

A F J Limited

# A F J Manchester

## Inspection report

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Date of inspection visit: 9 and 11 August 2023  
Date of publication: 27/09/2023

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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Overall summary

This is the first time we have rated this service. We rated it as good overall because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment. The service met agreed response times. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and supported them to make decisions about their care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care 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 for care and treatment.
- Leaders ran services well using reliable information systems and supported 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. The service engaged well with patients and stakeholders to plan and manage services and all staff were committed to improving services continually.

However:

- Staff did not always use wheelchair seat belts when conveying patients.

# Summary of findings

## Our judgements about each of the main services

### Service

#### Patient transport services

### Rating

Good



### Summary of each main service

The main service provided at this location was patient transport services.

We rated this service as good overall. We rated safe, effective, caring, responsive and well-led as good.

# Summary of findings

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# Summary of this inspection

## Background to A F J Manchester

A F J Manchester is operated by A F J Limited. The location has been registered since 4 January 2022 and is located in Failsworth, Manchester. It is an independent ambulance service which provides non-emergency NHS patient transport services to patients over 18 years of age across The North West region as part of a contractual arrangement with North West Ambulance Service NHS Trust.

The registered location was previously a chapel but is now being used as offices and for internal training. The location has a secure yard for ambulance vehicle storage with a cleaning bay and maintenance facilities. The service has 16 patient transport vehicles and has carried out 53,027 patient transport journeys during the period between January 2022 and April 2023.

This is the first time we have inspected and rated the service. The service is registered to provide the regulated activity of transport services, triage and medical advice provided remotely. The service has had a registered manager in post since its initial registration in January 2022.

## How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. The inspection was unannounced (the service did not know that we were coming). We carried out the on-site inspection on 9 and 11 August 2023.

During the inspection visit, the inspection team:

- Inspected the ambulance station premises, including equipment storage areas, staff training areas and the vehicle maintenance areas.
- Inspected 5 patient transport ambulance vehicles.
- Spoke with 12 staff: including 6 ambulance care assistants, a supervisor, the fleet manager, the operations lead, the governance manager, the base manager and the registered manager.
- Looked at the training and recruitment files for 9 staff.
- Spoke with 3 patients and one relative.
- Looked at 10 patient records.
- Looked at a range of policies, procedures and other documents relating to the running of the service.

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:

- The service had developed an innovative data collection method to collate real-time information on fuel consumption and tyre usage. This enabled staff to schedule planned maintenance more effectively and improve efficiency. We identified this as outstanding practice.

# Summary of this inspection

## 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 SHOULD take to improve:**

- The service should ensure that staff use wheelchair seat belts when conveying patients. Regulation 12 (1)).

# Our findings

## Overview of ratings

Our ratings for this location are:

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

## Patient transport services

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

### Is the service safe?

Good 

This is the first time we have rated this service. We rated safe as good.

### Mandatory training

**The service provided mandatory training in key skills to all staff and made sure everyone completed it.**

Staff received and kept up-to-date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. The training was based on the Core Skills Training Framework (CSTF) skills for care standards.

The service had a mandatory training policy which detailed the requirements for mandatory training for staff. Mandatory training for core staff was delivered through e-learning modules with some face to face training and this was updated yearly.

Mandatory training covered key topics such as health and safety, fire safety, information governance, conflict resolution, resuscitation and basic life support, infection prevention and control, equality and diversity, manual handling and adult and children's safeguarding training.

Staff also completed mandatory training in autism awareness, learning disability awareness and dementia awareness as part of their mandatory training.

Mandatory training certificates were kept in individual staff files and maintained by the supervisors and base manager. The base manager also monitored mandatory training through the use of a training matrix and alerted staff when they needed to update their training.

Records showed all staff (100%) had completed their mandatory training during the previous 12 months.

### Safeguarding



# Patient transport services

**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.**

The service had a safeguarding policy, which provided guidance for staff on how to identify and report any safeguarding concerns. The policy included instructions for staff for making referrals to external agencies, such as NHS ambulance trust and the local authority safeguarding teams. Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Safeguarding incidents were reported using an electronic reporting system. Incidents were reported to the senior managers and to the NHS ambulance trust control centre.

The governance manager was the safeguarding lead for the service and had completed children and adults safeguarding training (level 5). The registered manager and the freedom to speak up guardian had also completed higher level children and adults safeguarding training. The governance manager and the registered manager were responsible for the review, investigation and referral of any safeguarding concerns that had been raised by staff.

Staff had completed training specific for their role on how to recognise and report abuse. The training was in line with current intercollegiate guidance for adults and children. The service did not provide any care and treatment for patients under 18 years of age. However, staff were required to complete safeguarding training for adults and children. Records showed 100% of staff across the service had completed at least level 2 safeguarding training for adults and children.

Staff completed mandatory training in 'prevent' (anti-radicalisation) and training in female genital mutilation (FGM) and modern slavery was also included as part of the mandatory safeguarding training.

The service reported 57 safeguarding concerns in the past 12 months. These were not directly attributable to the care and treatment provided by the service and the most frequent reasons related to patient self-neglect and unsafe discharges from hospital. We found staff had taken appropriate actions to protect patients, including referral to the local authority and the NHS ambulance trust.

Safeguarding incidents were discussed as part of routine monthly governance meetings to identify trends and look for improvements to the service.

