Falck UK Ambulance Service Ltd

Falck (Bow)

Quality Report

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

Ratings

Overall rating for this ambulance location	Good
Emergency and urgent care services	Good
Patient transport services (PTS)	Good

Summary of findings

Letter from the Chief Inspector of Hospitals

Falck Ambulance Service Ltd provides emergency and urgent care, including the transport of high-dependency patients and patient transport services for non-emergency patients. All services are provided to both adults and children. The service has been registered to provide transport services, triage and medical advice provided remotely since 2011.

Emergency and urgent care covers the assessment, treatment and care of patients at the scene by ambulance crews as well as transport to hospital. It includes high dependency and intensive care transport between hospitals or other care settings. Patient transport services (PTS) are the non-urgent and non-specialist services that transport patients between hospitals, the patients' home and other places such as care homes.

We inspected this service using our comprehensive inspection methodology and visited the provider's premises on 23 and 24 April 2019.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

During our inspection we spoke with 25 staff including; registered paramedics, patient transport drivers, administrators and management. We spoke with one patient. During our inspection, we reviewed ten sets of patient records. Before the inspection we reviewed information the public had shared with us through the CQC's National Customer Service Centre and documents provided by the service.

Throughout the inspection, we took account of how the provider understood and complied with the Mental Capacity Act 2005.

The majority of the work carried out by the service was emergency and urgent care. However, PTS work formed a significant portion of the work. There were 25 emergency and urgent care vehicles in London and 301 patient transport vehicles. We have prepared reports for each service. However, where our findings on emergency and urgent care also apply to patient transport services, for example, management arrangements, we do not repeat the information but cross refer to the emergency and urgent care section of the report.

The main service provided by this service was emergency and urgent care services. Where our findings on patient transport services for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the emergency and urgent core service.

This was the first time we have rated this location. We rated it as **Good** overall:

- There was a high standard of safety performance. There was a positive and proactive incident reporting culture across the services. Incidents were reported through an electronic application, which allowed for the reporting of incidents whilst staff were on the road, allowing for a timely response where necessary.
- Vehicles were kept visibly clean and tidy. There were efficient systems in place to ensure that vehicles and equipment were kept in good working order.
- There were effective processes in place to safeguard patients from abuse. Staff had a clear understanding of their safeguarding responsibilities.
- Mandatory training rates were very high for both services, with 100% compliance in emergency medical services and 98% in patient transport services.
- The training team devised and delivered training informed by themes identified through incidents, complaints and concerns. In addition, elements of training for frontline staff were shared with the dispatch team, in order to improve their understanding of the issues faced by frontline staff.
- There was an electronic application which helped to ensure crews on the road were kept up to date with national and local guidelines and best practice.

Summary of findings

- Staff understood the vision and values of the service. There were clear lines of career progression, and staff told us that they felt supported by the senior leadership team.
- Ambulance staff received training in the care and transportation of patients with specific individual needs, including those living with dementia or learning disabilities.

Nigel Acheson

Deputy Chief Inspector of Hospitals (London and South East), on behalf of the Chief Inspector of Hospitals

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Emergency and urgent care services	Good	The service worked under contract with NHS ambulance trusts across Greater London and South East England to provide emergency and urgent ambulance services. Crews operated under the policies and procedures of the trust to which they were contracted. The service had its own governance structure, however, a number of aspects of senior leadership and governance, for example HR were shared across both services. Overall, we rated this service as good, a patients were kept safe from harm by staff adhering to best practice. There were clear governance structures in place to minimise the risk of harm. Incidents were well reported and learning from incidents was shared across the provider as a whole.
Patient transport services (PTS)	Good	Where arrangements were the same, we have reported findings in the urgent and emergency service section. The patient transport services were provided under contract with NHS hospital trusts across Greater London and the South East. Overall, we rated this service as good. There were appropriate policies and procedures in place to protect patients and staff were committed to patient care. There was a strong incident reporting culture and learning was shared across the provider as a whole.

Falck (Bow)

Detailed findings

Services we looked at
Emergency and urgent care; Patient transport services (PTS);

Detailed findings

Contents

Background to Falck (Bow)

Falck (Bow) is an independent ambulance service operated by Falck Ambulance Service Ltd based in Bow, East London. The Bow station opened in 2011. It is the location of the organisation's national head office and is the national operations centre for all of the provider's registered transport services at weekends. Falck Medical Services Ltd (Bow) operates 24 hours a day, 365 days a year.

Falck Medical Services Ltd (Bow) worked under contract with NHS ambulance trusts across Greater London and South East England to provide emergency and urgent ambulance services and with NHS hospital trusts across Greater London and South East England to provide PTS services. The service did not have contracts with any independent health providers.

Both the emergency and urgent care and PTS teams operated across an extensive and varied geographic area and served a diverse patient demographic.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and a specialist advisor with expertise in emergency transport, emergency operations centre management and frontline paramedic experience. The inspection team was overseen by Terri Salt, Interim Head of Hospital Inspection for London.

Facts and data about Falck (Bow)

Falck Medical Services Ltd (Bow) is registered to provide the following regulated activities:

Diagnostic and screening procedures

Transport services, triage and medical advice provided remotely, and

Treatment of disease, disorder or injury.

At the time of our inspection, the service was in the process of registering a new registered manager. The previous registered manager had been in post since November 2011.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service has been inspected three times previously. The most recent inspection took place in September 2017 and found that

Detailed findings

the service was meeting the majority of standards of quality and safety it was inspected against. However, it was found that the service did not have a sufficient system in place to ensure staff had regular, meaningful appraisals. This had been addressed by this inspection.

Activity- January- December 2018

The emergency and urgent care services were not able to provide the total number of journeys carried out in this time, as this data was held by the contracting trusts.

- No never events
- 240 incidents of which 222 were record as no harm, 12 low harm, four moderate harm, and two as severe harm (across both emergency and urgent care and patient transport services).
- 9 formally reported complaints within the reviewing period.

There were 19 full time equivalent emergency and urgent care staff based at Bow. Of those, five were paramedics. In addition, there were 51 subcontracted staff and 22 bank staff. Of those, 18 were paramedics.

The patient transport services employed approximately 330 staff, these were a mixture of full time, part time, bank and occasional staff.

The accountable officer for controlled drugs (CDs) was the general manager for emergency and urgent care services.

The patient transport service carried out 628,950 patient journeys (including aborted journeys) in the period January 18 to February 19.

Track record on safety:

- No never events
- 240 incidents of which 222 were record as no harm, 12 low harm, four moderate harm, and two as severe harm (across both emergency and urgent care and patient transport services).
- 487 formally reported complaints within the reviewing period.

