. Leaders investigated incidents but did not always understand when lessons could be learned and shared with the whole team.

Staff raised concerns and reported incidents and near misses in line with the service's policy. Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. Leaders debriefed and supported staff after any episode of restraint.

Staff received feedback from investigation of incidents, both internal and external to the service although leaders did not always understand how to learn from incidents.

There was insufficient evidence to show how learning was always identified or shared consistently following incidents. However, there was evidence that changes had been made as a result of incidents and patient feedback.

Are Patient transport services effective?

Requires Improvement

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients subject to the Mental Health Act 1983.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service's policy and procedure was in line with national guidance, for example the 'safe holds policy' referenced the National Institute of Health and Care Excellence (NICE) guidance (NG10 2015) on the use of restraint.

Staff told us they knew where to find the service's policies and procedures and had easy access to them.

Staff gave us examples of when they protected the rights of patients subject to the Mental Health Act 1983 and followed the Code of Practice.

Nutrition and hydration

Staff assessed patients' food and drink requirements to meet their needs during a journey. The service made adjustments for patients' religious, cultural and other needs.

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs.

Requires Improvement

Patient transport services

Response times

The service monitored and met agreed response times so that they could facilitate good outcomes for patients. However, they were not using the outcomes to make improvements.

Patient transport ambulances were based outside the local hospital and were available for immediate transport. The service was not requested to monitor or meet response times by its commissioners. However, the service did make records of the amount of time it took to reach patients and the length of the journey and leaders were in the process of introducing systems to monitor delivery outcomes so they could use the findings to make improvements in the service.

Between February 2021 and January 2022, the service carried out 2,986 patient transfers for their local acute hospitals, and 491 secure transfers, of which 11 were children or young people. No journeys were cancelled by the service.

Competent staff

Leaders appraised staff's work performance and held supervision meetings with them to provide support and development.

Leaders gave all new staff an induction tailored to their role before they started work. Staff told us the induction equipped them with the skills and knowledge they needed to carry out their role.

Leaders supported staff to develop through yearly, constructive appraisals of their work. The service had recognised a need for a supervisor role to help ensure regular supervision of staff. Leaders made sure staff attended team meetings or had access to full notes when they could not attend.

Staff told us leaders provided them with opportunities for career development.

Multidisciplinary working

All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

Staff worked across health care disciplines and with other agencies when required to care for patients. We spoke to a stakeholder who said staff were professional and caring. Staff gave us examples of when they worked with other agencies to ensure good outcomes for patients including requesting or handing over risk information.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Training about the Mental Capacity Act and Deprivation of Liberty Safeguards was not available for staff. However, staff supported patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Training about the Mental Capacity Act and Deprivation of Liberty Safeguards was not available for staff. When we spoke to leaders about this, they quickly brought a training package to rectify this.

Staff followed the consent policy and understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff gained verbal consent from patients prior to travel. Staff gave examples of when patients had refused to be conveyed and how they managed this.

Requires Improvement

Patient transport services

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act 1983, Mental Capacity Act 2005 and they knew who to contact for advice. When patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, culture and traditions.

Are Patient transport services caring?

Good

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff provided us with examples of times when they provided discreet and responsive care for patients. Staff told us about how they took time to interact with patients and those close to them in a respectful and considerate way. We spoke to the relative of a patient who said staff treated them well and with kindness.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

The service collected anonymised patient feedback using an onboard tablet. We looked at the feedback from October to December 2021. During this period 277 patients and their carers gave feedback. The feedback showed 98 to 100% of patients were happy with the service they received, felt safe and supported by staff, said staff had introduced themselves and had explained what was happening.

Comments about the service included 'thank you very much for driving slow and making my mum feel comfortable' and 'staff were very caring and kind, made sure I was comfortable and warm'.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff gave us examples of when they had given patients and those close to them help, emotional support and advice when they needed it. Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them.

Feedback from one patient was that staff were 'supportive, understanding and professional' and a carer said 'staff are very professional and their approach with individuals experiencing high levels of distress is reassuring and calming'.