## 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 service had infection prevention and control policies which provided guidance for staff and all staff had completed mandatory infection prevention and control training. The registered manager was the infection control lead for the service. The staff we spoke with understood current infection prevention and control guidelines.

The service had not reported any healthcare-acquired infections or outbreaks during the past 12 months.

## Patient transport services

The patient transport ambulance vehicles we inspected were clean, tidy and well maintained. Staff cleaned the vehicles using chlorine based cleaning solutions and equipment was cleaned in between use using disinfectant wipes. Staff placed a sign on each vehicle to indicate whether the vehicle was clean and ready for patient use and to confirm appropriate vehicle checks had been completed.

There was a cleaning schedule in place that outlined roles and responsibilities and the frequency of cleaning of vehicles and equipment. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Staff completed safety and cleanliness checks on each vehicle (and equipment) and recorded this information using an electronic checklist record at the beginning and end of each shift..

We looked at a selection of completed daily checklist records for June to August 2023. These were complete and up to date and showed appropriate cleanliness checks were carried out on ambulance vehicles at the start and end of each shift.

The team supervisors and base manager completed routine vehicle cleanliness audits on a monthly basis. The audit results between June and July 2023 showed high levels of compliance. Actions were put in place to improve compliance in areas where shortfalls had been identified, such as replacements to equipment with minor wear and tear.

The ambulance vehicles were decontaminated and “deep cleaned” at least every six weeks by a dedicated cleaner employed by the service. Each vehicle had a label displaying the date of the last deep clean and when this was next due. Records showed the ambulance vehicles were routinely cleaned and all vehicles had undergone deep cleaning within the past 6 weeks. Staff told us the vehicles would also be deep cleaned immediately if decontamination was required following patient use (for example if the vehicle had been contaminated with bodily fluid or if a patient had an infection).

The ambulance station and office areas were clean and well maintained. There were suitable arrangements in place for the handling, storage and disposal of clinical waste in the vehicles and the station. This included the use of colour coded waste bags and locked clinical waste bins. There was an arrangement with an external contractor for the removal of clinical waste on a weekly basis.

Clean linen was available in each vehicle and was appropriately stored in cabinets to protect from exposure to air-borne particulates in the open environment. Clean linen was stored in a storage room in the ambulance station and stocks were replenished on a weekly basis. Soiled linen was appropriately segregated in bags and laundered off site through a contractual arrangement with a local NHS trust.

Staff followed infection control principles including the use of personal protective equipment (PPE). All the patient transport ambulance vehicles contained personal protective equipment, such as disposable gloves and masks. Each vehicle had a spillage kit available for cleaning following contamination by bodily fluids. We saw that portable hand gel was available in each vehicle. The ambulance station also had hand wash sinks available for use by staff.

The staff we observed were compliant with 'bare below the elbows' guidance. The supervisors carried out informal checks to confirm staff complied with bare below the elbow guidelines and hand hygiene compliance was observed as part of supervision observations. Each member of staff also underwent an annual hand hygiene compliance audit through visual inspection of fluorescence gel under ultraviolet lighting.

# Patient transport services

Staff were provided with instructions on laundering uniforms at home. If a staff member's uniform became contaminated while on duty, they were able to obtain a clean uniform from the ambulance station. Staff also had access to a showering facility on site in the event of contamination (such as contact with bodily fluids).

## 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. However, staff did not always use wheelchair seat belts when conveying patients.**

The service operated from one location that had sufficient office space and capacity for all the ambulance vehicles to be kept securely within the premises. The premises were alarmed and equipped with CCTV monitoring. The vehicles were locked when not in use and vehicle keys were kept securely in a locked cabinet inside the station.

We found the premises were clean, free from clutter and well maintained. There were sufficient bathroom facilities for staff.

Access to the premises was restricted with door locks. Hazardous substances (such as cleaning chemicals) were stored in a locked cupboard. Staff maintained control of substances hazardous to health (COSHH) risk assessments relating to substances stored on the premises.

Records showed that fire safety, electric, water and gas safety systems had been serviced through an external contractor. Fire extinguishers on the premises and on the vehicles were stored securely and were within their service dates.

The provider had 16 patient transport ambulance vehicles in place at the time of the inspection. Records showed all the vehicles had appropriate MOT, tax, service and insurance certificates in place. The vehicles were serviced at least every 7,000 miles. We inspected 5 vehicles and found these were suitably maintained and in a good state of repair.

The fleet manager confirmed vehicle faults and breakdowns were monitored and any vehicle with frequent issues would be decommissioned and replaced. The oldest vehicle was 6 years old and there was a planned replacement programme to decommission and replace any vehicles that were older than 7 years.

Staff carried out daily vehicle checks to confirm the vehicles were fit for purpose and stocked with the correct equipment and consumable items. Staff used an electronic checklist record to complete vehicle and equipment checks at the start and end of each shift and this included uploading digital images of the ambulance interior and exterior for audit purposes. The electronic checklist records we looked at showed the vehicle checks were being completed and documented appropriately.

We saw that equipment such as chairs, stretchers, wheelchairs and slide sheets were well maintained and serviced routinely. We found a damaged seat in one ambulance vehicle and this was immediately replaced by staff during the inspection.

The vehicles were equipped with safety harnesses and anchorage points for securing wheelchairs. The wheelchairs used by the service complied with relevant safety standards and had been crash-tested. Staff used winches to move all stretcher patients on and off the ambulance vehicles. The service had also recently purchased new 5-point safety harnesses for the stretchers as part of their routine equipment upgrades.

