

# Ambulance Transfers (Essex)

## Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from 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?

Good



Are services well-led?

Good



# Summary of findings

## Letter from the Chief Inspector of Hospitals

Ambulance Transfers (Essex) is operated by Ambulance Transfers Limited. The service provides a patient transport service and control centre.

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced inspection on 14 January 2020.

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?

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

The main service provided by this service was patient transport services.

We had inspected this service before but did not have the legal duty to rate it previously. We rated it as **Good** overall.

- 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. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to drink. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- 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 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 the community to plan and manage services and all staff were committed to improving services continually.

### Heidi Smoult

Deputy Chief Inspector of Hospitals, on behalf of the Chief Inspector of Hospitals.

# Summary of findings

## Our judgements about each of the main services

### Service

### Patient transport services

### Rating Summary of each main service

Good



- 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 collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to drink. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- 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 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 the community to plan and manage services and all staff were committed to improving services continually.

# Summary of findings

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Good 

# Ambulance Transfers (Essex)

Services we looked at Patient Transport Services

# Summary of this inspection

## Background to Ambulance Transfers (Essex)

Ambulance Transfers (Essex) is operated by Ambulance Transfers Limited. The service opened in 2015. It is an independent ambulance service in Thurrock, Essex. The service primarily serves the communities of the north west and north east London, Barnet, Enfield and Haringey, Basildon and Brentwood, Castlepoint and Rochford, Mid Essex, Southend, Thurrock and West Essex.

The service has had a registered manager in post since September 2015.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector and one other CQC inspector. The inspection team was overseen by Fiona Allinson, Head of Hospital Inspection.

## How we carried out this inspection

We inspected this service using our comprehensive inspection methodology as part of the scheduled

programme of inspections. The unannounced inspection was completed on 14 January 2020. We also needed to follow up on concerns raised at our last inspection of this service in November 2017

## Information about Ambulance Transfers (Essex)

The main service provided by this ambulance service was non-emergency patient transport services for adults and children, high dependency unit transfers and specialist transport, including GP transfers to NHS hospitals. The patient transport services journeys are a combination of planned and additional bespoke bookings.

The service owns 73 vehicles, including ambulance vehicles and transport cars with five new ambulances purchased recently to provide 24 hour transport arrangements for the community it serves.

During the inspection, we visited the Thurrock location. We spoke with 20 staff including paramedics, ambulance assistants, control centre staff, vehicle “make ready” staff and senior managers. We reviewed feedback left on comments cards by 325 service users and relatives. We reviewed four sets of patient records and 18 pieces of equipment.

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 once before in November 2017 which found that the service was meeting all standards of quality and safety it was inspected against.

Hours of operation were 24 hours seven days a week.

Activity (January 2019 to December 2019)

- In the reporting period from January 2019 to December 2019 there was a total of 130,342 patients transported by the service with 99% adult journeys and 0.6% children’s journeys.
- In the reporting period from January 2019 to December 2019 there were a total of 99,634 patients seen by the service, with 99% adult journeys and 0.9% children journeys.

# Summary of this inspection

- The service employed 140 fulltime equivalent (FTE) staff which included ambulance staff, one paramedic, six team leaders, 19 control room staff and 18 additional headquarter staff.

Track record on safety for the service:

- Zero never events
- 32 clinical incidents with six categorised as trivial harm and 23 as minor incidents, one moderate harm and two major incidents.
- Zero serious injuries
- Zero incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA),
- Zero incidences of hospital acquired Meticillin-sensitive staphylococcus aureus (MSSA)
- Zero incidences of hospital acquired Clostridium difficile (c.diff)
- Zero incidences of hospital acquired E-Coli

- Six complaints were received for the same report period with presenting themes which included staff response, transport delays and incorrect patient transfer.

## **Services accredited by a national body:**

- ISO-9001 Quality management certificate awarded
- ISO 14001 Environmental management certificate
- ISO 27001 Information security management certificate
- Gold certificate for eastern region best employer 2018
- Certificate for investors in people

## **Services provided at the service under service level agreement:**

- Clinical and or non-clinical waste removal
- Maintenance of medical equipment
- Maintenance of vehicles

# Detailed findings from this inspection

## 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 

## Are patient transport services safe?

Good 

We had inspected this service before but did not have the legal duty to rate it previously. We rated it as **good**.

### Mandatory training

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

At the last inspection we identified that the service must ensure that all staff received mandatory training and we reviewed improved training schedules from the last inspection with educational time given to staff in their shifts to allow them enough time to update themselves and complete training.

Mandatory training was comprehensive and met the needs of the patient and staff and was delivered through face to face and electronic learning sessions. Training courses covered key areas which included safeguarding for adults and children, equality and diversity, waste management, customer service, fire management and practical sessions for information governance, basic life support and moving and handling training. Staff told us about their responsibility in completing mandatory training and that the training they received was relevant to their role.

Managers monitored mandatory training and alerted staff when they needed to update their training by email, or at their one to one meeting. Training was monitored by the manager through the electronic compliance dashboard and staff were supported in completing training within working hours.

Managers received reports regularly about mandatory training which meant they were able to raise any concerns when identified.

All staff received and kept up-to-date with their mandatory training. Staff were up to date and those who were due updated training had agreed dates when the training would be completed agreed with their managers.

The service's compliance dashboard which was up-to-date and showed 102 road staff, 6 team leaders, 19 control room staff and 18 additional HQ staff.

Staff all had competencies signed off by line managers following the assessment of knowledge or completion of role specific training.

All staff had received appraisals and feedback on their performance through supervision and annual review.

All staff had attended an organisation specific induction training programme on appointment. The induction aimed to introduce staff to the organisation, its aims, culture and ethos. It is also an introduction to healthcare in general. Every member of staff had undertaken the introductory (and repeated annually) electronic learning skills for health core skills training framework which covered the history of the service, who's who, the mission, services at ATL, supervisions and appraisals, terms and conditions of employment, sickness and holiday procedures. Training modules included; mental health awareness, health and safety duty of candour, mental capacity, hand washing, oxygen therapy, first aid at work, equality & diversity; infection prevention control level two safeguarding adults and children and information governance.

# Patient transport services

Following staff completion of the electronic learning programme, there was an assessment and a certificate was awarded on successful completion.

On commencing patient care crew members participated in an annual continuous development programme which was delivered face-to-face by the training officer. Which reinforced previous electronic learning as mentioned afore.

The service had a learning and development training policy which was last reviewed August 2019.

The staff training records showed that 100% were up to date with mandatory training. Staff had received basic life support with 50% compliance. We asked managers about the low compliance and they confirmed that this was due to the actual staff numbers required to complete this training. We saw four staff had been booked on training for the next nine weeks to meet the services' requirements. We saw that staff training dates had been booked on the electronic system.

Senior staff checked the compliance dashboard weekly and identified any areas of risk when staff training compliance had not been addressed.

There was a manual electronic flagging system which alerted staff before the next renewal date. This was identified by a colour coded system which identified when training dates were agreed, team leaders would be contacted by email if their staff had not booked training.

The service had identified staff roles and which specific training courses they needed to complete. They had an electronic skills matrix that showed which roles needed to complete which training course.

We reviewed electronic staff records and found that they contained certificates that showed completion of training modules. We also saw the records of senior managers contained certificates from completed mandatory training courses.