Our ratings for this service

Our ratings for this service are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good	Good	Not rated	Good	Good	Good
Patient transport services	Good	Good	Not rated	Good	Good	Good
Overall	Good	Good	Not rated	Good	Good	Good

Emergency and urgent care services

Safe	Good
Effective	Good
Caring	Not sufficient evidence to rate
Responsive	Good
Well-led	Good
Overall	Good

Information about the service

The service worked under contract with NHS ambulance trusts across Greater London and South East England to provide emergency and urgent ambulance services. Crews operated under the policies and procedures of the trust to which they were contracted.

The service had its own governance structure. However, a number of aspects of senior leadership and governance, for example HR were shared with the patient transport service.

Overall, we rated this service as good, a patients were kept safe from harm by staff adhering to best practice. There were clear governance structures in place to minimise the risk of harm. Incidents were well reported and learning from incidents was shared across the provider as a whole.

Summary of findings

We found the following areas of good practice:

Safe:

- There was a good overall safety performance. There was one serious incident which was being appropriately investigated at the time of our inspection. Staff felt supported and were encouraged to report incidents. There were appropriate processes for the reporting and investigating incidents with good dissemination of learning.
- There was good compliance with cleanliness, infection control and hygiene standards. Staff followed infection control procedures and vehicles and equipment were clean, in good working order and well maintained.
- There were appropriate systems in place to ensure the safe storage and administration of medicines, including controlled drugs.
- Patient records were accessed, updated and secured appropriately. All of the records we checked were completed in full, legible and signed.
- There were effective safeguarding processes. Staff were aware of the process for escalating safeguarding concerns and said they were supported to do so.
- Staff had a clear understanding of their responsibilities under the Duty of Candour.

Emergency and urgent care services

- There was very good completion of mandatory training amongst all staff groups.
- There were sufficient staff to deliver safe care.

Effective:

- Frontline ambulance staff kept up-to-date with standard operating procedures, policies and best practice via an application on their work telephones.
- We witnessed good multidisciplinary interaction and handovers between staff internally and staff told us they had good working relationships with staff at other organisations. We observed effective handovers between PTS staff and staff from an external organisation.
- Staff told us the organisation supported them in their development and progression. There were opportunities for staff to develop their leadership and management skills.
- There were effective systems in place to ensure appropriate application of consent, Mental Capacity Act and Deprivation of Liberty Safeguards processes.
- All of the staff we spoke with had received their annual appraisals, which they described as meaningful.

Caring

- Staff demonstrated a caring and compassionate approach.
- Staff communicated in a polite and professional manner.
- Staff worked to maintain patient dignity.

Responsive

- Ambulance staff demonstrated an understanding of caring for patients with specific individual needs, including those living with dementia or learning disabilities.
- Staff had access to a telephone translation tool as well as visual communication aids.
- Complaints processes were effectively managed, including joint investigations and shared learning with partner NHS trusts. There was a dedicated patient experience team which responded to complaints and concerns.

Well-led

- Staff spoke highly of the senior leadership team as well as local management.
- The senior leadership team had a clear understanding of the risks faced by the service and managed them proactively. In addition, they demonstrated that they understood the challenges faced by frontline staff.
- There was appositive culture within the service. A number of staff we spoke with expressed pride at working for Falck.
- The organisation had made significant investment in their training and development of site managers to build leadership capability.

However:

- The majority of frontline staff we spoke with were not aware of the new system for appraisals which had been introduced.

Emergency and urgent care services

Are emergency and urgent care services safe?

Good

Incidents

- We had sight of the provider-wide policy for incident reporting, this was up-to-date and easily accessible to staff via the intranet or through their work telephones and hand-held electronic devices.
- Staff reported incidents and near misses through an electronic application on their work phones or computers. Patient and family complaints were also uploaded to the application. Data provided in advance of our inspection indicated that in the period January 2018 to January 2019, there had been 240 incidents recorded across both emergency and urgent care and patient transport services.
- At the time of our inspection, 189 incidents and complaints remained under investigation across both emergency and urgent care and patient transport services across the provider as a whole. A number of the incidents remained open as they were being jointly investigated by the NHS providers as well as Falck staff. There was also a proactive incident reporting culture.
- The head of health, safety, environment and quality was responsible for coordinating the investigation of serious incidents (SI)s. The most recent SI occurred in April 2019 and was under investigation at the time of our inspection.
- The incident reporting and system allowed the senior leadership team to categorise incidents thematically. During the period January 2018 to January 2019, the largest categories of incidents were non-conformities to policy or best practice (41%) and Observations (33%). The number of incidents relating to each of the service's individual contracts with NHS Hospital and Ambulance Trusts was also recorded, allowing the senior team to focus on areas of concern and possible additional training needs.
- Staff were aware of the incident reporting process and were able to demonstrate how they would report incidents through the application. They were aware of incidents that had happened across the providers' locations and the learning that had arisen from those incidents. Staff told us they felt confident to report incidents. They said that where mistakes were made they were treated as learning opportunities. Staff said that they always received feedback in response to incidents or concerns they raised.
- The Station Manager confirmed that in addition to the Falck incident reporting system, incidents relating to First Response services were also reported directly to the contracted provider (for example, an NHS ambulance trust). There were joint incident investigations with partner NHS trusts and any concerns were addressed in joint clinical workplace reviews, reflective learning or staff retraining on aspects of care as needed. Prior to our inspection, we received a number of joint investigation reports from Falck staff and their NHS colleagues. At the time of our inspection, such an investigation was underway.
- The Duty of Candour (DoC) is a duty, which requires every healthcare professional to be open and honest with patients when something that goes wrong with their treatment or care causes, or has the potential to cause, harm or distress. This means that healthcare professionals must tell the patient when something has gone wrong, apologise to the patient, offer an appropriate remedy or support to put matters right (if possible), explain fully to the patient the short and long term effects of what has happened. All of the staff we spoke with had a clear understanding of the requirements of the DoC. They told us they had received specific training in this area.

Mandatory training

The service provided mandatory training in key skills including the highest level of life support training to all staff and made sure everyone completed it.

- There was extensive completion of mandatory training amongst all staff groups. At the time of our inspection, emergency medical services (EMS) staff had a 100% completion rate for training, with patient transport services (PTS) staff having a completion rate of 98%. All frontline staff completed mandatory training modules in respect of: first aid at work, information governance, IPC, manual handling, fire safety, equality and diversity, health and safety, conflict resolution, safeguarding, mental health, dementia, oxygen safety, incident reporting and DNACPR. EMS staff completed additional

mandatory training in respect of: blue light driving, privacy and dignity, resuscitation and specialised equipment training relevant to the vehicles they would be using.