## Patient transport services

The wheelchairs were equipped with waist seat belts. However, we saw staff did not always use the wheelchair seat belts when conveying patients. This meant there was a potential risk of patient injury if they were not adequately secured in the wheelchair. We raised this with the management team during the inspection. They told us staff had been instructed to use wheelchair seat belts at all times when conveying patients and they would reinforce this with the ambulance crews to raise staff awareness and improve compliance.

The fleet manager oversaw the service and calibration of all equipment and portable appliance testing. Records showed all equipment was within service and calibration due dates. There was an asset register that was used to track the status and location of all equipment. The fleet manager also used a colour-coded tag system to indicate if equipment was available for use.

Staff told us there was sufficient stock to replace any faulty equipment. Consumable items, such as gloves and hand gels were replenished each day from stock available at the ambulance station.

The base manager told us they carried out routine stock and expiry date checks on consumable items. We looked at a sample of single use items (such as dressings) and found these were kept within their sterile packaging and were within expiry dates.

We saw that oxygen cylinders were stored securely and within expiry dates in line with current guidelines at the ambulance station and in each of the 5 ambulance vehicles we inspected. Staff carried out oxygen cylinder quantity and expiry date checks as part of their daily checks at the start of each shift. The oxygen flow regulators in each vehicle were checked daily by staff and we saw these had stickers showing they were within service and calibration due dates.

The service had an arrangement with an external oxygen cylinder manufacturer for the supply and replenishment of oxygen cylinders. The base manager told us they had sufficient stocks of oxygen cylinders to manage periods of high demand such as during winter.

The vehicles had first aid kits but were not equipped with automated external defibrillator devices. Staff told us they would contact the NHS emergency ambulance control room for paramedic or emergency ambulance support in the event of a medical emergency.

### 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**

The service had an inclusion and exclusion criteria that identified patients that could or could not be transported. The service only accepted patients over 18 years of age. The service did not transport any patients detained under the Mental Health Act (1983). Patients with complex health needs or requiring specialist equipment or support were required to be accompanied by a healthcare professional during their transfer to minimise the risk to patients.

The service also had maximum weight limits for equipment such as stretchers and wheelchairs (ranging between 114kg to 200kg). Patients that exceeded the maximum weight limits such as bariatric (obese) patients were not eligible for patient transport.

## Patient transport services

Staff completed risk assessments for each patient on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident. As part of the patient transport referral and booking process, basic risk assessments were undertaken. This included an assessment of patient-specific requirements including what level of mobility the patient had, if they required oxygen, if they had any special notes such as a do not attempt cardiopulmonary resuscitation order (DNACPR) or if the patient had an escort accompanying them.

Staff understood how to identify and manage patients that had a DNACPR in place. Staff told us this information was available in the referral record and through verbal handover discussions with healthcare professionals when receiving patients. Staff shared key information to keep patients safe when handing over their care to others.

There were systems in place to allow ambulance staff to escalate key risks, such as incidents, accidents or safeguarding concerns. Staff were able to report any issues to the ambulance station and to the NHS ambulance control room staff, who would either support the staff or escalate to the management team.

Staff knew about and dealt with any specific risk issues. Staff did not use national early warning scores due to the relatively short patient journey times. However, staff monitored patients during their journey and undertook dynamic risk assessments if there was a change to a patient's condition. Staff recorded any additional care or treatment provided (such as basic first aid or oxygen therapy) on patient report forms.

Staff responded promptly to any sudden deterioration in a patient's health. If a patient's condition deteriorated during transport, procedures were in place to instruct staff on the actions to take, including stabilising the patient by carrying out basic life support then contacting the NHS emergency ambulance control room to enable the patient to be transported to the nearest hospital emergency department.

There had been one instance where a patient's health had deteriorated during transport and two instances where patient's relatives required emergency intervention and transfer to hospital during the past 12 months. In each case, the staff were able to provide basic life support and arrange for the individuals to be transported to hospital by emergency ambulance.

The registered manager told us driving licenses and driver history was checked as part of the recruitment process and drivers that had poor driving history or did not conform to safe driving standards would be prevented from driving vehicles for the service. Staff were also required to make an annual declaration to confirm if any changes to their licence. The vehicles used by the service did not require a category C1 driving licence.

The service carried out formal driver assessments on an annual basis through an internal trained driving instructor to determine if staff were competent to drive vehicles. Staff involved with driving vehicles were also offered routine eye tests. The base manager told us there had been one instance where a member of staff failed their driving assessment in the past 12 months. They underwent additional training and subsequently passed the assessment.

Each vehicle had two ambulance care assistants in place during patient transport journeys. Staff were issued with electronic handheld devices and mobile phones prior to commencing patient transport journeys. The ambulance vehicles were also equipped with tracking devices and satellite navigation systems. These had the functionality to identify the location of a vehicle if it broke down or to monitor if a member of staff exceeded the expected speed limit.

In the event of a breakdown during patient transport, staff contacted the ambulance station control room for additional support (such as dispatching an alternative vehicle or arranging emergency breakdown service support).

# Patient transport services

The service had a formal business continuity plan in place. This outlined the steps required by staff to manage key risks that could affect the provision of care and treatment, such as a power outage or shortage of staff.

There were suitable arrangements in place for fire safety, including an up to date fire risk assessment and clear instructions for staff to follow in the event of a fire. We also saw an up to date external asbestos risk assessment was in place for the ambulance station.