## 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.**

Staff had training on how to recognise and report abuse and they knew how to apply it, there were clear systems and processes and practices to safeguard adults, children and young people from avoidable harm, abuse and neglect that reflected legislation and local requirements.

The service had a safeguarding vulnerable adults policy which was last reviewed in October 2019 and a safeguarding children and young people policy which was last reviewed in March 2019.

These policies were known by staff who could easily access them, through the services intranet and mobile phone application.

Staff knew how to identify adults and children at risk of harm and worked with other agencies to protect them, for example, general practitioners, police and the local safeguarding authority.

Staff knew how to make a safeguarding referral and who to inform if they had concerns, there were no safeguarding alerts reported from April 2019 to December 2019.

The service had identified leaders to support effective safeguarding. The service had a level five trained safeguarding lead, a registered nurse who was qualified to deliver train the trainer sessions.

The service provided child and adult safeguarding level three training for all their staff.

Training was above the expectations of national guidance. The service had a system to process safeguarding concerns raised by their staff which was linked to the incident reporting system. This covered areas such as descriptions of the type of abuse and the role of the safeguarding lead. We reviewed the safeguarding pathway that explained the way a safeguarding concern would be processed. This included how staff should contact their line or control manager and submit paperwork to the appropriate authority within 24 hours.

Staff had access to a 24-hour safeguarding line to the control centre. Details of this call line was seen on vehicles and in the location. The control centre then passed on these concerns to the relevant local authority safeguarding team or the governance team to review.

We reviewed seven incidents of concerns relating to abuse or risk of abuse raised by the

# Patient transport services

service's staff. We found that these showed a range of issues were being highlighted by their crews. This included physical abuse, neglect, self-neglect, absences of suitable care arrangements and mental ill health concerns. The service had reported all of these to the local safeguarding authority in line with their policy and national guidance.

All staff we spoke with across the service understood when they should raise a concern without consent. Crews had ready access to guidance and information when they had safeguarding concerns.

We saw each vehicle had a "safeguard blue folder" which contained laminated copies of key documents and included a safeguarding prompt sheet. We were told by managers that these were in all vehicles.

The service had an up to date policy on the government initiative called 'Prevent'. This is to; protect vulnerable people, challenge the ideology that supports terrorism, and support action against radicalisation.

Safety was promoted in recruitment and employment checks. Staff had Disclosure and Barring Service (DBS) checks completed before they could commence work. Managers told us that all employed staff had DBS checks which were resubmitted three yearly. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

There have been no safeguarding reports against the service from January 2019 to December 2019.

The service had not made a safeguarding report against another service, but completed 14 safeguarding statutory reports from January 2019 to December 2019.

Senior staff described the mobile phone application system the service introduced which allowed staff to access policies while away from the location. Training was a combination of classroom and electronic learning sessions, which was in line with the intercollegiate document for healthcare staff guidance.

Managers confirmed if there was a protection plan in place for a patient then this will be highlighted at the time of booking. If a member of staff had reason to be concerned at any point before, during or following contact they reported it to control who initiate an alert which will in turn be followed-up by the safeguarding lead. At the point of booking, if a safeguarding issue has been flagged there will be a note or flag on the mobile application system which

alerted the staff. Managers told us the safeguarding lead participated in the wider safeguarding community discussions where safeguarding cases and information is shared.

## 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 premises visibly clean.**

There were effective systems to ensure standards of hygiene and cleanliness were regularly monitored with daily and weekly checks to maintain good infection prevention and control practices.

The service controlled infection prevention and control well, with staff who had the knowledge and enough personal protective equipment, for example, gloves to keep them staff. We reviewed the infection prevention control (IPC) monthly audit plan from January 2019 to December 2019 which showed an average of 98% compliance to IPC standards. There were clear improvement actions taken to meet all the standards, for example, when staff identified possible contamination they now had spare uniforms available at the station.

We reviewed hand hygiene results from January 2019 to December 2019 which achieved 100% compliance these results were presented at the monthly governance meetings.

The service generally performed well for cleanliness. Staff carried out daily safety checks of specialist equipment. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. All cleaning records reviewed were fully completed from April 2019 to January 2020. We reviewed monthly uniform audits which confirmed 100% staff compliance to the local uniform standard. All staff followed the 'bare below the elbow' best practice in line with IPC guidance. We observed staff using hand sanitiser gel before and after entering the location.

All staff where appropriate wore uniform and the service had spare uniforms at the base to replace when needed. Ambulance staff had visibly clean uniforms and desk-based staff were able to work without uniform, but all wore identification badges.

# Patient transport services

There was a washing machine and a tumble dryer for staff to wash uniforms at 60 degrees or other washable linen from vehicles.

Desks in the call center were free of clutter and visibly clean. Since the last inspection this area had moved to a larger air-conditioned room with improvements seen in the layout of desks by location. Staff rotated around the areas to ensure their skills were maintained and so all staff could work in any area should staff absence present.

The infection and prevention policy was reviewed and had last been updated in December 2019. The policy was available for staff as a paper copy in the office or electronically through the service's webpage.

Personal protective equipment (PPE) was readily available for staff and reduced the risk of cross contamination. PPE included gloves and aprons and additional stock supplies were stored in the compliance stock room within the location. All PPE was within date.

The vehicles and location areas were visibly clean, tidy and organised well. Areas managed by the 'make ready' team were organised well and each area well labelled.

Three vehicles inspected were visibly clean and contained IPC equipment and appropriate levels of PPE.

Managers completed spot checks of vehicles each morning and demonstrated that vehicles were clean and patient ready. All available vehicles were cleaned each morning and there was a compliance cleaning folder for each vehicle.

Vehicles who had transported a patient with an infection risk or when a vehicle was contaminated would be brought back to base for a deep clean before the next patient was transported to avoid cross contamination.

All vehicles cleaned at the location were observed to be stripped of all equipment and cleaned with a steam cleaner with chemicals as per the IPC policy.

Vehicle cleaning equipment was stored in a locked area within the location. Staff used a single use mop head to clean vehicles. New mop heads were stored in a separate correctly labelled secure container. The service maintained records for cleaning and deep cleaning of all vehicles and equipment. The vehicle routine cleaning records were

completed from January 2019 to December 2019 and had been signed by staff to confirm they had been cleaned. Staff stated they had been checked in-line with the vehicle cleaning policy, last reviewed December 2019.

Staff influenza vaccine dates were displayed within the location and staff were encouraged and supported to have the vaccine to promote their health while transporting patients who may be at risk.

## Environment and equipment

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

The service had a service level agreement for the disposal of clinical waste with another service. Clinical waste was locked securely in labelled bins ready for collection.

Staff disposed of clinical waste safely, waste management was handled appropriately with separate colour coded arrangements for general waste, clinical waste and sharps. The sharps containers were clearly dated and labelled not over filled, with details completed for traceability. This was in line with national guidance (Health and Safety Executive Health and Safety (Sharp Instruments in Healthcare) Regulations 2013: Guidance for employers and employees (March 2013).

The location consisted of ground floor and first floor office areas, a first floor control centre, ground floor cleaning area, locked storage areas, an indoor garage area and outdoor vehicle parking areas, staff break area and a cook who provided freshly cooked meals for staff from the kitchen area.