- Mandatory and additional training was overseen by the training and recruitment manager and delivered by the in-house training team. They told us they endeavoured to deliver the majority of training modules face-to-face. Staff spoke highly of the training they received.
- The training team held annual refresher training half days or days for all frontline staff depending on role. At these days, first aid at work training and other training needing to be refreshed would be refreshed. In addition, the training team worked with the governance lead to identify any key themes in concerns or complaints that could be addressed by additional training at the sessions.
- Ambulance crews were required to complete an eight day induction and training programme, which included the completion of six mandatory training modules, with the remaining four to be completed within the first six months of substantive employment.
- Staff who did not complete the required training were considered 'non-compliant' by the organisation's planning team and were not allocated shifts until they had completed all modules or refresher training. The local training coordinator checked compliance rates on a daily basis and liaised with the planning team to provide six-month alerts for forthcoming training so that staff rotas could be planned accordingly.
- Ambulance drivers completed mandatory 'blue light' training to ensure they had the required knowledge, skills and aptitude for driving an emergency vehicle.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it**.**

- All staff had completed safeguarding training in protecting vulnerable adults and children to level two. The station managers had completed level three training in safeguarding children. The head of health, safety, environment and quality had also completed higher level (level four).
- The health, safety, environment and quality department which took the lead on implementing systems and processes for protecting vulnerable adults and children. They were also responsible for investigating any safeguarding concerns. They were supported by managers who implemented policies and protocols at a local level.
- The current safeguarding policy had been implemented in February 2018 following a reorganisation of the management structures.
- Both frontline and non-frontline staff we spoke with gave us examples of what constituted a safeguarding concern and were able to describe the process for reporting these. Staff were aware of the names of the local safeguarding leads.
- The service had a dedicated safeguarding 'hotline' telephone number so that staff could access other members of the team who had additional safeguarding-specific training; they could then guide them about how to respond to any given situation. The telephone number was printed on staff lanyards for ease of use.
- Staff were aware of the government's PREVENT strategy for identify and preventing radicalisation and had an understanding of Female Genital Mutilation (FGM) and modern slavery.
- Safeguarding concerns were reviewed at the quarterly governance meetings to ensure that any investigations were adequately supported and progressing in line with the company policy.

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 and the premises visibly clean.

- The chief executive had overall responsibility for infection prevention and control (IPC). However, in practice, this was delegated to the head of health a safety and environment quality, who reported on IPC performance and issues at clinical governance meetings.
- There was an up-to-date provider-wide IPC policy in place. This was available to staff through the services' mobile telephone app and via the intranet.
- We observed staff following infection control procedures. Staff told us they washed their hands and used hand gel prior to and after patient contact.

- There were hand sanitising gel dispensers located at points throughout the vehicle garage. We observed staff cleaning their hands. In addition, each member of clinical staff had hand gel dispensers on their kit belts.
- Personal protective equipment (PPE), such as gloves, masks, aprons and goggles were readily available on the vehicles we checked. In addition, sleeve protection was available. This meant staff could wear their high visibility jackets when appropriate, for example when attending to a patient in a road traffic accident, whilst still adhering to the IPC policy.
- All of the vehicles we checked were visibly clean and clutter free. Vehicle make ready operatives (VMROs) were responsible for cleaning and preparing ambulances for use. They placed red signs in the windows of the ambulances to indicate what stage of the cleaning and preparation process they were at, and green signs to indicate when they were road ready.
- There was a cleaning schedule for each vehicle, which was completed by the VMROs. In addition to the standard cleaning following each shift, the VMROs carried out deep cleans once a week for first response ambulances, once every two weeks for HDU ambulances and once a month for PTS vehicles. We had sight of the completed cleaning schedules, which were audited by the station manager.
- All of the vehicles we checked had trolley and mattress coverings that were clean and intact. There were secure yellow bins for the disposal of clinical waste and sharps on board each of the vehicles. These were appropriately signed and dated. Decontamination wipes were available in all vehicles and hand sanitising gel was available. At our last inspection, in 2017, some of the vehicles' gel dispensers were empty; however, that was not the case on this inspection.
- There were monthly hand hygiene audits for clinical staff. We had sight of the audits for November and December 2018 and for January 2019. The audits indicated 100% compliance with IPC requirements.
- All of the vehicles we checked had 'spill kits', which meant crews were able to deal with spillages of bodily fluids safely.
- The VMROs were also responsible for cleaning the vehicle garage area. The vehicle garage area was visibly clean and clutter free and well organised.
- Clinical waste was removed from ambulances at the end of crew shifts and was stored in sealed orange bags. There were secure clinical waste bins in the vehicle garage. These were well maintained. There were posters in the garage with contamination control protocols and instructions demonstrating how to sort and segregate waste. The waste removal process complied with the Department of Health's Health Technical Memorandum 07-01: Safe management of healthcare waste.
- There was a cleaning station for staff to use at the entrance to the vehicle garage. This was tidy and neatly organised. Staff had access to washing machines to clean uniforms and other equipment.

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.

- Vehicle keys were stored securely. The keys to the cupboard were only available to approved personnel. Staff signed the keys in and out via an electronic system.
- There was a fleet manager who was ultimately responsible for ensuring fleet maintenance. Vehicle servicing and road safety test data, defects and repairs were recorded on an electronic system. This notified the maintenance team when a vehicle was due for road safety test or service. Records, indicated that all of the vehicles in use were within their service dates and had up-to-date MoT certificates.
- The fleet manager was also responsible for ensuring the servicing schedule for equipment such as carry chairs and stretchers on each ambulance. The maintenance records for such equipment were also recorded on the electronic system. All equipment was within its service date.
- We checked six vehicles. Allwere visibly clean and in good condition and were well maintained. The vehicles were appropriately fitted with equipment in accordance with their relevant vehicle checklists and the equipment was in good working order.
- Consumables such as cannulas were appropriately stored in lockers within a "cage" in the vehicle garage, with the VRMOs responsible for ensuring stock levels and ordering additional stock. We were told that additional stock could be available within 24 hours.