## 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 and adjusted staffing levels and skill mix, and gave bank staff a full induction.**

The day to day running of the service was managed by the registered manager along with the base manager. The base manager was supported by the operations lead and 3 ambulance supervisors, who each managed a team of ambulance care assistants.

The ambulance crews were supported by the fleet manager, a dedicated cleaner, the governance manager and a freedom to speak up guardian. The service had also recently appointed a trainer, who was responsible for overseeing training processes across this location and another of the provider's locations.

The service had approximately 67 active ambulance care assistants that were employed to provide patient transport services. This included 5 bank staff that were trained to the same level as the substantive staff and provided cover for sickness or leave and during periods of high demand.

The service did not use any agency staff. The registered manager told us they had vacancies for 4 ambulance care assistants and these had been fully recruited to with the new starters commencing induction training during August 2023.

The staff we spoke with told us they were able to take regular breaks and they were aware of the need to have a period of a minimum of 11 hours rest in between shifts.

## 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.**

Patient notes were comprehensive, and all staff could access them easily. Records were stored securely.

The patient booking referral information was received electronically. This included information such as patient contact details, their mobility status, information about their medical condition and any specific patient needs, such as if oxygen was required. Information about special notes such as do not attempt cardiopulmonary resuscitation orders were included as part of the patient records.

# Patient transport services

Staff recorded arrival and drop off times using an electronic system. Staff also used paper-based patient report forms to record details of any care or treatment given during the patient journey (such as oxygen therapy). The patient report forms were securely stored in each ambulance vehicle. Completed paper records were returned to the ambulance station at the end of each shift. Completed paper records were scanned electronically and stored securely in locked cabinets in an office.

We looked at the booking referrals and patient report forms for 10 patients. All the records we looked at were legible, complete and up to date. Patient report forms were reviewed by supervisors at the end of each shift to check for accuracy and completeness. The base manager also carried out routine patient record audits and discussed any errors or omissions with individuals to aid their learning.

## Medicines

### **The service followed best practice when administering, recording and storing medicines.**

The service did not use any medicines apart from oxygen. Ambulance care assistants received competency based training in the handling, storage and administration of oxygen.

Patient referral records identified patients that required oxygen during their journey and specified the quantities to be administered. The base manager told us staff could administer oxygen only if prescribed and if specified on the booking referral up to a maximum of 6 litres during patient transport journeys.

Patients used their own portable oxygen whilst being transferred to and from the vehicle and staff then switched to the vehicle's oxygen supply during the transport journey. Patient's portable oxygen cylinders were stored securely in the ambulance vehicles.

There had been 123 instances in the past 12 months where oxygen had been administered to patients during their journey. We looked at the patient report forms for 5 patients where oxygen had been administered and these included complete and up to date information around the quantities of oxygen administered.

## Incidents

### **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 and the wider service. 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.**

Staff raised concerns and reported incidents and near misses in line with the provider's incident reporting policies. Staff knew what incidents to report and how to report them. All incidents, accidents and near misses were logged on paper-based incident reporting forms.

There had been no patient deaths, never events or serious incidents (of moderate or above patient harm) reported by the service during the past 12 months.

## Patient transport services

A never event is a serious incident that is wholly preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all providers. The event has the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.

The service reported 118 incidents between August 2022 and August 2023. All incidents were graded as low or no patient harm. The most frequent reasons for incidents were for vehicle accidents, clinical incidents and running call incidents (where ambulance crews supported road traffic incidents unrelated to the patient transport service).

Managers investigated incidents thoroughly. Incidents were reviewed and investigated by staff with the appropriate level of seniority, such as the base manager and the registered manager. We looked at 3 incident investigation records and found the incident records were completed appropriately and remedial actions had been put in place to minimise the risk of reoccurrence.

Staff received feedback from investigation of incidents, both internal and external to the service. The senior managers told us any reported incidents would be reviewed and discussed as part of daily briefs and learning was shared with all staff through memos and safety bulletins. Incident reports were reviewed as part of routine monthly governance meetings to identify themes and share learning. We saw evidence of this in the governance meeting minutes we looked at.

The staff we spoke with were aware of their responsibilities regarding duty of candour legislation. There had been no incidents reported by the service that met the threshold for implementing the duty of candour. The service also reported all incidents relating to the patient transport services with the local NHS ambulance trust as part of their contractual agreement.

The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.

The senior managers were aware of their responsibility to report notifiable incidents to the Care Quality Commission (CQC) and other external organisations. There was a system in place to ensure safety alerts relating to patient safety and medical devices were cascaded to staff and responded to in a timely manner.

### Is the service effective?

Good 

This is the first time we have rated this service. We rated effective as 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.**



# Patient transport services

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Policies and procedures were based on national guidance, such as from The National Institute for Health and Care Excellence (NICE) and the Joint Royal Colleges Ambulance Liaison Committee (JRCALC).

Staff used specific care pathways and protocols to support patient care and treatment. This included care pathways for stroke, cardiac arrest, patient mobility, and oxygen therapy.

Changes to clinical practice, national guidance and policies were reviewed and developed through routine monthly governance meetings and shared with staff.

Policies and procedures reflected current guidelines and staff told us they were easily accessible in electronic and paper format. We looked at a selection of the policies and procedures and these were up to date and based on current national guidelines.