The location was securely locked with key pad access for staff. The location had alarms fitted across the location and had CCTV in operation with nine screens which monitored the location. All 86 vehicles were owned by the service with one hired from an external company, six ambulances and taxi cars and all had an up to date vehicle tax, ministry of transport (MOT), insurance certificate, full service history and London low emission zone compliance checkers. All vehicles were supported in case of breakdowns by the hire company.

All vehicles reviewed were up-to-date with checks, were well maintained and cleaned thoroughly with a robust system. All hire and rental vehicles were supplied with full

# Patient transport services

breakdown cover, full glass and tyre cover. We saw documentation that confirmed in the event of a breakdown or vehicle accident the cover would replace the vehicle within 24 hours.

Staff carried out daily safety checks of specialist equipment. Staff carried out daily checks of emergency equipment and we saw check sheets that were fully completed. Effective processes were in place to ensure equipment was well maintained and fit for purpose. The service kept a record of equipment maintenance services.

We checked the store supplies and consumable items and of the 20 items checked all were within date.

Cleaning equipment was stored in a locked cupboard and the 'Control of Substances Hazardous to Health' (COSHH) folder contained completed risk assessments for each product. The COSHH regulation 2002 required employers to either prevent or reduce their workers' exposure to substances that are hazardous to their health.

We reviewed 160 pieces of equipment on the maintenance report for October 2019 with 11 items that failed the service check, which included wheelchairs, flowmeter, stretchers and a defibrillator. These were removed from service until they had been repaired or replaced.

Equipment within the vehicles included first aid equipment, PPE, blankets and suction equipment. All equipment was checked and within date. We checked stock room equipment which was within date. The compliance stock cupboard had a list of equipment with quantities of each item that should be present and daily checks showed their compliance. All checks were fully completed and signed.

The service had three automatic external defibrillators (AEDs). An AED is a portable electronic device, with audio and visual commands which through electrical therapy allows the heart to re-establish an organised rhythm so that it can work properly. All AEDs were checked, and we saw one that had not passed its service check and was to be replaced.

## 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.**

Staff used the national early warning score tool which was a nationally recognised tool to identify deteriorating patients and escalated them appropriately. At the last inspection the service was told it should introduce a deteriorating patient policy, the service had introduced a policy, version one which was last reviewed December 2019 and was based on national guidance. Staff referred to the policy for guidance and when a patient deteriorated during a journey, the ambulance crew would find a safe place to pull over and call 999 for emergency treatment. Managers and crew staff confirmed this practice.

All ambulance care assistants completed several mandatory training courses including a three-day first aid course and a basic life support course. These allowed staff to provide patients with basic life support, and with first aid. The service prepared their staff to manage and care for aggressive or agitated patients.

The service had a safer moving of patients policy version two, which was next due for review in October 2021. The policy included mental health patients and the need to risk assess all patients prior to moving in line with guidance from Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995 and the Management of Health and Safety Work Regulation (1999).

The service had patient transport liaison staff that were based in the large hospitals across the region. Managers told us these staff were responsible for carrying out extra checks on patients' needs after the hospital booked transport. This ensured the correct type of booking had been made to meet the patient's mobility and medical needs.

The service had effective measures to alert vehicle crews to patient risks. We were told by three booking staff that they would ask patients on booking about their mobility and medical history. They also told us that if patients needed a relative or carer to travel with them due to a medical condition, staff would give the caller a reminder to facilitate this. These risks were recorded on the journey record and then highlighted to the ambulance care assistants that collected the patient. The ambulance crews told us that they received information about patient risks via their mobile phone application.

Staff completed risk assessments for each transfer or first point of contact and updated them with recognised tools,



# Patient transport services

for example, the care of patients on oxygen therapy. Staff knew about and dealt with any specific risk issues. All patient records reviewed had completed and comprehensive risk assessments for example; risk of falls.

Staff shared key information to keep patients safe when handing over their care to others and included any risks on patient discharge documentation to handover to other professionals responsible for the patient's care.

Shift changes and handovers included all necessary key information to keep patients safe. Staff handovers included all necessary key information to keep patient's safe and ensured all information was available for staff who cared for the patient and their families

The service had 24-hour access to mental health liaison and specialist mental health support. Staff told us they would contact emergency services when indicated.

Staff understood their responsibilities in the event of a fire, 100% of staff had completed fire training up to December 2019.

## 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 and agency and locum staff a full induction.**

Managers accurately calculated and reviewed staffing levels and skill mix, they planned and reviewed staffing in line with national workforce.

There was enough ambulance staff to care for patients and keep them safe. Staff had training in the key skills needed for their role. Staff understood how to protect patients from abuse and managed their safety well. Managers monitored the effectiveness of the service and made sure staff were competent in their roles.

Staffing levels were monitored daily via utilisation report analysis, this allowed managers to constantly review the peak times of operation and ever changing demand to ensure quality care was provided. Constant monitoring from the control room as well as commissioners allowed the service to have adequate staffing levels.

The service ensured the right people at the right place at the right time, by thorough pre-recruitment checks and providing them with the right training to ensure they had the right skills to perform their roles. Rate of pay and the location were confirmed as one of the main barriers to recruitment. The service completed advertising of road staff jobs by displaying job advertisements in each ambulance which aimed to attract people from different locations.

The service also co-operated with local job centres and attended job fairs to attract and recruit new staff. The service provided staff with comprehensive training, which enhanced their skills and made the service more attractive to competitors, retention of staff was very important. Monthly staff forums, human resources surgeries, staff newsletters and teambuilding events allowed the service to achieve high level of engagement. It was important for the company to not only replace staff with new ones but to find the best skillset and cultural fit possible. Economic value to the organisation (investment and return) went beyond financial implication at ATL, managers recognised that team morale may have decreased after staff left and anxiety might be increased when employees were terminated. To overcome those issues, managers set clear goals and expectations for new staff, gave opportunities for growth within the organisation and recognised employees for their exceptional performance.

The leaver list was kept on the disclosure barring service platform accessible to human resources team, leaver personal files were archived in the ex-staff folder. The current annual turnover rate was 55%.

All staff driving licences were checked during pre-employment checks. Staff were required to have a full driving licence, with endorsements not exceeding more than six points. There were currently no vehicles on the fleet that would require staff to have above a category B on their driving licence. Category B allows vehicles up to 3,500kg maximum authorised mass with up to eight passenger seats to be driven. All staff licences were checked on the government website which confirmed their driving status and checked for any endorsements. After employment commenced staff licences were checked yearly. If it was highlighted at any stage of employment that a member of staff had more than six points on their licence, three monthly checks were implemented to monitor the risk. During all pre-employment checks staff sat a driving

# Patient transport services

assessment, which ensured their driving capability was safe for the patients transferred and the photo card licence was checked again by the assessor. The government licence check was filed on the staffs file and documented on the internal DBS system, which flagged up when the next check was due.

Alternatively, staff had an option of sending in the PDF of the driving licence report which dated the day it was generated, alternatively they could supply the service with a check code from the Government UK website for the human resources department to use check on their behalf.

The service reported that on average people took 3.6 days sickness within one year. Sickness levels were monitored daily by the control room, staff were required to report their absence via the crew hotline. Staff sickness was recorded on an individual absence report form and placed in the staff members folder. Human resources (HR) reviewed sickness absences to look for any trends and patterns for further investigation and attention. The information was available on the compliance dashboard where sickness was updated daily, and reports were populated. Sickness that went beyond 20 working days was classed as long-term sickness, HR was notified, relevant processes were adopted in order to support the employee in return to work. Long-term sickness levels reviewed were stable at 1.2% for December 2019.