- There was a storage area for faulty equipment awaiting repair or disposal. This was clearly signed, and the equipment itself was clearly labelled as faulty.
- Defibrillators were checked daily by the crew prior to starting their shift, and this was recorded in a log book. We saw evidence of the checks having being completed.
- There were fire extinguishers on each of the vehicles. These were appropriately stored and in-date.
- Medical gases were stored safely, in line with the British Compressed Gases Association's Code of Practice 44: the storage of gas cylinders. In the vehicle garage there was a dedicated secure area for the storage of medical gas canisters. Canisters were secured in locked metal 'cages' to prevent unauthorised access, with separate cabinets for full and empty canisters. We reviewed the medical gases log which was completed in full and up to date.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

- Crews used the National Early Warning Score (NEWS) to access and monitor their patients' vital signs such as temperature and pulse rate. There were clear standard operating procedures for each contract under which the crews worked in the event of a patient deteriorating whilst in the care of the provider. Staff had the option to call the NHS clinical support desk in the first instance or a senior clinical adviser was available to provide clinical support over the telephone.
- The dispatch team for the NHS ambulance service under whose contract the crews were working provided crews with information about the situation to which they were being dispatched in advance.
- Each of the vehicles was fitted with working, in-date resuscitation equipment.
- Staff worked under the sepsis policies of the NHS provider to whom they were contracted. Sepsis pathways were accessible via the electronic application.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix and gave bank and agency staff a full induction.

- There was a mixture of contracted permanent staff and bank staff who worked ad hoc shifts.
- There were 19 full time equivalent emergency and urgent care staff based at Bow. Of those, five were paramedics. In addition, there were 51 subcontracted staff and 22 bank staff. Of those, 18 were paramedics.
- In 2018 there was staff turnover rate of 32% across the service as a whole.
- There was a team responsible for ensuring sufficient staffing levels on each shift. Rotas were devised two weeks in advance and reviewed on a regular basis to ensure that there were sufficient staff to meet the requirements for each shift. There was also a bank of staff who were contracted to provide cover where required.
- Senior managers told us that staffing numbers had stabilised since the last inspection, and the service now had sufficient staff to cover all shifts.
- Ambulance crews worked 12 hour shifts, over a variety of different working patterns, for example four days on and three days off. There were two VMROs on day shifts and one at night. VRMOs did shifts of four on four off.

Records

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

- There were effective systems in place to ensure that patient information was accessed, recorded and secured appropriately. During each patient interaction, staff completed a patient report form (PRF). We had sight of ten PRFs. These were fully and clearly completed, recording the patient's past medical history as well as any interventions carried out by the crew, any medicines administered and the handover to hospital

staff. Records also detailed the time of arrival of the crew, vital signs assessments, risk assessments, mental capacity assessments and whether the patients had any allergies.
- Completed records were appropriately and securely stored on the vehicles in sealed boxes throughout the shift and returned to a secure container in the vehicle garage at the end of each shift.
- Completed PRFs were sent to the contracting NHS providers on a weekly basis.

Medicines

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team, the wider service and partner organisations. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

- There were systems in place to ensure the safe storage of Controlled Drugs (CD). At the time of our last inspection, in 2017 the services Home Office Controlled Drugs licence had expired. However, at this inspection, the certificate was up-to-date. CDs were appropriately stored in a locked cabinet. The key to the cabinet was held by the clinical team leader. We had sight of the CD book, which was appropriately signed and dated to indicate the dispensing, return or destruction of CDs. There was a daily CD audit completed by the clinical team leader and the station manager.
- We checked two paramedic bags which were ready to be collected by paramedics coming on shift. The bags were appropriately stocked and had sealed, tamper-proof tags. The tag numbers were recorded in a book competed to indicate that the bags had been appropriately stocked.
- All of the CDs and all of the medicines in the paramedic bags were in-date.
- On the vehicles we checked there were medicines lockers with secure touch pad access. There were also denaturing kits available on each vehicle which rendered controlled medicines irretrievable and unfit for further use and ensured their safe disposal.
- Paramedics worked to patient group directions (PGD) in order to administer certain medicines. PGDs are documents permitting the supply of prescription only medicines to groups of patients without individual prescriptions. Paramedics were required to demonstrate their competence in respect of PGD medicines before being signed off to administer them. Copies of PGDs for each medicine were available via the electronic application. The PGDs were written and signed off by the NHS Trusts under which the services were contracted. We saw evidence that staff had received appropriate training and were signed off as competent to do so.
- There were regular medicines audits. There were weekly medicines audits. We had sight of the medicines audits for November and December 2018 and January 2019. The audits indicated effective compliance with the medicines management policies. In addition, there were regular "spot checks" of paramedic grab bags.
- In all of the vehicles we checked, medical gases were stored securely and were in date.

Are emergency and urgent care services effective?

Good

Evidence-based care and treatment

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

- We had sight of the service's in-house policies and procedures, all of which were up-to-date and in line with best practice guidelines from the National Institute for Health and Clinical Excellence (NICE) and the Joint Royal Colleges Ambulance Liaison Committee (JRCALC). Clinical team leaders sent emails to staff to inform them of updates to regulations and new guidelines. Policies and standard operating procedures were regularly reviewed by the senior leadership team to ensure that they remained compliant with those guidelines and with nationally identified best practice.

- Front line crews worked to the same clinical practice guidelines as the trusts for which they were contracted. This was available to staff via an electronic application on their work telephone or hand held device. Crews told us they found the system accessible and easy to use.
- Where there were significant updates to best practice guidelines, this was shared with operational staff by the training team. The service also used the electronic application to share MHRA alerts regarding medicines with staff. Staff were then required to complete exercises to demonstrate understanding of and compliance with the new procedures.

Response times

The service monitored, and met, agreed response times so that they could facilitate good outcomes for patients. They used the findings to make improvements.

- There were systems in place to measure response times. Contracts with partner NHS trusts included key performance indicators (KPIs) which detailed the level of expected performance. KPI performance was monitored at monthly meetings with partner trusts.
- We had sight of the performance monitoring for the contract with the London Ambulance Service (LAS). Of ten vehicles contracted to LAS in November 2018 (the most recent performance data) 9 of them had an average mobilisation time of less than the 45 second target.
- The information provided in the minutes of the meetings with partner trusts indicated that the service was performing to the same or higher standards than the partner trusts in respect of response times.