## Nutrition and hydration

### **Staff monitored patients' food and drink requirements to meet their needs during a journey.**

Patients with specific nutrition and hydration needs (such as patients with diabetes) were identified as part of the referral process and the senior managers assessed whether the service could meet their needs.

The service did not routinely provide food and drink for patients due to the relatively short journey times. However, we saw that each vehicle had drinking water cuplets available for patients.

## Pain Relief

### **Staff monitored patients regularly to see if they were in pain.**

The service did not administer any pain relief to patients.

Staff made sure that patients were comfortable during their journey and patients experiencing severe pain symptoms would be transferred to hospital by emergency ambulance (through the NHS ambulance trust control centre) if needed.

## 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.**

Staff recorded journey times and patient pick up and drop off times electronically. This information was collated and reported to the service by the local NHS ambulance trust.

The service had specific key performance indicators for patient transport services as part of their contractual arrangement with the local NHS ambulance trust. This included indicators for enhanced priority patients (such as renal dialysis and cancer patients) as well as targets for planned and unplanned patient transport journeys.

# Patient transport services

The target for travel time on the vehicle was for 85% of enhanced priority patients and 80% of routine planned and unplanned patients to travel for no longer than 60 minutes on the vehicle.

The target for on time arrival was for 90% of patients to arrive within 45 minutes (enhanced priority) or 60 minutes (routine planned) before the scheduled appointment time. There was no specified target for unplanned journeys.

The target for collection after treatment was for 85% of enhanced priority patients and 80% of routine planned and unplanned patients to be collected within 60 minutes or 90% of all patients collected within 90 minutes of scheduled collection time or patient readiness notification.

The service reported that 90.4% of all journeys (5,093 out of a total of 53,027 journeys) were completed within the specified targets between January 2022 and April 2023. This showed the service had achieved the specified key performance indicators for enhanced priority patients and for routine planned and unplanned journeys.

The service reported being late on 9.6% of all journeys during this period. The main reasons for delays were due to heavy traffic conditions, hospital delays (such as discharge processes) or delays due to the patient not being ready.

## 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.**

Managers gave all new staff a full induction tailored to their role before they started work. Newly appointed staff had an induction that included e-learning and face to face training. The service had a 6-month probationary period for all new starters and their competency was assessed before working unsupervised. Bank staff also had inductions before starting work.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff told us they received regular supervision every six months and completed an annual appraisal. Records showed 100% of staff had completed supervision and appraisal within the past 12 months.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. All patient transport service staff had completed adult basic life support training. Staff also received additional competency based training in areas such as vehicle driving, moving and handling, managing the deteriorating patient and for the handling and administration of oxygen for patients.

The service did not routinely convey patients with mental ill health. However, staff received training in conflict resolution and Mental Capacity Act training as part of their safeguarding training. The staff we spoke with were able to describe how they would look for potential trigger points and were able to describe the steps they would take to support patients in crisis or to de-escalate conflicts with patients with challenging behaviours. Staff could also seek specialist psychiatric support through the NHS ambulance trust control if required. Staff gave an example where a journey route was altered in response to a patient displaying challenging behaviour and this helped to settle the patient.

We looked at the training records for 7 staff and these showed they had undertaken induction and routine role-specific training and development. Each staff file included appraisal records which included discussions about staff training and development.

# Patient transport services

The staff we spoke with were positive about on-the-job learning and development opportunities and told us they were supported well by their managers.

## 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 held regular and effective multidisciplinary meetings to discuss patients and improve their care. The managers held daily briefs with ambulance crews to provide updates on performance and any day to day issues. Key issues were discussed at monthly governance meetings.

There was effective multidisciplinary working between the control room staff and ambulance crews. The ambulance staff we spoke with informed us that they worked effectively as a team. Staff also told us they had good working relations with NHS staff and they routinely carried out handover discussions when patients were collected or dropped off after their journey.

The service had a contractual arrangement with the local NHS ambulance trust for patient transport services. The registered manager told us they held operational meetings with the NHS ambulance trust every two weeks to review performance and any incidents or complaints relating to the patient transport services.

The service had service level agreements in place for a number of services such as laundry services, equipment maintenance and waste disposal.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

**Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions.**

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff understood how to obtain informed verbal consent from patients before providing care or treatment. We saw staff asked patients for consent prior to providing care during our observations of care.

Staff made sure patients consented to treatment based on all the information available. We looked at 10 patient report forms. These showed staff clearly recorded where verbal consent was obtained for any treatment (such as for oxygen therapy or first aid treatment) in the patient report form.

Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training was incorporated into the adult safeguarding training. There had been no instances in the past 12 months where a Deprivation of Liberty Safeguards application had been made.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Patients that lacked the capacity to make their own decisions were identified as part of the initial referral process and the management team made a decision as to whether they were able to transport the patient.

# Patient transport services

Staff did not use restraint and did not use any equipment for the restraint of patients during care with the exception of safety harnesses used on the trolleys for transportation purposes only.

Staff could describe and knew how to access policy and get accurate advice and support from the provider's safeguarding lead and from specialist safeguarding clinicians through the NHS ambulance trust control room.

## Is the service caring?

Good 

This is the first time we have rated this service. We rated caring as good.

### Compassionate care

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

We observed staff providing care for patients. Staff were discreet and responsive when caring for patients. We saw staff took time to interact with patients and those close to them in a respectful and considerate way.