## 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 including bank staff, were able to access electronic records easily. The service managed peoples' records in a way that kept people safe.

Records were kept securely electronically. We reviewed four patient transport records and saw all staff had completed electronic patient records fully with risk assessments identified. The service did not use paper records.

We saw staff used hand held digital tablets to recall people's records. We saw in patients' records there were notes made about extra support that may be needed or preferences the patient had asked for.

Staff had access to information that they needed to deliver safe care. The service had electronic records that contained key information that were accessible by booking staff, control room staff, and vehicle crews. We saw in these records there were tick boxes for common conditions, a section for mobility, a notes section for this journey and a notes section for the patient that would record previous issues. We saw in the records we reviewed these were completed as expected.

Booking staff told us that when they recorded a note there was a box to tick that alerted the crew to read the additional notes section. The service had clear process to identify and record patients that had a do not attempt cardio pulmonary resuscitation (DNACPR) order, the vehicle crews spoken with, felt confident in their understanding of this process which was recorded at the booking stage. Ambulance crews were alerted to this via their digital tablets. The crews would then ensure they had a valid DNACPR order before transferring a patient.

The service had an information security policy, version one which was next due a review in October 2021. The policy included the reference to data protection compliance The General Data Protection Regulation (GDPR) is a legal framework that sets guidelines for the collection and processing of personal information from individuals who live in the European Union (EU).

## Medicines

**The service used systems and processes to safely prescribe, administer, record and store medicines.**

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. The service commissioned clinical pharmacy product services from an external provider through a service level agreement.

A medicines file was maintained daily and included the audit of fridge storage temperatures, short date stock and safety warnings. Medicine stocks were requested by staff as needed and were identified as a stock requirement.

Staff stored and managed medicines and prescribing documents in line with best practice. Medicines were stored securely. Checks were in place to ensure emergency medicines were available and safe to use. The service did not hold any medicines, other than medical gasses oxygen and nitrous oxide, the service stored medical gases safely.

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We saw cylinders were in date and securely stored on vehicles and in purpose-built cages at this location. Cylinders on vehicles were positioned so the fill gauges could be seen. Cylinders and regulators appeared to be clean and immediately usable. The medical gas cylinder storage cages were compliant with 'The Department of Health Technical Memorandum 02-0'.

We saw clear, marked segregation of full and empty cylinders to help prevent an empty cylinder being put back onto a vehicle.

The service had an up to date medicine management policy version two that was last reviewed in October 2019, that described the use of oxygen and nitrous oxide. Nitrous oxide sold under the brand name Entonox, is an inhaled gas used as a pain medication and together with other medications for anaesthesia. We reviewed records that showed the service had an agreement with a private supplier to restock their gas supplies when needed.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. The service had a medicines management policy which was next due a review in August 2021. Staff spoke with staff about the patients medication which was documented clearly in the patient records reviewed.

The service had systems to ensure staff knew about safety alerts and incidents Staff knew how to report medication errors or incidents. All incidents were investigated and learning outcomes shared with relevant staff. Managers audited medicines management against best practice and identified all areas for improvement although staff did not administer medications.

## Medicines management policy and procedure

The service did not keep controlled drugs or medicines on site other than oxygen and Entonox gases. The service employed one paramedic and an additional paramedic on an ad- hoc basis who worked with an NHS ambulance service. The paramedics carried their own controlled drug medicines on their own licence which was permitted within their professional role as they were allocated to the high dependency unit transfers. Paramedics are allowed to purchase and possess a number of controlled and prescription-only medicines for parenteral administration, in accordance with schedule 17 of The Human Medicines Regulations 2012 ('schedule 17'). As long as they do not possess controlled drugs not included on that list, and

have obtained their stock of controlled drugs legally, they are acting within the law. No patient group direction is required as the paramedic can possess and administer all of the parenteral medicines listed in schedule 17 with no further authority.

The service had a medicines management policy which was next due a review in July 2021 and had been updated to reflect the work of the service after our previous inspection when we identified this as a should accurately reflect the nature of the service's work.

All staff recorded electronically patient pick up and drop off times and we saw this data was fully completed. Staff told us that patients with take home medicines were held by them while they accompanied the patient during transfers, this meant the patient was kept safe.

Oxygen and entonox cylinders were stored securely on the vehicles with clear medical gas warning signs on the vehicle door. All cylinders checked were within date and an external company replaced any empty or out of date cylinders.

## 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, 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 no serious incidents or never events reported from April 2019 to December 2019.

Serious incidents are adverse events, where the consequences to patients, families and carers, staff or organisations are so significant or the potential for learning is so great, that a heightened level of response is justified. All serious incidents were overseen and investigated by senior managers within the service. Root cause analysis investigations were completed and reviewed to ensure thorough and appropriate investigations were carried out. This process was led by the director of quality and governance.



# Patient transport services

The service reported no never events. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. We reviewed the service's guidance for reporting and investigating incidents. This was clear on what would qualify for each of the incident reporting categories with examples to help staff categorise incidents correctly.

All staff we asked knew how to report incidents. The service had an incident reporting policy which was next due for review in July 2021.

Staff used a mobile phone application form to report incidents. This then triggered the incident investigation process. The service had systems to investigate incidents that kept people safe. We reviewed the root cause analysis for three different incidents. These contained an incident overview, timeline of events, interviews with staff, immediate and follow up actions, consideration for duty of candour, involvement of the patient and/or relatives, and action plans. The reviews showed that there had been consideration of what investigation methodology was used for the incident. Staff were involved in the investigation of incidents. We saw interview records in investigations performed to gain understanding from staff that were involved in incidents.

Managers shared learning with their staff. Managers investigated incidents thoroughly and all incidents reported were reviewed daily by the senior team, with learning shared with staff. We reviewed the incident log and saw evidence of actions taken following reported incidents, which included follow up and feedback with patients and staff involved.

The service recorded incidents in four categories which were; major, moderate, minor and trivial. There were 32 incidents reported in the past 12 months from December 2018 to January 2020 which included; 2 major incidents, 1 moderate incidents, 23 minor incidents and 6 trivial. We saw that communication with other healthcare providers took place, where required.

The service shared lessons learnt from incidents. We reviewed lessons learnt posters displayed in the location for staff to view. These included an overview of the incident, any learning outcomes, and extracts from related policies to serve as a reminder to staff.

The service had systems to feedback learning from incidents to staff. We saw posters in the location that identified learning from incidents.

Staff we spoke with confirmed they had received feedback about the incidents they had reported. The service investigated incidents and applied duty of candour in line with their policy. The service had an up to date duty of candour policy which was last reviewed in November 2018. The duty of candour, 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, under Regulation 20 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. The culture of the service supported openness and transparency with processes to ensure the duty of candour was met. All staff spoken with were aware of duty of candour and told us how they were supported to be open and honest when things did not go as planned with patients, families and carers.

A notifiable safety incident included any incident that could result in, or appeared to have resulted in; the death of the person using the service or severe, moderate or prolonged psychological harm. From April 2019 to December 2019 the service did not report any incidents which required duty of candour to be instigated.

Managers debriefed and supported staff after any serious incident. Staff told us managers debriefed and supported staff after any serious incident.