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand why they were being transported and make decisions about their journey.

Requires Improvement

Patient transport services

Staff made sure patients and those close to them understood why they were being transported. Staff gave us examples about when they talked with patients, families and carers in a way they could understand, using communication aids where necessary.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this.

Patients and their relatives gave positive feedback about the service. A patient described staff as 'courteous and caring', a relative said they were 'very happy with a service as my uncle is very frail. The team made sure we were safe and happy and gave plenty of reassurance'.

Are Patient transport services responsive?

Good

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities it served. It also worked with others in the wider system and local organisations to plan care.

Leaders planned and organised the service to meet the changing needs of the local population.

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. Staff could access emergency mental health support for patients with mental health problems, learning disabilities and dementia.

The service had systems to help care for patients in need of additional support or specialist intervention. Working to support local healthcare partners, the service modified an ambulance so that it could safely hold and transfer infants in incubators requiring urgent care. The service commissioned a bespoke hoist for use by crews to widen the cohort of patients who could be successfully discharged from local hospitals.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

The service made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet their needs. The vehicles were designed to safely convey people in distress. Both vehicles used for secure transport had two sections behind the driver's cab. The first section had two front facing single seats and a rear facing bench seat for three people. Patients were typically transferred in a front facing chair but if they became distressed and exhibited violent or aggressive behaviours they could be moved to the bench seat with a crew member sat either side to try and reduce their distress. The second section was a secure place of safety where people in distress who could pose a risk to others could travel safely.

Secure patient transfers were often very long so the service ensured both vehicles used for secure transport were equipped with soft lighting and restful pictures to promote relaxation. One vehicle had a television, a DVD player, and a

sound system to help patients relax by watching a film or listening to music. In both vehicles, patients had access to a phone and tablet which they could use to contact family and friends, games, magazines, e-cigarettes and a choice of food and drink to meet their cultural and religious preferences. Toiletry packs and clothes packs were provided for patients in need.

Communication and other additional needs were assessed by staff at the point of booking transport. Leaders made sure staff, and patients, and their circles of support could get help from interpreters or signers when needed. Staff had access to communication aids to help patients become partners in their care.

Access and flow

People could access the service when they needed and received the right care in a timely way.

To ensure the service kept the number of cancelled conveyances to a minimum, leaders helped to cover shift on ambulances and used bank staff to cover staff absence. Leaders told us this meant they had never had to cancel a patient or secure transport journey.

The service responded quickly to requests for patient and secure transport.

Learning from complaints and concerns

It was easy for people 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.

Patients, relatives and carers knew how to complain or raise concerns. Leaflets about making a complaint were kept on board all vehicles. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Leaders had oversight of the level of complaints and their response times to them.

Information about how to raise a concern was kept on all vehicles. Staff gave examples of how they had supported patients to raise a concern. Staff could give examples of how they used patient feedback to improve daily practice.

Are Patient transport services well-led?

Requires Improvement

Leadership

Leaders had many of the skills, knowledge, experience they needed to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

Staff told us leaders supported them to develop their skills and take on other roles, for example to change role from ambulance to administrative staff and being given protected time to complete training associated with the new role. Leaders had insight into the areas they needed to improve and had recruited a governance consultant to help with managing the priorities and issues the service faced.

Leaders told us they planned to introduce supervisors to increase the overall management structure of the service as it expanded but the plans did not form part of a written strategy.

Leaders understood they faced challenges to quality and sustainability of the service and were working to identify the actions needed to address them.

Staff told us leaders were visible and approachable.

Leaders were involved in learning that was designed to ensure sustainable, compassionate, inclusive and effective leadership.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. However, the strategy did not make reference to the newer service of patient transport.

The service had developed a vision and strategy for the secure transport part of the service, but there was no such strategy for the patient transport element of the service. This part of the service was new and had been developed at pace during the height of the pandemic.