All the staff we spoke with were caring and compassionate and were committed to providing good patient care. Staff followed policy to keep patient care and treatment confidential. We saw that staff treated patients with respect and maintained patient's privacy and dignity during patient transport journeys. Staff made sure that patients were comfortable during their journey and helped aid comfort using blankets and pillows.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. 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.

Patients said staff treated them well and with kindness. We spoke with 3 patients one relative. They all told us they thought staff were friendly and caring and gave us positive feedback about ways in which staff showed them respect and ensured that their dignity was maintained. The comments received included: “the staff are helpful and really friendly”, “they provided the best service we have had to date” and “can’t fault the service or any of the staff for the care they provide”.

Staff sought feedback from patients about the quality of the service provided through feedback cards that were given to patients undertaking patient transport journeys. There had been approximately 176 responses received between January 2023 and July 2023 and the patient feedback received was mostly positive in relation to the care and treatment they received.

### Emotional support

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

## Patient transport services

Staff told us they gave patients and those close to them help, emotional support and advice when they needed it. 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.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. We saw that staff were calm, reassuring and supportive and helped patients to relax during the patient transport journey.

Patients told us they were supported with their emotional needs and were able to voice any concerns or anxieties. One patient commented that 'going to hospital appointment was stressful, the staff never stopped talking, laughing all the way, it made the journey feel a lot shorter and more pleasant'.

### Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Staff also supported patients to make informed decisions about their care.

The patients we spoke with told us they were kept informed about their treatment and staff were clear at explaining their care and treatment to them in a way they could understand. We observed staff asked permission and clearly explained to patients what they were doing when transporting patients.

Patients gave positive feedback about the service. They spoke positively about the way information was communicated to them and that staff kept them fully informed. One patient commented that "staff were great at explaining what was going on and provided excellent company during the journey".

### Is the service responsive?

Good 

This is the first time we have rated this service. We rated responsive as 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.**

Managers planned and organised services so they met the changing needs of the local population. The service only provided non-emergency NHS patient transport services under a contractual agreement with the local NHS ambulance trust. As part of the agreement, the service provided patient transport services for patients mainly in Lancashire and the Cheshire and Merseyside area.

# Patient transport services

All patient bookings were undertaken by the NHS ambulance trust and patient booking details including expected arrival and drop off times were sent to the service electronically on a daily basis.

The service operated between 4.30am and 12am between Monday and Saturday. There was a duty manager on site or on call during out of hour's service.

The management team assessed the booking referrals on a daily basis to allocate appropriate resources (such as staff, vehicles and equipment) in order to transport patients safely. There had been no instances of booking requests being declined or cancelled due to unavailability of staff or vehicles during the past 12 months.

Ambulance crews were supported by the ambulance station control room as well as the NHS ambulance control staff and could access specialist support for patients with mental health problems, learning disabilities and dementia.

Staff knew about and understood the standards for mixed sex accommodation and took into account patient preferences and maintained their privacy and dignity. Most patient transport journeys were undertaken with single patients or their escorts. The registered manager told us they also undertook patient transport journeys with multiple patients where this had been agreed with patients.

The service had systems to help care for patients in need of additional support or specialist intervention. Patient preferences (such as mobility needs and oxygen therapy requirements) were specified as part of the booking process and the ambulance crews were able to equip the ambulances with the required equipment at the start of their shift.

## 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 had information leaflets available in languages spoken by the patients and local community. Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Staff were able to access translation and interpreter services through their electronic devices. Staff could also access communication aids for use with patients who were unable to speak, had cognitive difficulties, or spoke English as a second language.

Staff made sure patients living with mental ill health, learning disabilities and dementia received the necessary care to meet all their needs. Records showed 100% of staff had completed mandatory training in dementia awareness, learning disability awareness and autism awareness. Staff told us patients living with dementia or a learning disability were usually accompanied by a carer.

The service reported that reasonable adjustments were made when transporting patients living with dementia or a learning disability or patients displaying challenging behaviours, such as conducting single patient journeys and adjusting journey times and routes so patients received appropriate care.

Staff told us they also played music and sang songs with patients to make them more comfortable during their journey. The registered manager told us they had recently purchased sensory toys for use as distraction aids when transporting patients living with dementia or a learning disability.

# Patient transport services

We saw that all the vehicles had ramps and anchorage points installed to allow wheelchair access. The service had maximum weight limits for equipment such as stretchers and wheelchairs and patients that exceeded the maximum weight limits such as bariatric (obese) patients were not eligible for patient transport.

## 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.**

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets.

Patient transport response times data between January 2022 and April 2023 showed the service had achieved the key performance indicators specified in their contractual arrangement with the NHS ambulance trust.

Booking referrals were reviewed on a daily basis to allocate appropriate resources. Journeys were booked in advance with specified arrival and drop off times, therefore there were no extended wait times for patients.

Ambulance crews commenced shifts at varying times depending on the expected arrival and drop off times. At the beginning of each shift, ambulance crews were designated a geographical area (such as East Lancashire) and they remained there until the end of their shift.

The service mainly undertook short patient transport journeys and the average journey time between January 2022 and April 2023 was 35.5 minutes.

The service had aborted 4,862 patient journeys between January 2022 and April 2023. This accounted for 9.2% of all journeys. There had been no instances of aborted journeys due to staff, equipment or ambulance vehicle failure during this period. Most aborted journeys were due to patient-related issues. The most frequent reasons for aborted journeys were 'patient not ready' (17.1%), 'no trace of patient at pickup' (16.1%) and 'patient too ill to travel' (12.1%).