Patient outcomes

The service monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

- There were systems in place to measure patient outcomes. Contracts with partner NHS trusts included key performance indicators (KPIs) which detailed the level of expected performance. KPI performance was monitored at monthly meetings with partner trusts.
- The information provided in the minutes of the meetings with partner trusts indicated that the service was performing to the same or higher standards than the partner trusts in respect of patient outcomes.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

- The provider worked to NHS standards for recruitment to ensure compliance with professional references and criminal records checks. The organisation's head of human resources told us all front-line staff were required to provide references for a five year period, and to complete a pre-employment questionnaire and an enhanced Disclosure and Barring Service (DBS) check. Successful applicants had to complete all relevant training, vaccinations, DBS checks and provide references before they were formally recruited to post. We had sight of a sample of staff's DBS checks and references, which were stored on their HR files which were fully complete.
- The organisation's human resources (HR) team used an electronic staff record system to record personnel information such as training completion, annual appraisals, criminal records checks, references, driving licence checks and vaccinations. The electronic record also notified the HR team when any of the documents or checks were due for renewal.
- The electronic staff record also included details of paramedics' professional registration with the Health and Care Professionals Council (HCPC).
- The service had recently introduced a mentoring programme for new staff members. The clinical assurance lead told us this had been introduced in order to support staff transitioning into the service from driving or care roles, who may not have had prior experience of ambulance work. Mentors supported staff members by undertaking regular ride-outs with them in order to recognise additional training needs for staff. Newer staff we spoke with told us they found the mentoring programme helpful in adapting to the demands of the role.

- One staff member who had worked as a mentor told us this had proved invaluable to their career progression, in helping them to develop their skills in supporting junior colleagues.
- Staff members had quarterly meetings with their line managers. For ambulance staff, at least one of these meetings would take the form of a ride-out. One of the quarterly meetings took the form of a documented appraisal. Appraisals were recorded on the electronic staff record system. We had sight of a number of staff appraisals, which included targets for future personal development. Appraisal dates were calculated from an individual staff members' start date. The electronic recording system highlighted when staff were due for their appraisal. During our last inspection in 2017, a number of staff had not received their annual appraisal in the last year. However, at this inspection, all of the staff we spoke with had an up-to-date appraisal.
- First Response staff received professional supervision every six months.
- There was an in-house training team with qualified trainers who had higher tier qualifications to deliver training and CPD in house.
- The training team told us that they had recently been providing the same mandatory training to the dispatch team as to ambulance care assistants (ACA)s, in order to give them an understanding of the demands and difficulties of the role as well as to demonstrate the impact of the dispatch teams' work to patient care.
- Senior staff told us they were keen to develop staff in-house. They said the service offered a variety of clear career progression options to staff. We spoke with one staff member who said that they had started working in PTS and moved into EMS with training and support from the provider. The service provided accredited in-house training for staff to become Emergency Care Assistants. In addition, at the time of our inspection, the service was developing accredited training to train staff in-house as Ambulance Technicians. The training manager told us that, in future, the service intended to train its own paramedics through an externally accredited programme.

Multi-disciplinary 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.

- There was a strong multi-disciplinary working culture within the service. Staff worked well together and respected each-others' expertise and experience.
- Staff told us they maintained positive working relationships with colleagues in the other providers with whom they worked, for example NHS call handlers and nursing and medical staff at the hospitals to whom they took patients.
- Senior staff told us they had strong working relationships with the majority of commissioning organisations. Where there were issues, they said they felt supported by the wider Falck leadership to address these directly with those trusts.
- The senior leadership told us they were clear with staff as to the extent of their responsibilities and what was expected of differing staff roles. 'Supporting the paramedic' training was delivered to ambulance crew members such as ACAs and ICTs by trainers working for Falck. This provided insight into the work of the paramedic and supported more effective team working, whilst making it clear to staff the limits of their responsibilities.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- We had sight of the policy on capacity to consent, which detailed patient consent, how to seek it and what should be done if consent is withdrawn; consent for children and young people, including 'Gillick competence' and how to assess a patient's mental capacity and what action should be taken if the patient did not have capacity. Gillick competence is a principle used to judge capacity in children to consent to medical treatment. The policy was in line with Department of Health guidance. The policy explained the principles of the Mental Capacity Act 2005, including the assumption that a patient has capacity unless staff have reason to suspect otherwise, and the duties to act in the patient's best interests, in the least restrictive manner.
- The capacity to consent policy stated that in an emergency situation where consent cannot be obtained, for example if a patient was unconscious; staff should provide treatment that was in the patient's best interests and immediately necessary to save life or avoid significant deterioration to the patient's health.
- All relevant ambulance staff had completed training in the deprivation of liberty safeguards (DoLS) as well as consent and mental capacity during their induction.

There was also annual refresher training available if required. Staff we spoke with demonstrated a clear understanding of consent, the mental capacity act and DoLS.

- There were processes in place to ensure staff received a full handover when transporting patients with mental health support needs. Standard procedure was for a mental health nurse to travel with the patient in such circumstances. If a patient appeared confused, staff were trained to explain to the patient what was happening and to offer carers or family members to accompany the patient.
- The provider had a do not attempt cardio-pulmonary resuscitation (DNACPR) policy in place. The policy was clear that all DNACPR patients must be pre-booked as such. Where crews were not made aware that a patient had a DNACPR in place through this formal process, they worked on the assumption that there was not a DNACPR in place.

Are emergency and urgent care services caring?

Not sufficient evidence to rate

Compassionate care

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

- Staff we spoke with told us that patient care was their primary concern. They spoke courteously and with compassion about patients. We were unable to observe care being delivered in the emergency and urgent care services.
- Contracting NHS ambulance trusts passed on 'thank-yous' they had received from patients for interventions and journeys undertaken by Falck crew.

Understanding and involvement of patients and those close to them

Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

- Staff told us that they took time to listen to patients and their relatives to understand their treatment preferences.

Emotional support

- Staff told us that they spoke reassuringly to patients and offered emotional support during journeys.

Supporting people to manage their own health

- Ambulance crews provided support to patients to help them manage their health and care needs. Staff told us that they signposted patients to local authority social services, their GP, other NHS services, the police and other agencies if they raised concerns that were best directed to such agencies.

Are emergency and urgent care services responsive to people's needs?

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 served. It also worked with others in the wider system and local organisations to plan care.

- The service had a number of contracts with NHS ambulance trusts across Greater London and South East England, which were serviced from the Bow office. Emergency ambulance crews working out of the Bow garage were dispatched directly by the NHS providers' call handling teams. They were issued with radios by the commissioning ambulance service.
- Staff told us they tended to work on the same contracts. This meant they were familiar with the area they covered and their communities. Senior leaders reported mostly constructive relationships with their commissioners. Senior leaders told us that longer term planning was challenging because it was not always clear if commissioners would renew their contracts, or they were renewed with very short notice and with limited timescales for continued work.