Staff knew how to report incidents and reported near misses and incidents through the electronic reporting system.

Staff raised concerns and reported incidents and near misses in line with provider policy.

All staff could access the incident reporting system and community staff could access the system through their mobile phones. Staff said they were supported in reporting all incidents and felt confident to do so.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations, when appropriate.

Staff received feedback and felt informed about incidents reported. The monthly clinical governance meeting

# Patient transport services

included incidents as an agenda item. Staff told us of changes that resulted from an incident reported, for example, when a patient had a delayed wait for transport after their hospital appointment, improvements included the vehicle tracking system and mobile phone application introduced for staff to improve communication with the control centre.

Staff understood their role to raise concerns and report incidents and near misses. The incident reporting culture had improved following our last inspection and there was clear evidence of improvements made as a result of learning from such events. Incident reporting was now communicated in several ways which staff confirmed they had received, and we saw available staff news items within the service.

## Safety thermometer

**The service used monitoring results well to improve safety. Staff collected safety information and made it publicly available.**

The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors, through a balance score card which reported performance, included the number staff training checks due within the next 30 days, number of vehicles, any vehicle checks due, number of incidents and safeguarding reports.

The service continually monitored safety performance, patient safety was presented at the clinical governance monthly meeting. We reviewed minutes from three meetings from April 2019 to December 2019, which were detailed and included actions taken.

**Are patient transport services effective?**  
(for example, treatment is effective)

Good 

We had inspected this service before but did not have the legal duty to rate it previously. We rated it as **good**.

## Evidence-based care and treatment

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

The service had policies and guidance documents to support staff to provide evidence-based care. Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. We reviewed ten policies which related to the service. All policies were up-to-date and had yearly or three yearly review dates on them. The policies were developed by the senior team, referenced national guidance, were available on the service's electronic intranet page and as hard copies.

Staff told us they were able to access up-to-date-policies to plan and deliver high quality care according to best practice and national guidance. Staff were informed of updated guidance through team meetings, clinical governance meetings, newsletters and emails. All policies could be accessed through the mobile phone application while away from the location.

Managers monitored their staff's adherence to guidance. Managers supervised staff on patient journeys which allowed managers and staff to keep up to date with current practices and identify any concerns.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice, staff told us how they supported patients, knew how to access policies and contact appropriate staff for support when needed.

At handover meetings, staff routinely referred to the psychological and emotional needs of patients, their relatives and carers. All individuals had a clear plan and had risk assessments which included their individual needs recorded on the electronic system.

## Nutrition and hydration

**Staff gave patients enough drink to meet their needs and improve their health.**

Staff made sure patients had enough to drink, particularly those with specialist hydration needs. Staff supported patients with their hydration needs to promote their wellbeing and meet the patient requests during transfers.

# Patient transport services

We saw bottled water was available on all vehicles in case of any delays. Crews supported patients who were transported at mealtimes. Staff told us that when hospital staff provided sandwiches for the journey and the ambulance staff supported the patient's safety while they ate the food.

## Pain relief

**Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.**

Staff provided care and treatment during the patients journey and assessed their comfort before, during and on arrival at their destination. As part of the patient handover they would be informed of the last time the patient had received pain relief medication, as they did not carry medicines for the relief of pain. Staff told us they would support the patient during the journey and record vital observations and used pictorial cards with patients unable to communicate to assess any increased pain and to confirm the site.

## Response times

**The service monitored the effectiveness of care and used the findings to improve them. They compared local results with those of other services to learn from them.**

The service collected booking time, departure time and arrival times of all journeys. These were monitored against their key performance indicators (KPIs). The KPIs were set by the commissioners for this service. The service recorded their performance monthly and over the past 12 months the service had sustained these achievements. We saw positive feedback about the service from commissioners and the continuous delivery of KPIs.

The service had satellite navigation and tracking systems in every vehicle. This meant, for example, when any vehicle was stationary the control team would be automatically notified. Vehicle crews when arriving at any location would be tracked for time, location and when patients were being collected.

## Patient outcomes

**Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.**

We reviewed the key performance indicators (KPIs) and found the service had 21 indicators and had exceeded all their targets. The records we reviewed showed for the indicator that required patients to arrive on time for their appointment or admission, the service achieved 95% from April 2019 to December 2019 with an agreed target of 90%. This was currently an improvement from the previous results from April 2018 to March 2019 which achieved an average score of 89%.

The second indicator we reviewed was for the patients outward departure within 90 minutes of the patient being booked as ready to leave, the service achieved 99% against an agreed target of 90%. This was currently an improvement from the previous results from April 2018 to March 2019 which achieved an average score of 97%.

A further KPI we reviewed was for patients who spent up to 60 minutes on the vehicle for a journey that was up to six miles in distance the service achieved 99% against an agreed target of 90%. This was currently an improvement from the previous results for April 2018 to March 2019 which achieved an average score of 98%.

The service had received re-accreditation for ISO-9001: Quality management certificate awarded

ISO 14001: Environmental management certificate, ISO 27001: Information security management certificate, Certificate of Gold certificate for eastern region best employer 2018 and certificate for investors in people.

## 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.**

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. All staff were required to complete training and competency training to ensure they had the appropriate skills and knowledge to

# Patient transport services

manage patients safely and effectively. Staff shared with us the education competencies developed which included additional training outside of the mandatory training requirements.

Managers ensured that all staff, including bank staff completed a full induction programme before they started work. Staff told us they had received a good induction and were supported in their work until managers were confident with their work and their competencies were completed.

Managers supported staff to develop through yearly, constructive appraisals of their work. Data supplied showed that 95% of staff had their appraisal completed within the last 12 months. Appraisals were used to look at staff strengths as well as areas for development. Managers told us that if staff had development needs then training would be offered that was tailored for their individual needs.

Staff told us how they were supported by managers with several staff completing further development courses, for example, leadership training.

The service supported staff to improve their understanding of how to support their patients. We saw the electronic system that showed that there were developmental plans in place for staff. Managers told us this was targeted for all staff and allowed them to choose to structure their development.

The service had a continuing professional development (CPD) programme with seven topics covered over two days as face to face sessions.

Managers made sure staff attended team meetings or had access to full notes when they could not attend, the manager told us how they communicated with staff in a variety of ways if they were unable to attend a team meeting which included topics within the staff updates delivered by mobile phone application.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff had regular meetings with their line manager to monitor their performance and were given opportunities to discuss their training needs.

Managers made sure staff received any specialist training for their role, staff told us how they were supported to attend further training and to develop further competencies. The service had a plan to improve their monitoring of adherence to training.

Managers told us that an updated mental health awareness course for all staff was introduced and included the basic life support refresher training. The team leaders had been signed up to complete a two day first aid mental health course to support other staff members. All new staff attended the seven day induction programme with day six dedicated to mental health awareness training.

Managers told us the service was looking into becoming a registered training centre and providing external training for other services within the next year.

All new ambulance staff undertook driving training sessions where their driving skill would be assessed. Extra training would be given if there were any concerns from this process or if presented through complaints or incidents.

The service monitored their staffs' driving skills and any changes with driving penalty points would be reviewed and reassured.