The business plan and strategy contained a vision and a set of values, with quality and sustainability as the top priorities. It had a realistic strategy for achieving the priorities and delivering good quality sustainable care. The strategy aligned to local plans in the wider health and social care economy, and services had been planned to meet the needs of the relevant population. Staff knew and understand the vision and strategy for the secure transport element of the service and applied these to the whole service.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity for patients in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

The service promoted equality and diversity by promoting an inclusive environment and by treating everyone with dignity and respect and responding to the diverse needs of patients and others. Staff felt supported, respected and valued. They told us they felt positive and proud to work in the service.

The culture was centred on the needs and experience of people who used services. Staff told us action was taken to address behaviour and performance that was inconsistent with the vison and values of the service.

Staff told us they had cooperative, supportive and appreciative relationships with colleagues and that they worked collaboratively, shared responsibility and resolved conflict quickly and constructively.

Staff told us they received annual appraisals which included a career development conversation. They said there was a strong emphasis on the safety and well-being of staff. Staff said equality and diversity was promoted within and beyond the organisation.

The culture encouraged, openness and honesty at all levels within the organisation, including with people who use services. Leaders and staff understood the importance of staff being able to raise concerns without fear of retribution and learning and action was taken as a result of concerns raised. The service had a whistle blowing policy.

Governance

The service did not have effective systems or processes to fully assess, monitor and improve the quality and safety of the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The service had a corporate governance policy and framework that outlined the systems needed to monitor and improve the quality and safety of the service. However, not all systems discussed in the policy had been fully implemented and some were still in development.

For example, the training matrix for mandatory and service-specific training was still in development. Therefore, leaders had to rely on a complicated process of looking at each member of staff's training record to identify when training needed to be updated. This lack of direct and timely oversight meant leaders lacked assurance that staff providing services were always skilled to do so. Also, there was insufficient assessment of patient risk to ensure all patients were safe. There was no active and managed risk register.

Leaders met weekly to discuss governance issues including risks, staff training and sickness. The governance committee sat every six months. A risk register was in development to give leaders greater oversight of the risks effecting the service and the ability to mitigate these.

Leaders had frequent meetings with local NHS transport managers to promote coordinated, person centred care.

Staff told us they were clear about their roles and understood what they were accountable for, and to whom.

Management of risk, issues and performance

Leaders and teams used systems to manage performance, but they did not always fully identify and escalate relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

The service used 25 audits to monitor quality, performance and operational processes, for example deep cleaning and health and safety audits. Issues arising from audits were escalated through clear structures and processes. However, audits were not always completed in the timeframes set by the service.

The service had a business continuity plan that took potential risks into account when planning services, for example fluctuations in demand, and disruption in the service due to staff absence.

Information Management

Leaders did not always analyse performance data. However, the information systems in use were integrated and secure.

The service was not requested to collect performance data by its commissioners, but data was gathered on journey times, but not analysed. However, leaders understood analysing performance data could help drive future improvements in quality. We saw evidence that quality and sustainability received good coverage in meetings at all levels.

Requires Improvement

Patient transport services

The audits to ensure information used to monitor, manage and report on quality and performance did not always ensure the data was collected in a timely manner. We saw evidence that some audits were not completed or were completed later than planned.

The service had arrangements, including internal and external validation, to ensure the availability, integrity and confidentiality of identifiable data. Records and data management systems were in line with data security standards.

There were effective systems to ensure notifications were submitted to external partners when this was required.

Engagement

Leaders and staff actively and openly engaged with patients, and stakeholders to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Staff were actively engaged so that their views were reflected in the planning and delivery of services and in shaping the culture. The views of patients and stakeholders were regularly collected, and this feedback was used to improve the service.

Staff told us about a positive and collaborative relationships with external partners to build a shared understanding of challenges within the system and the needs of the relevant population, and to deliver services to meet those needs. Examples of this include adapting an ambulance so it could convey critically ill infants between locations and commissioning a hoist to improve successful hospital discharge rates for patients with additional physical needs.

Learning, continuous improvement and innovation

Leaders were committed to continually learning and improving services

We saw evidence that leaders and staff strived for continuous improvement and worked innovatively to deliver excellent patient care and treatment. For example, the use of vehicles that had been thoughtfully designed to reduce patient anxiety.