Meeting people's individual needs

Emergency and urgent care services

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

- All ambulance staff received training in the care and transportation of patients living with dementia and learning disabilities as they sometimes transported such patients. This was completed in the induction period and repeated in annual refresher training. Risk assessments were completed for each journey to identify patients' needs and existing medical condition to ensure they were safe to travel in a particular vehicle.
- Staff were made aware if a patient had communication difficulties or did not speak English via control and via their electronic portable device. At the time of our inspection, the service was rolling out a helpful communication tool to all frontline staff. This was a booklet with pictures and symbols to help staff communicate with patients more easily.
- Staff had access to a telephone translation service for interpretation support. At the time of our inspection, a number of vehicles had posters in place to indicate to patients that this service was available, and to assist them in identifying the language they required. However, these were not on every vehicle. We raised this with the station manager, who then personally ensured that each operational vehicle contained the poster. On day two of our inspection, all of the vehicles we looked at had the poster.
- There were also posters on vehicles and at Falck premises which demonstrated in multiple languages that translation services were available and patients without English as a first language could indicate which language they needed to be translated.
- The service had commissioned training in mental health first aid, although we were told that only a small number of senior staff had completed this at the time of our inspection.

Access and flow

People could access the service when they needed it, in line with national standards, and received the right care in a timely way.

- The emergency and urgent care services were provided directly under contract to NHS ambulance trusts. As such, patients accessed the service by contacting 999, and the crews were dispatched under the same system as the NHS crews alongside whim they were working.
- Road crews used the electronic portal to record when they accepted dispatches, arrived at the location and completed handover of the patient. These were measured against KPIs set in accordance with the contracts under which the ambulance was working. In addition, they were recorded by Falck and used internally to monitor individual crew's performance.
- Delays and handover times were monitored by the contracting NHS providers, and then reported back to the service at monthly meetings.
- Minutes of performance meetings with NHS providers indicated that the service was performing, on average, the same or better than the contracting trusts.

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, including those in partner organisations.

- The senior leadership team told us that patient complaints and staff concerns were treated as opportunities for learning and development. This was reflected by front-line staff who told us that they felt confident to raise concerns.
- We saw evidence that all complaints and concerns were reviewed on a monthly basis by the senior leadership team. Data provided in advance of our inspection indicated that in the period January 2018 to January 2019, there had been approximately 458 complaints reported in this period across both emergency and patient transport services. Complaints were broken down thematically and by the base to which they related. The main themes identified for complaints in the reporting period were: timeliness, poor behaviour, failed discharges, patient safety concerns, poor driving, missed appointments, failed transport and poor service.
- The service had introduced communication tools for each of the vehicles in response to complaints from service users.
- Ambulances carried detailed leaflets and posters on how to raise concerns or make a formal complaint

about Falck Medical Services. The leaflet contained clear information about how to complain, timelines for response, advocacy and support services and confidentiality.
- There was a dedicated patient experience team who were responsible for responding to complaints and concerns.

Are emergency and urgent care services well-led?

Good

Leadership of service

Leaders had the integrity, skills and abilities 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.

- We were provided with a copy of the service's leadership structure. The executive management team consisted of the chief executive, finance director, chief operating officer (responsible for E&UC), quality and governance director, director of PTS operations, HR Director.
- The General Manager for emergency and urgent care services reported to the chief operating officer and was responsible for clinical services, clinical team leaders and station managers.
- The senior leaders that we spoke with were committed to the wider Falck vision and values. They recognised the challenges faced by the organisation and also the day to day challenges faced by their staff. For example, the need to mitigate the difficulties presented by an ageing fleet.
- Staff we spoke with said the senior leadership team were visible and approachable. They told us their concerns were listened to and they always received a response when they raised a concern with the senior leadership team.
- Staff also spoke highly of local leadership. They told us managers supported them and advocated on their behalf. They said that local managers were visible and approachable. Clinical team leaders frequently undertook ride-outs with their staff, which meant that they had a clear understanding not only of their working styles, but also of the challenges they faced.

Vision and strategy for this service

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

- The majority of the staff we spoke with were aware of Falck's values, which were for all team members to be; efficient, reliable, competent, accessible and fast. The values were displayed throughout service buildings and on documents provided to staff. In the corridor leading to the breakout room there were boards detailing the history of Falck from its formation to the present day, which emphasised the values of the organisation.
- At our previous inspection, in 2017, there had been mixed branding on some vehicles, which displayed the logos of both Falck and the previous organisation which Falck had bought. This was no longer the case at this inspection, with all vehicles consistently branded with Falck livery.
- There was a strategic plan in place to continue to expand and consolidate the business. Staff were aware of the strategy and their contribution to it.
- At our 2017 inspection, the service had been introducing a new appraisal system, called 'My Contribution', which sort to align all staff objectives to the overall strategy of the service. At this inspection, some of the staff we spoke with were aware of the new system and the human resources (HR) team were able to provide us with examples of appraisals that had been carried out under this system. However, a significant number of staff were not aware of the system and said they had not had their appraisal completed using it.

Culture within the service

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The

service promoted equality and diversity 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.

- Staff described a positive working culture. They told us they were proud to work for Falck.
- The service had recently introduced an on-boarding manager, who was responsible for supporting all new ambulance staff during their first six months with the organisation. Newer members of staff that we spoke with said that the on-boarding manager had been an invaluable source of support whilst they were getting used to the role. The senior leadership team told us that the on-boarding manager offered newer crew members an opportunity to raise questions and iron out concerns without having to go through the formal concerns structure. They said that the on-boarding manager also advocated on behalf of newer staff members.
- The service had appointed a freedom to speak up guardian, who had undergone nationally recognised training.
- The service did not collect workplace race equality standard data (WRES) and did not imput into national WRES data. WRES is a requirement for all NHS employers, including independent services contracted by the NHS to publish data on how the service performs against nine key indicators. Senior staff told us they were not aware of the requirement for the service to complete WRES reports.

Governance

- There was a monthly business quality management meeting. This was attended by the head of clinical assurance, the governance team, the directors for EMS and PTS, the head of training and recruitment and the head of fleet. Where relevant, additional members of staff would be invited to attend. The meeting had standing agenda items, which included any incidents, feedback and complaints since the last meeting, reports on the progress and outcome of investigations into serious and significant incidents and complaints and a review of the service's risk register.
- We were provided with service's governance framework. The framework included clear lines of escalation and delegation, with regular departmental and inter-departmental meetings which reported to the overall senior leadership team.

Management of risk, issues and performance

- There was a service wide risk register. This was reviewed by the senior leadership team on a monthly basis at the business quality management meeting. We had sight of the service-wide risk register. Risks were assessed in terms of the impact of the risk, the likelihood of the risk occurring and the mitigation in place and the level of risk was then assessed as acceptable or not acceptable. Where a risk was "not acceptable", there were significant actions planned to further mitigate the risk. At the time of our inspection, there were 48 risks recorded on the risk register of which 18 were rated "not acceptable". All of these risks had action plans recorded against them and were regularly updated in terms of the progress of the action plans. Risks to business continuity and financial risks were escalated to a provider-wide risk register held and reviewed in Denmark, where the parent company was based.
- Senior staff had a good understanding of the key risks that related to their area of responsibility, the mitigation that was in place and the actions that were being undertaken to further mitigate the risks.
- In addition to the service-wide risk register, there was also a local risk register for each contract under which the service worked. This allowed individual contract managers additional oversight of specific risks in their area of responsibility. Where a certain risk score was met (using the services' standard risk assessment tool), risks would be escalated from the local risk register to the service wide one.