As a patient transport service there was no requirement for emergency response driver training as not all vehicles were fitted with blue lights or sirens. There was a blue light driving policy version two, which was next due a review in February 2021, which outlined that only paramedics or medical practitioners should authorise blue lights on the deterioration of a patient. Staff confirmed they would inform the control room when the blue light was used and with the reason and we reviewed that for 2019 there were 0.033% of blue light journeys completed.

The service had patient transport liaison officers that were based within local hospitals to help facilitate transport arrangements and discharges.

Managers identified poor staff performance promptly and supported staff to improve. Staff received regular supervision sessions that were arranged to support them when needed. Staff involved in any complaints or incidents were supported by their manager and completed a debriefing to discuss how they would prevent reoccurrence.

## Multidisciplinary working

# Patient transport services

**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 multidisciplinary meetings to plan and deliver holistic patient care. Staff told us that all staff worked well together and promoted the service by putting patients first and meeting their needs. There was a clear process for the transfer of patients from one service to home or another service. Managers told us about their attendance at relevant external meetings and how information was shared with others appropriately.

Managers told us how they worked well with other organisations, for example, clinical commissioning groups.

The service coordinated with local stakeholders to provide effective care. Managers had regular meetings with the local clinical commissioning groups to discuss performance data, for example any complaints or feedback.

## Health promotion

**Staff gave patients practical support and advice to lead healthier lives.** Staff worked well together for the benefit of patients, advised them how to lead healthier lives, supported them to make decisions about their care, and ensured they had access to information provided by the NHS hospitals within their contracts.

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

**Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.**

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

The service had support for staff who understood the relevant consent and decision making requirements of legislation and guidance which included the Mental Capacity Act (MCA) 2005 and deprivation of liberty safeguards (DoLS) and they knew who to contact for advice. The service had an up-to-date capacity and consent policy

version one, which was due for review in July 2021. All staff said they could access policies through the service's intranet page. Staff understood their roles and responsibility regarding consent, MCA and DoLS.

Staff understood how and when a patient had capacity to make decisions about their care. When patients did not have capacity, staff made decisions in their best interest, taking into account the patients' wishes and following discussions with the family or carer. Staff told us that do not attempt cardio-pulmonary resuscitation (DNACPR) decision sheets were kept with the patient, in line with national guidance.

Staff clearly recorded consent in the patients' records. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they told us they knew who to contact for advice and could access the relevant policies to support their actions.

Managers monitored the use of Deprivation of Liberty Safeguards and made sure staff knew how to complete them. Staff gained consent from patients for their transfer in line with legislation and guidance.

All staff had completed up to date online training on MCA and DoLS from April 2019 to December 2019 with 100% compliance seen on training records.

Staff could describe and knew how to access policy and get accurate advice on Mental Capacity Act and Deprivation of Liberty Safeguards, staff had received appropriate training and were able to access support when identified.

Managers monitored how well the service followed the Mental Capacity Act and made changes to practice when necessary, there were appropriately qualified staff to support and protect patients when there was an identified additional need.

Staff implemented deprivation of liberty safeguards in line with approved documentation, staff has received appropriate training and were able to obtain support from within and outside the service if they had concerns. Staff spoken with told us they had no concerns in implementing and reviewing these safeguards.

**Are patient transport services caring?**



# Patient transport services

Good 

We had inspected this service before but did not have the legal duty to rate it previously. We rated it as **good**.

## Compassionate care

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

We did not observe any patient transfers during the inspection as crews did not return to the location between patient journeys. Senior staff shared with us 325 patient feedback cards completed from April 2018 to January 2020 and of those we reviewed most provided positive patient feedback. We saw one card that was marked as not satisfied and the manager was able to confirm what was written on the card and the actions he had taken to resolve the concern for the patient, which related to the length of time he waited for the ambulance to arrive. The service had picked up this patient from another service who were unable to collect due to their own service demands. All other comment cards praised this service and thanked the staff for their care.

Staff told us how they would ring the patient before collecting them to make sure they were ready and knew when to expect the crew and the names of the crew. Staff told us they always introduced themselves and wore identification badges with their name and photograph on display for patients who might need reassurance.

Staff told us how they maintained patient's privacy and dignity, for example with the use of blankets when moving them. All vehicles reviewed had an extra supply of clean blankets to support patient dignity when transporting patients.

There were patient paper-based feedback questionnaires in the vehicles and available in the transport lounges at local hospitals for patients to fill out. Patient comments on the feedback cards included;

"The staff treated me with compassion and kindness."

"Love the music, very respectful".

"Excellent care given by the crew who were very caring and professional".

"They were careful and considerate when dealing with my grandfather and made sure he was comfortable".

"Very efficient and friendly staff, who were really nice and respectful".

"Great team, very kind and maintained my privacy and dignity".

## Emotional support

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

We did not observe ambulance crew patient journey's but we observed control centre crews dealing with service users and observed that they dealt with all calls in a respectful and sensitive manner. All staff we spoke with demonstrated a consideration for the emotional wellbeing of the patient and their family. Staff understood the impact of a patient's condition, care and treatment had on their wellbeing. Staff described how they cared for patients in a sensitive manner and treated them with empathy. Staff told us how they were supportive of patients to manage their own health, care and wellbeing and were there to help when needed.

Staff discussed patients' care and treatment with them and took time to address all patient questions and concerns. If they were unable to answer any questions while the patient remained in the hospital they would be confident to ask staff to address those concerns raised before a patient was transferred.

Individual needs of the patient and relatives were assessed at the point of booking. Staff involved in the transfer would be made aware of the requirements and appropriate support would be provided by first aid at work mental health representatives. Counselling sessions were available via the employee assistance programme.

**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.**

# Patient transport services

Control centre staff kept patients and their families informed as part of the eligibility process. Control centre staff told us they kept patients and their relatives updated if there were any delays.

The service had contracts with other local patient transport services on whom they could call in the event that a patient required more specialist care.

Feedback cards were collected by the “Make Ready” team daily from vehicles and results were fed into the digital business monitoring system.

There was a dedicated patient experience officer who was 'out on the road' meeting patients and discussing their experiences on the journey. Information was recorded directly in to the system by way of mobile tablet.

Patients and family members were encouraged to comment by letter, email or telephone call, all of which were recorded into the monitoring systems. Whatever route has been used to capture the feedback, the system shows 'live' data in the back office to help the service understand how they were performing. The live 'dashboard' showed up to the second information on patient feedback, vehicle states and staff levels and skills.

Each vehicle had a supply of compliments/complaints cards which allowed patients and their carers to give feedback about their experience of using the service. The cards were displayed prominently in each vehicle and patients/carers were able to express themselves anonymously or by leaving their name. The boxes were emptied daily. All the comments were recorded by the administrator and viewed by the director of compliance where a decision was made as to whether any further action would need to be taken. An investigation would be undertaken and appropriate action where required.

If appropriate, the patient/service user would be involved in the process and would always be informed of the outcome of their feedback.

## Are patient transport services responsive to people's needs? (for example, to feedback?)

Good 

We had inspected this service before but did not have the legal duty to rate it previously. We rated it 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.**

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. The service engaged well with the wider community to plan and manage services, and all staff were committed to improving services.

The service delivered was based on the contracts with local health services providers who required patient transport services in their local and wider community.

The service held weekly and monthly calls and telephone calls with the contracting services to assess their performance and ensure they were meeting agreed key performance indicators

Staffing in the control centre were managed at consistent levels with a roster system to allow staff to respond timely to incoming telephone calls.