When a patient journey was aborted, the ambulance crews reported this to the NHS ambulance trust control centre, who were responsible for arranging patient bookings.

## 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.**

Patients, relatives and carers knew how to complain or raise concerns. Information on how to raise complaints was not visibly displayed in the ambulance vehicles. However, staff could provide written information to patients detailing how to complain or raise concerns about the service.

The provider had a complaints policy which provided guidance on how to manage and respond to complaints about the service. Staff understood the policy on complaints and knew how to handle them.

## Patient transport services

The complaints policy stated that complaints would be acknowledged within 3 days responded to within 28 days for routine formal complaints. Where this was not possible (such as for complex complaint investigations), staff were required to send a letter explaining the reason for the delay to the complainant.

Where patients were not satisfied with the response to their complaint, they were given information on how to escalate their concerns within the organisation or to external organisations such as the Parliamentary and Health Service Ombudsman.

There had been 10 complaints received by the service in the past 12 months. This included 7 complaints relating to the care and treatment provided by the ambulance crews and three complaints in relation to the control centre. We looked at the completed records for three complaints. These showed the complaints had been investigated appropriately and responded to within the timelines specified in the provider's complaints policy.

Complaints about the service were reported to the local NHS Ambulance Trust as part of the contractual agreement with the service.

Managers shared feedback from complaints with staff and learning was used to improve the service. Staff told us that information about complaints was discussed during daily staff briefs and at routine team meetings to aid future learning. Complaints performance was reviewed at routine monthly governance meetings to identify trends and look for improvements to the service.

### Is the service well-led?

Good 

This is the first time we have rated this service. We rated well-led as good.

#### Leadership

**Leaders had the 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.**

The provider had a chief executive officer, who was the sole company director for this service and the provider's other registered location.

The overall responsibility for this service was with the registered manager, who reported to the chief executive officer. The registered manager was supported by the base manager, the fleet manager and the governance manager. The service had 3 supervisors who reported to the base manager and each managed a team of ambulance care assistants. The base manager was also supported by the operations lead, who was employed on a part-time basis.

The registered manager told us the service had undertaken succession planning for key roles including individuals that were able to deputise for key roles, such as the base manager undertaking the registered manager's activities during leave or absence.



# Patient transport services

The senior managers had the relevant skills and abilities to manage the service effectively. They understood the risks to the services and had clear oversight on patient safety, governance and performance issues through daily involvement, quality monitoring and through routine management and governance meetings.

The service also had clearly defined lead roles in areas such as infection prevention and control, safeguarding and freedom to speak up processes and staff understood who to contact in relation to these.

The staff we spoke with told us they understood their reporting structures clearly and described the managers as approachable, visible and who provided them with good support.

## Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. Leaders and staff understood and knew how to apply them and monitor progress.**

The provider's mission statement was 'making a difference everyday'. The service's vision was 'At AFJ, we are dedicated to providing high quality, inclusive transport that enables local communities to gain access to vital healthcare services that would otherwise be out of reach. We pride ourselves in delivering safe, professional and friendly transportation, using over 15 years' family business experience to create the best environment for our patient's needs.'

The mission statement and vision was underpinned by a set of 6 values that were based on honesty, integrity, openness / adaptability, leadership, accountability and selflessness.

The provider's quality strategy (2023) outlined the strategic objectives for the service over the next 12 months. The governance manager told us the strategy had been developed with involvement from staff and all relevant stakeholders. The service had 4 strategic objectives for 2023. These included to enhance and develop clinical training of staff, to ensure quality information is monitored, to develop a system of succession planning and to develop a system of patient involvement in the future progression of the service.

Progress against the strategic objectives was monitored as part of routine monthly governance meetings.

The vision, values and strategic objectives were clearly displayed on notice boards in the areas we inspected. They had been cascaded to staff across the services and the staff we spoke with had a good understanding of these. Objectives were also incorporated into individual staff appraisals.

## Culture

**Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.**

We found the culture across the service was open and transparent. Staff we spoke with said they felt valued and enjoyed working for the service. Staff demonstrated a patient-focussed and caring approach to their work. Staff felt confident to raise issues with line managers and felt managers responded positively when concerns were shared.

The service had appointed an independent freedom to speak up guardian that reported to governance meetings on a monthly basis. The staff we spoke with were aware of the whistleblowing policy and understood how to contact the freedom to speak up guardian if needed.

# Patient transport services

There had not been any whistle blower or freedom to speak up concerns received by the Care Quality Commission during the past 12 months. The governance manager told us they had received 5 freedom to speak up concerns from staff during the past 12 months. These related to individual employment-related matters and not in relation to patient safety and the raised concerns had been resolved confidentially.

## Governance

**Leaders operated effective governance processes, throughout the service and with partner organisations. 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.**

There were clear governance structures in place that provided assurance of oversight and performance against safety measures. The senior managers held governance meetings on a monthly basis. The service also held routine senior team operational meetings on a weekly basis. We looked at a selection of meetings minutes from April 2023 to July 2023. These showed key discussions routinely took place around performance and quality, governance, incidents, complaints and audit performance. Meeting minutes showed action logs were in place and these were followed up at subsequent meetings.

There were daily safety briefs with the ambulance crews to discuss day to day issues and patient risks. Information around performance, complaints and incidents was also shared with ambulance crews verbally and electronically through memos and bulletins.