Public and staff engagement

- At our inspection in 2017, a significant number of staff told us there was a sense of instability and uncertainty in the organisation, as a result of frequent management changes. At this inspection, however, the majority of staff told us the service had become increasingly stable. Staff told us that, since the last inspection, the service had continued to develop into an increasingly effective organisation.
- Staff told us they were involved in changes to the organisation. For example, a number of staff we spoke with told us they had been consulted on the design specification for new HDU ambulances that the service had ordered.
- The senior leadership team told us they had introduced a fruit box delivery for staff, whereby fresh fruit was

made freely available to all staff from the staff breakout area. They told us that this had been effective in encouraging staff to engage with one another and the service as whole, in particular in giving the frontline staff a reason to come into the office building, rather than remaining in the garage whilst collecting or returning their vehicle. Staff from all teams we spoke with spoke highly of the scheme.

- All staff were invited and encouraged to participate in the provider's international staff survey. The most recent survey was completed by 61% of staff globally.
- The service collected and collated feedback from service users. In the period January 2018 to February 2019, 71% of service users responding to the patient survey said that they would be extremely likely to recommend the service to their friends and family.

Innovation, improvement and sustainability

- Ambulance staff had access to a mobile telephone application which had up-to-date policies and procedures on it. In addition, the application could be used to notify staff about changes to policies or procedures. The application notified the senior leadership team as to whether updates had been read by individual staff members. Emergency ambulance crews had access to the policies and procedures of the organisation they were contracted to work for on a given shift through the application.
- Each ambulance had a set of red, amber and green lights on its dashboard. At the end of each journey, when the driver switched off the ignition, one of the lights illuminated to give an indication of how smoothly and efficiently the vehicle had been driven, based on analysis from its on-board telemetry. This gave staff instant feedback on the quality of their driving. The system also sent reports to the provider's managers, to allow them to monitor staff members' driving patterns. This also fed into the drivers' appraisal.
- Senior managers told us that managing service and staff resource was an identified risk for the business. In particular, this was a challenge in emergency care services as the standard contracts were set for one year periods, which meant it could be difficult to recruit new permanent fixed-term staff when one staff member left the service before a contract had been renewed.

Patient transport services (PTS)

Safe	Good
Effective	Good
Caring	Not sufficient evidence to rate
Responsive	Good
Well-led	Good
Overall	Good

Information about the service

Where arrangements were the same as those in Emergency and urgent care services, we have reported findings in the urgent and emergency service section.

The patient transport services were provided under contract with NHS hospital trusts across Greater London and the South East.

Overall, we rated this service as good. There were appropriate policies and procedures in place to protect patients and staff were committed to patient care. There was a strong incident reporting culture and learning was shared across the provider as a whole.

Summary of findings

- There was a good overall safety performance. There was one serious incident which was being appropriately investigated at the time of our inspection. Staff felt supported and were encouraged to report incidents. There were appropriate processes for the reporting and investigating incidents with good dissemination of learning.
- There was good compliance with cleanliness, infection control and hygiene standards. Staff followed infection control procedures and vehicles and equipment were visibly clean, in good working order and well maintained.
- There were appropriate systems in place to ensure the safe storage and administration of medicines, including controlled drugs.
- Patient records were accessed, updated and secured appropriately. All of the records we checked were completed in full, legible and signed.
- There were effective safeguarding processes. Staff were aware of the process for escalating safeguarding concerns and said they were supported to do so.
- Staff had a clear understanding of their responsibilities under the Duty of Candour.
- There was very good completion of mandatory training amongst all staff groups.

Patient transport services (PTS)

- There were sufficient staff to deliver safe care.
- Frontline ambulance staff kept up-to-date with standard operating procedures, policies and best practice via an application on their work telephones.
- We witnessed good multidisciplinary interaction and handovers between staff internally and staff told us they had good working relationships with staff at other organisations. We observed effective handovers between PTS staff and staff from an external organisation.
- Staff told us that the organisation supported them in their development and progression. There were opportunities for staff to develop their leadership and management skills.
- There were effective systems in place to ensure appropriate application of consent, Mental Capacity Act and Deprivation of Liberty Safeguards processes.
- All of the staff we spoke with had received their annual appraisals, which they described as meaningful.
- We observed staff behaving with care and compassion towards patients.
- Staff communicated in a polite and professional manner.
- Staff worked to maintain patient dignity.
- Ambulance staff demonstrated an understanding of caring for patients with specific individual needs, including those living with dementia or learning disabilities.
- Staff had access to a telephone translation tool as well as visual communication aids.
- Complaints processes were effectively managed, including joint investigations and shared learning with partner NHS trusts. There was a dedicated patient experience team which responded to complaints and concerns.
- Staff spoke highly of the senior leadership team as well as local management.
- The senior leadership team had a clear understanding of the risks faced by the service and managed them proactively. In addition, they demonstrated that they understood the challenges faced by frontline staff.
- There was appositive culture within the service. A number of staff we spoke with expressed pride at working for Falck.
- The organisation had made significant investment in their training and development of site managers to build leadership capability.

Patient transport services (PTS)

Are patient transport services safe?

Good

Incidents

- There were appropriate protocols in place for dealing with unexpected incidents, including calling 999 in the event of significant patient deterioration.
- Incidents reported within the PTS division were reviewed by a manager, addressed and closed within 25 working days. All incidents of a clinical nature were allocated to the relevant clinic team within Falck for investigation. The turnaround time for investigations was quicker than in the emergency and urgent care service as investigations did not generally involve the contracting NHS trusts and were less complex.
- At the time of our inspection, there was an ongoing incident under investigation. We saw evidence of Falck ensuring proactive, effective joint working with the investigators at the hospital at which the incident occurred.

Mandatory training

- See 'Are emergency and urgent care services safe?' section of this report for main findings.

Safeguarding

- See 'Are emergency and urgent care services safe?' section of this report for main findings.

Cleanliness, infection control and hygiene

- See 'Are emergency and urgent care services safe?' section of this report for main findings.