Meeting minutes between the services were reviewed and demonstrated that this service was one of the best performing ambulance transfer services.

### Meeting people's individual needs

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

Staff told us they would risk assess patients prior to transfer to ensure that the patients' requirements were identified clearly, for example if the patient required the

# Patient transport services

specialist bariatric vehicle and equipment. There was a system to alert staff of any patient specific needs, for example, transfer in wheelchair with no lift access in their home.

Staff told us how they responded to individual needs, for example, explaining to a patient where they were taking them and assessing them prior to the journey.

The service had purchased five further vehicles with a self-loading facility to meet the needs of patients in stretchers and wheelchairs.

Dementia awareness training was included in the Mental Capacity Act mandatory training session through online learning and for December 2019 100% of staff had completed this training.

The service used a translation service which was available 24 hours a day. It was instantly accessible by all control staff and road crews alike, wherever communication was a barrier to appropriate care for the patient. Information on how to access this support service was displayed in the control room and available via the mobile phone device system for crews away from base. Additionally, many of the staff were multilingual and could provide instant real-time assistance to colleagues.

The staff designed and used communication cards that were bespoke to the service and client base. These card sets were used and available on the vehicles from late September 2019 and had proved useful with patients with communication difficulties. The NHS contract clients congratulated the service on the use of this initiative and confirmed they liked the cards which were well received by patients.

## 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 journeys were booked through online and call centre notifications from NHS hospital and other contracting services. The control centre staff at this location then allocated journeys to crew staff. The service transported patients from their home or care home to their

hospital appointment and back. The service also had a high dependency vehicle which could transfer those patients between hospitals with a paramedic as part of the crew.

Vehicles were tracked through an online tracking system which increased the control centre staff's ability to allocate patient journeys to the appropriate staff. The tracking system supported the service in meeting the demand from other services and ensured that staff arrived on time, as well as reduced patients' waiting time.

We saw no delayed vehicles and saw that the service had met all key performance indicators in relation to delays.

Staff supported patients when they were referred or transferred between services, one ambulance staff sat with patients in the back of the vehicle during transfers. The vehicles had patient chair alarms fitted so when several patients were being transported the driver would be aware if the crew member was busy with one patient that another was unsafe. This meant patient safety was prioritised at all times.

## 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 service had a complaints and compliments policy which was due for review in March 2020. The policy stated the complainant should expect an acknowledgement of their complaint within three working days. The complaint would be graded according to severity and the timescale of response timeframe would be between 25 to 45 working days according to the identified severity level.

Complaints were reviewed by the director of quality and assurance and of the three complaints we reviewed we saw appropriate and individualised responses were sent to the complainant. We saw that the complainant was invited to attend a meeting with staff as appropriate.

Complaint response audits were completed and were addressed within the policy timeframes.



# Patient transport services

Complaints were recorded on the same electronic system as incidents to provide managers with a good insight of quality performance. The three complaints submitted were about delays, wrong patient and staff response.

Leaders used a range of tools to measure performance and meet all agreed targets. Actions were taken where improvements were needed, for example, communication with patients when delays were identified.

Patients, relatives and carers knew how to complain or raise concerns.

The service had processes to ensure complaints were dealt with effectively and in line with the complaints policy. The service clearly displayed information about how to raise a concern in vehicles. Patient feedback boxes and cards were now fitted in all ambulances. Response levels although increasing remained low numbers, options to increase the numbers significantly (the target was approximately 400 responses per month) included staff allocated to spend a day specifically undertaking patient surveys.

Staff understood the policy on complaints and knew how to handle them. Staff understood the complaints policy and could easily access via the service intranet. Staff told us they knew how to handle complaints and if concerns could not be resolved informally they supported patients and their families to make a formal complaint.

Staff told us they received feedback from complaints and that the service received very few complaints which was confirmed by the numbers the service received.

Managers shared feedback from complaints with staff and lessons learned were used to improve the service and prevent reoccurrence for example, recording the checks of patient identification bands with patient and staff prior to transfer.

Managers investigated complaints and identified themes. When individual members of staff were named in a complaint, managers set up one to one meetings and staff completed reflection papers to review future practices.

From April 2019 to December 2019 the service received three complaints. All were fully investigated with appropriate actions taken and shared with staff through staff meetings and from the governance group. Family members were invited to attend meetings and be involved in the investigation.

Complaints and compliments were a standing agenda item at the weekly governance meeting where issues which had service or human resources implications were considered by the management team and actioned appropriately.

In addition, staff at the NHS locations had access to, and had been trained in the use of the reporting system. This NHS hosted system enabled hospital staff to post issues and concerns about any aspect of the service which was then circulated to the commissioning manager and to the provider organisation with clear response times. The commissioning manager reviewed all the responses. Upon receipt of the response the commissioning manager, complaints manager and patient advisory liaison officer determined if the provider had taken appropriate action or if further action/investigation was necessary.

Managers communicated with staff in many ways, but staff told us about the digital mobile phone app which highlighted any concerns across the service and included the introduction of the daily handover briefing, debriefing opportunities and training preparation.

## Are patient transport services well-led?

Good 

We had inspected this service before but did not have the legal duty to rate it previously. We rated it as **good**.

### Leadership

**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.**

The service was led by a chairman, managing director (MD), director of quality and assurance, head of fleet, director of people and transformation, head of information technology, commercial director, and marketing manager, operational manager and call centre manager. There were senior staff who were registered paramedics and most had worked for the NHS as well as independent ambulance services before joining this service.

There was a clear management structure with lines of responsibility and accountability, the day to day running of

# Patient transport services

the service was managed by team leaders who were responsible to the operations supervisors. The team leaders attended quarterly meetings to ensure they met their governance responsibilities which gave them a good understanding that the strategy was being delivered.

Staff we spoke with were positive about the leadership and told us that managers were approachable and visible. Staff knew the different managers and their areas of responsibility. Staff said they felt supported and gave examples. Christmas boxes were distributed to all staff who worked Christmas and Boxing day.

Senior staff described how they integrated new recruits in to the team and supported them through a buddy system and induction programme while they developed in their roles.

The service supported staff development with opportunities undertaken to develop leadership and management skills. We heard of staff development through shadowing opportunities with senior staff.

## 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 service had a mission statement of: “Put patients first, we are responsive to the needs of people who use our services. Our staff matter, we trust, value train and develop all our staff. Only the best, we maintain the highest standards in all that we do”.

All staff were aware of the service's mission and how they contributed to its achievement.

Staff and managers displayed the values of patient safety and high quality care when they spoke about their work, strategy and motivations.

The service had developed a quality strategy with business delivery objectives which included goals and targets. The strategy was delivered through an operational plan which focused on continuous improvements and used the care quality commissions five key questions. Which was shared with staff through the staff newsletters and staff meetings.

Managers told us they were not after chasing big contracts but in providing a quality service. They continued to grow the service in a measured way, only taking on contracts they had the capabilities and resources to deliver effectively.

## 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.**

The culture of the service was positive and team-based. Staff agreed the culture of the service was to put the patients and their families at the centre of all care.

Staff confirmed that they felt supported, respected and valued and described the culture as open and positive. Leaders were visible and accessible and supportive. The senior management team had an open door culture and staff confirmed they felt confident to raise any concerns.

Staff told us they were aware of the whistleblowing policy and were not aware of any recent concerns raised or the need for anything to be raised.