The service held operational meetings with the local NHS ambulance trust as part of their contractual arrangements to discuss key performance indicators and incidents, complaints and safeguarding concerns.

We looked at the fit and proper persons files for the chief executive officer and the registered manager. These included information relating their qualifications and disclosure and barring service (DBS) checks. The records also included reference checks to show they were of good character as well as checks to confirm there were no concerns around past criminal or financial irregularities, in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 5 requirements for fit and proper persons; directors.

Staff underwent recruitment checks prior to commencing employment. The base manager and the registered manager maintained a recruitment spreadsheet and carried out routine staff file audits to check they were complete and up to date.

Disclosure and Barring Service (DBS) checks were undertaken annually as part of automatic update service. Records showed all staff had up to date DBS checks. The registered manager and base manager told us there were no individuals with any outstanding DBS concerns.

We looked at the recruitment records for the base manager and 2 supervisors. We also looked at the recruitment files for 4 ambulance care assistants. We found evidence that suitable checks had been carried out prior to commencement of employment in the files we looked at. This included identification checks, proof of qualifications and mandatory training, at least two references, DBS checks and driving licence checks.

## Management of risk, issues and performance

# Patient transport services

**Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.**

The service had an organisational risk register which showed that key organisational and patient safety risks were identified and control measures were put in place to mitigate these risks. A risk scoring system was used to identify and escalate key risks and each risk had a review date that was regularly updated.

Meeting minutes showed key risks had been reviewed and discussed at routine monthly governance meeting.

Routine staff meetings also took place to discuss day-to-day issues and to share information on performance, patient safety, incidents, complaints, safeguarding concerns and audit results.

We saw that routine audit and monitoring of key processes took place to monitor performance against patient safety standards and organisational objectives. There was a programme of audit covering key processes such as infection control, patient records and the management of vehicles and equipment.

Information relating to performance against key quality, safety and performance objectives was monitored by senior managers and cascaded to staff through routine team meetings, information on notice boards and through general correspondence.

## Information Management

**The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.**

Senior managers collated and analysed information on performance to look for improvements and routine performance reports were in place detailing performance against key performance indicators.

There were systems in place for the safe storage, circulation and management of electronic and paper-based records such as patient records, audit records and meeting minutes. Patient records were accessible for staff and could be easily retrieved. Electronic records were stored on computers with controlled access. The service used cloud-based storage servers to minimise the risk of data loss in the event of an IT system failure.

All staff had completed information governance training as part of their mandatory training. The registered manager was the information governance lead and was responsible for reporting to the Information Commissioner's Office (ICO). The registered manager confirmed there had been no reportable data breaches during the past 12 months.

Staff could access information such as policies and procedures in paper and electronic format. These were based on national guidelines and included revision histories and review dates up to every three years. The policies and procedures we saw were all up to date and within their specified review dates. Policies were periodically reviewed by the base manager and registered manager and changes to policies were routinely discussed as part of the monthly governance meetings.

## Engagement

# Patient transport services

**Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.**

Staff told us they received good support and regular communication from the management team. Staff engagement took place through daily communication, staff newsletters, routine meetings and through other general information and correspondence that was displayed on notice boards and in the ambulance station.

The service carried out routine staff surveys to gain feedback from staff about their experiences. The staff survey for 2023 had not yet been completed. Findings from the 2022 staff survey had been analysed by the registered manager and the base manager. The survey feedback was mostly positive and actions had been put in place to make improvements in areas highlighted by the survey, such as around staff engagement and training and development.

Staff routinely engaged with patients and their relatives to gain feedback from them. This was done informally and formally through participation in patient surveys. Feedback from patient surveys indicated patients were positive about the care and treatment they received.

The ambulance crews engaged daily with the NHS ambulance trust control room to plan and deliver patient transport journeys. The service also held routine engagement meetings every 2 weeks with the NHS ambulance trust as part of their contractual agreement to discuss performance, improvement and any incidents, safeguarding concerns or complaints.

The service also held regular public engagement events attended by members of the general public and local community representatives to promote the service. An open day was held in May 2023. The service also invited a patient who had used the service and their relatives for a visit and tour of the ambulance station during August 2023 as part of a public engagement initiative. This was well-received by the patient.

## Learning, continuous improvement and innovation

**All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation.**

Staff told us the service had a positive culture that was focussed on learning and improvement. We saw evidence of learning and improvement resulting from findings from audit results and incidents and shared learning was cascaded to staff to improve the service.

We saw several examples of innovative practice. Staff routinely uploaded digital images of equipment and the ambulance vehicles as part of daily checks. The digital images were reviewed by the managers as part of quality monitoring.

The fleet manager had developed an innovative data collection method to collate real-time information on fuel consumption and tyre usage. This enabled the fleet manager to schedule planned tyre replacements reducing unplanned vehicle down-time and provided accurate data on fuel consumption that was used to identify the most efficient and cost-effective way to manage vehicles and journey routes.

The fleet manager also told us they had recently trialled the use of nitrogen in vehicle tyres to improve their performance and longevity.

## Patient transport services

The registered manager told us the service was viable and sustainable. All patient transport activity was undertaken as part of the contract with the NHS ambulance trust. The service had seen a reduction in activity during 2022 following their most recent contract renewal with the NHS ambulance trust. The risk of financial loss was highlighted on the organisational risk register. The senior managers were aware of the financial risk to the business and planned to seek contracts with other providers.