Environment and equipment

- The provider used a range of vehicles for its PTS work, which included ambulances adapted for high dependency patients, stretchers, wheelchairs and specific vehicles for bariatric patients as well as cars.
- At our previous inspection, most PTS vehicles were unmarked without Falck or NHS branding. This had been addressed at this inspection and all vehicles had both NHS and Falck liveries, clearly indicating that they were patient transport vehicles.
- Individual drivers were responsible for individual vehicles, to which they held the keys. They were responsible for carrying out maintenance checks on the vehicles and referring them to the maintenance team at the garage where necessary. All road safety tests for all of the PTS vehicles in use at the time of our inspection were up-to-date.
- PTS vehicles did not carry medicines on board. Some PTS vehicles carried medical gases and there was provision for these to be stored securely.

Assessing and responding to patient risk

- Control room staff conducted routine telephone calls called 'call aheads' the day before planned PTS journeys were due to take place, to ensure that the journey was still required and assess patients' specific needs such as mobility, medication, premises access, appointment time and any other relevant information. In addition, there was an electronic messaging system which allowed the dispatch team to alert the patient when their transport had been dispatched.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix and gave bank and agency staff a full induction.

- There was a mixture of contracted permanent staff and bank staff who worked ad hoc shifts.
- In 2018 there was staff turnover rate of 32% across the service as a whole
- Senior managers told us that staffing numbers had stabilised since the last inspection, and the service now had sufficient staff to cover all shifts.

Records

- Control room staff recorded patient and journey information electronically and sent details to PTS drivers via their work telephones and hand held devices. The information included patients' names, contact telephone number, collection and destination addresses, and any special notes about patient mobility needs or medical conditions. Crews recorded their pick up and drop off times via the electronic system.

Patient transport services (PTS)

- The provider did not use paper records for patient journeys. All patient records were stored electronically on the organisation's computer-aided dispatch and booking system.

Medicines

- See 'Are emergency and urgent care services safe?' section of this report for main findings.

Are patient transport services effective?

Good

Our rating of effective CHOOSE A PHRASE.We rated it as **good.**

Evidence-based care and treatment

- Staff were able to demonstrate how they accessed the organisation's policies and procedures through the intranet, through an application on their work telephones or through their handheld electronic devices.
- Call handling staff used different flowcharts to assess patients' eligibility for transport, depending on whether the call was being made by the patient or their representative, or a healthcare professional.
- We saw evidence that drivers had not accepted patients when it was not appropriate to do so based on their having received misinformation or there having being a change in circumstances in respect of the patient they were due to transport. In these instances, the crew always completed an incident report. Crews told us they felt supported to do so by the senior leadership team. Where this occurred the senior leadership team frequently instigated safeguarding referrals, where they were of the view that the person booking the transport was neglecting the needs of the patient. In the majority of instances when the crew declined to take patients for these reasons, the senior leadership reported this to the CQC.

Response times / Patient outcomes

- Contracts included key performance indicators (KPIs) which were reviewed on a monthly basis. The KPIs were based on the length of time patients waited for transport, or on how close to their appointment time patients arrived at hospital. Meeting minutes with commissioning trusts indicated the service was performing to or surpassing expected standards.

Competent staff

- Staff told us they felt supported and that there were significant career development opportunities available to them. For example, Ambulance Care Assistants could train to be Intermediate Care Technicians. The organisation supported staff with funding for training in 'first person on scene' and first 'response emergency care' training programmes, as well as 'blue light' driving.
- In addition, PTS staff could undertake additional accredited training to transfer to the emergency and urgent care teams.

Multi-disciplinary working

- See 'Are emergency and urgent care services effective?' section of this report for main findings.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- See 'Are emergency and urgent care services effective?' section of this report for main findings.

Are patient transport services caring?

Not sufficient evidence to rate

Compassionate care

- We observed a crew interacting with a patient and their family. The crew demonstrated care and compassion to the patient, explaining what they were doing and why when helping them to the vehicle and listening to the patient's concerns.

Emotional support

- See 'Are emergency and urgent care services caring?' section of this report for main findings.

Patient transport services (PTS)

Are patient transport services responsive to people's needs?

Good

Service delivery to meet the needs of local people

- The Bow station provided PTS services to a number of NHS trusts in London and the South East of England. PTS schedules were determined in advance in consultation with the needs of each trust.
- The Director of PTS was responsible for service standards and delivery against individual contractual expectations. These were measured by key performance indicators (KPIs), through managing relationships and contract monitoring with partner NHS trusts. The director of PTS held regular meetings with partner NHS trust site managers to discuss any performance issues that arose.

Meeting people's individual needs

- Bookings for high dependency patient transfers were recorded using an online form, where control staff made note of any specific requirements.
- Staff demonstrated an awareness of patients living with learning disabilities. Control room staff told us, where necessary, they accepted bookings for carers to travel with patients, to minimise distress to the patient.

Access and flow

- We were told that the majority of journeys were booked by hospital staff directly using the provider's online booking system.
- A small minority of journeys were booked through the provider's call centre.
- The service also had its own in-house taxi service, which could be booked for regular patients requiring transfer to hospital who did not have any ongoing clinical needs. Call centre staff told us that this reduced pressure on the wider PTS system.

Learning from complaints and concerns

- See 'Are emergency and urgent care services responsive?' section of this report for main findings.

Are patient transport services well-led?

Good

Leadership of service

- The Director of PTS line managed a team of regional contract managers (RCMs), who were responsible for service standards within their own regions. Within London there were two dedicated RCMs for north and south London. Each RCM was responsible for line managing between two to five site managers, who were based in partner hospitals.

Vision and strategy for this service

- See 'Are emergency and urgent care services well-led?' section of this report for main findings.

Culture within the service

- See 'Are emergency and urgent care services well-led?' section of this report for main findings.

Governance

- See 'Are emergency and urgent care services well-led?' section of this report for main findings.

Management of risk, issues and performance

- See 'Are emergency and urgent care services well-led?' section of this report for main findings.

Public and staff engagement

- See 'Are emergency and urgent care services well-led?' section of this report for main findings.

Innovation, improvement and sustainability

- See 'Are emergency and urgent care services well-led?' section of this report for main findings.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the fundamental standards that were not being met. The provider must send CQC a report that says what action they are going to take to meet these fundamental standards.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the fundamental standards that were not being met. The provider must send CQC a report that says what action they are going to take to meet these fundamental standards.

This section is primarily information for the provider

Enforcement actions (s.29A Warning notice)

Action we have told the provider to take

The table below shows why there is a need for significant improvements in the quality of healthcare. The provider must send CQC a report that says what action they are going to take to make the significant improvements.

Why there is a need for significant improvements	Where these improvements need to happen
Start here...	Start here...