The service had launched a seasonal ambulance transfers (ATL) newsletter for staff which included the employee of the month winners which reflected what was seen on the hall of fame board within the location.

All staff told us how they were proud to work for the service. All staff we spoke with displayed the values of patient safety and high quality care. We spoke with several staff who told us they felt confident in raising any concerns and knew they would be listened to. Staff told us, “We are happier in these roles than in any other service we previously worked for”.

The culture supported openness and transparency with processes to ensure the duty of candour was met. All staff spoken with were aware of duty of candour and told us how they were supported to be open and honest when things did not go as planned with patients, families and carers.

## Governance

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

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**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.**

We had concerns at the last inspection about the lack of documentation and of governance arrangements. There were effective governance structures, processes and systems of accountability to support the delivery of good quality services and high standards of care. The governance, compliance, and quality policy was within date, included reference for incident reporting with the last review in January 2020.

Monthly clinical governance meetings were held and followed a set agenda with safe, effective, caring, responsive and well-led items discussed in line with the care quality commission (CQC) key questions. We reviewed three sets of meeting minutes held from April 2019 to December 2019 agendas included; incidents, risks, complaints, audits and training. These were presented as a performance and quality reports to the senior managers with assurances provided by the managers.

Staff within the service were clear about their roles and had a clear understanding of their accountabilities and responsibilities. Staff were committed to improving the service provided to patients.

Staff told us, “Managers visibility was good, they are always friendly and we respect them as leaders”, and “Best place I have worked for support, I can phone in anytime night or day, they are really approachable”.

Service level agreements (SLA) were in place and reviewed on a regular basis, for example, managers told us the car breakdown service was recently reviewed.

We saw the minutes from monthly staff meetings held from April 2019 to December 2019 with agenda items for regular discussion including training sessions, complaints and incidents.

We reviewed team meeting minutes and saw external team events organised by senior staff to acknowledge the staff commitment when a new contract was awarded.

We reviewed the minutes of governance and board meetings held from August to December 2019 and saw action points and individuals were named as responsible against areas of improvement with an agreed date. We saw

that documentation had improved since the last inspection and that governance monthly meetings were held as well as risk management, clinical governance and policy review meetings.

Leaders understood the issues, challenges and priorities in the service and we saw evidence including an action plan that demonstrated active improvements, for example, the review of the former control centre location and move to a more suitable room which was air conditioned and calls were taken without with disturbance from the next conversation.

Staff had knowledge of and were able to access the whistleblowing policy, we reviewed version one, which was last reviewed in July 2019.

The service had a recruitment policy version two which was last reviewed in October 2019 with specific procedures relating to ‘Fit and Proper Person Requirements’ detailed within the policy.

## Management of risks, issues and performance

**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.**

Staff worked well together for the benefit of patients, families and carers. Staff assessed risk to patients, acted on them and kept good care records of treatment and care provided appropriately.

Incidents were reported and reviewed weekly with any identified themes and trends identified through the compliance dashboard. The service had an incident reporting policy version 1.1 which was last reviewed in December 2019. Managers were able to explain incidents and learning. Staff received feedback from the audit results and improvement actions to prevent reoccurrence. The senior team had oversight of all incidents reported.

Staff confirmed they received feedback on incidents and performance in a variety of ways such as team meetings, notice boards, newsletters and emails.

We reviewed the service’s risk register and saw there were 16 risks. Each risk had mitigating actions, a responsible individual and target date for compliance. The service had

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a risk register which included a description of the risk and used a colour coded system which identified the severity. Each risk was scored according to the impact and likelihood of occurrence.

We reviewed 16 risks on the risk register which included; no risks were rated as major, three risks were rated as moderate, 13 risks were rated as minor risk. The identified moderate risks related to winter pressures, loss of resources and recruitment processes. All risks were dated and included actions taken. All were reviewed by the senior team at the monthly governance meeting. There were clear and effective processes for identifying, recording, managing and mitigating risks.

The service had up-to-date policies which included risk management, complaints, care of the vulnerable adult and business continuity and winter planning policy. All were reviewed and referenced relevant national guidance and were within agreed review dates.

The service had a business continuity plan which was accessible to staff and detailed actions to be taken in the event of loss of resources, for example, information technology. Business continuity policy and winter plan was last reviewed in September 2019.

## 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.**

Team meetings took place routinely with minutes available for any staff not able to attend due to being on the road, we saw minutes available for staff on the staff noticeboard.

Clear and robust performance measures were reported and monitored. Staff had access to quality performance data through the compliance dashboard report. We reviewed data reports which included data on a range of performance and quality indicators, for example, incidents, staffing, complaints, and patient and family feedback.

Success stories and areas for improvement were shared with all staff which included those employed as bank or agency staff.

Staff had access to up-to-date and comprehensive information regarding patient's transport.

There were effective arrangements in place which ensured data and statutory notifications were submitted to external organisations, for example, local commissioners and the CQC. We saw the service was open and transparent in sharing their information with stakeholders. We saw the service had achieved full compliance for their key performance indicators (KPIs).

The governance and board group reviewed all new policies, training, innovations and any information governance issues. The agenda items reflected the care quality commission five domains. All staff had completed online training for information governance.

The head of clinical services and data analyst met monthly to review all data collected to ensure it was accurate and relevant. All data was signed off as accurate by the managers and approved through the board.

Staff had access to up-to-date and comprehensive information regarding patients' transport plans. There were arrangements to ensure the confidentiality of patient information. Computers and laptops were encrypted, protected by password and staff were seen shutting down systems when they left their desk or vehicle.

## Public and staff engagement

**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.**

There were a number of initiatives for staff engagement within the service which promoted staff wellbeing, for example, the service signposted staff to the employee assistance programme which was a confidential 24 hour support helpline.

Patients, families and carers were encouraged to provide feedback to the service. Feedback was reviewed by senior staff and used to improve the service. We saw feedback cards available in each vehicle for all patients to complete and reports that included patient feedback comments with actions completed to address areas of concern, for example, patients said that they wanted water during the summer transfers and we saw that each vehicle now carried water bottles.

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One of the control team spent a day out on the road with one of the crews at an NHS hospital. This allowed them to gain a good understanding of the challenges the road crews face in their day to day duties and has written a reflection of their experience which has been included in the staff newsletter.

There were weekly team leaders' meetings which provided a formal meeting for staff concerns and any changes to be cascaded to staff unable to attend meetings due to being on the road.

## **Innovation, improvement and sustainability**

**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 and participation in research.**

Ambulance Transfers Ltd was proud of the service delivered each and every day. Their commitment to patients and

staff and process led to the service being recognised through awards and accreditations. These included; Investors in People Award 2019 in recognition of staff training and ongoing improvement.

The service had received re-accreditation by the international organisation for standardisation (ISO) for ISO-9001: Quality management certificate awarded, ISO 14001: Environmental management certificate and ISO 27001: Information security management certificate.

The International Organization for Standardization (ISO) is an international standard-setting body composed of representatives from various national standards organizations. International Standards Organization (ISO) makes standards and guidelines for variety of businesses and purposes and publishes technical reports.

In December 2018 they were voted gold winner in the 'Best Employers Eastern Region'

In addition to these awards they continued to drive innovation with service delivery, achieved through information technology and fleet departments bringing new ideas and services to life which benefited patients.