

Jigsaw Medical Services Limited

# Jigsaw Medical-Hampshire Resource Centre

## Quality Report

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

## Ratings

Overall rating for this  
ambulance location

Good



Emergency and urgent care services

Good



# Summary of findings

## Letter from the Chief Inspector of Hospitals

Jigsaw Medical – Hampshire Resource Centre, based in Basingstoke, is an ambulance service providing emergency and urgent care services.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 29 August 2018.

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 was emergency and urgent care, therefore we have reported findings in the emergency and urgent care core service.

We found the following areas of good practice:

- The provider had strong leadership with a clear focus on high quality provision and care.
- We found all vehicles were in good condition and there was a comprehensive system to ensure they were fit for purpose.
- There was an effective compliance process to ensure operational staff had completed induction and mandatory training before commencing employment and remained competent during the time they continued to work for the provider.
- There were arrangements for escalating issues with contracting trusts. A contract manager was identified within the commissioning trust and monthly contract meetings took place to monitor performance and provide feedback regarding incidents and referrals.
- Mental Capacity Act 2005 training compliance was 100% for operational staff at the time of our inspection.
- Staff had access to practitioners trained in Trauma Risk Management (TRiM) to support personnel following traumatic events. TRiM is a peer delivered psychological support system designed to allow organisations to proactively support personnel following traumatic events.

However, we also found the following issues that the service provider needs to improve:

- The provider did not have oversight of all incidents and safeguarding situations operational staff. They relied on the commissioning trust to identify any immediate learning by telephone or during monthly contract meetings. The provider did not have a complete record of all incidents or safeguarding referrals reported.
- Medicine storage temperatures were not effectively monitored in store rooms and on vehicles.
- Not all staff had received an appraisal. Documentation we reviewed did not indicate any standards and although there was a scoring system for individuals, there was no indication of what the scores meant.
- Patient feedback forms were not available on all vehicles we inspected. Staff were not always involved in complaints from the commissioning trust and did not always receive feedback on complaint outcomes.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve.

Dr Nigel Acheson

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

# Summary of findings

## Our judgements about each of the main services

### Service

#### Emergency and urgent care services

### Rating

Good



### Why have we given this rating?

The main service provided was an ambulance service providing emergency and urgent care services.

The provider had strong leadership with a clear focus on high quality provision and care.

There were arrangements to escalate issues with commissioning trusts.

Staff were committed to providing the best quality care to patients.

However, the provider did not have a record of all incidents or safeguarding referrals reported through trust processes therefore did not have oversight of all incidents and safeguarding situations operational staff had been involved in.

The provider did not have a robust system to monitor storage temperatures of medicines.

Good



# Jigsaw Medical-Hampshire Resource Centre

## Detailed findings

### Services we looked at

Emergency and urgent care

# Detailed findings

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### Detailed findings from this inspection

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## Background to Jigsaw Medical-Hampshire Resource Centre

Jigsaw Medical-Hampshire Resource Centre is operated by Jigsaw Medical Service Ltd. The service opened in 2012 and is an independent ambulance service with the head office in Chester, Cheshire. The service has expanded and has ambulance bases situated in Warrington, Buckingham and Basingstoke. The service serves a number of communities including, Greater Manchester, Cheshire, Merseyside, Yorkshire, East Midlands, Buckinghamshire, Oxfordshire, Berkshire and Hampshire.

The service provides emergency and urgent care to a number of NHS ambulance trusts and is provided in dedicated emergency vehicles. The patient transport service provides support to several ambulance trusts as well as NHS acute hospital trusts and individual patients. The service consists of both contract and ad hoc work.

Jigsaw Medical Services also provide an ad hoc events' support service to sports events and festivals. On-site event cover is not a regulated activity and we have no powers to regulate it, so it did not form part of this inspection.

The provider is registered with the Care Quality Commission (CQC) to provide the following regulated activities:

- Treatment of disease, disorder and injury
- Transport services, triage and medical advice provided remotely.

Since October 2017, the managing director was the service's registered manager (RM). Prior to this the RM had been the chief executive officer.

We completed an announced inspection of Jigsaw Medical-Hampshire Resource Centre, based in Basingstoke, on 29 August 2018.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector, a CQC assistant inspector and a paramedic specialist advisor. The inspection team was overseen by Helen Rawlings, Head of Hospital Inspection (South Central).

# Detailed findings

## Facts and data about Jigsaw Medical-Hampshire Resource Centre

Jigsaw Medical Services Ltd was initially established in 2012 by the current chief executive officer. The company provides a wide range of transport to meet the needs of NHS Hospital Trusts, NHS Ambulance Services and events.

At the time of our inspection the company engaged 57 emergency care assistants, 40 emergency medical technicians and 47 paramedics. All emergency care assistants, emergency medical technicians and paramedics were contracted to the service on a self-employed basis.

The service operated a fleet of 48 vehicles providing patient transport including emergency and urgent care, patient transport and rapid response vehicles.

During the inspection, we visited the Jigsaw Medical-Hampshire Resource Centre ambulance base in located Basingstoke, Hampshire.

We spoke with six staff including; registered paramedics, emergency care assistants, operations staff and managers. We spoke with one patient and observed one episode of care. We reviewed documentation including

policies, staff records, training records and call log sheets. 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 medical director was the lead for the management of controlled drugs.

Track record on safety:

- There had been no never events reported by the organisation. A never event is a serious, wholly preventable patient safety incident that has the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.
- There had been no serious incidents reported by the organisation.
- The service had recorded 10 complaints in the nine months prior to our inspection.

Services accredited by a national body:

- The provider was accredited with a number of national organisations including FutureQuals and Qualsafe for training and Investors in People which is a benchmark of good people management practice.

## Our ratings for this service

Our ratings for this service are:

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

# Emergency and urgent care services

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

## Information about the service

We found the following areas of good practice:

- We found all vehicles were in good condition with a comprehensive system was to ensure they were fit for purpose.
- There was an effective compliance process to ensure operational staff had completed induction and mandatory training before commencing employment. The process also ensured that staff remained compliant during the time they continued to work for the provider.
- There were arrangements for escalating issues with contracting trusts. A contract manager was identified within each trust and monthly contract meetings took place to monitor performance and provide feedback regarding incidents and referrals.
- Mental Capacity Act 2005 training compliance was 100% for operational staff at the time of our inspection.
- Staff were committed to providing the best quality care to patients.
- Staff had access to trained practitioners who could proactively support personnel following traumatic events.

However, we found the following issues the service provider needs to improve:

- The provider did not have a complete record of all incidents or safeguarding referrals reported through trust processes and relied on the commissioning trust to feed the information back either by telephone or during monthly contract meetings. This meant the provider did

not have oversight of all incidents and safeguarding situations operational staff had been involved in and relied on the commissioning trust to identify any immediate learning.

- Not all staff had received an appraisal. Documentation we reviewed did not indicate any standards and although there was a scoring system for individuals, there was no indication of what the scores meant.
- Patient feedback forms were not available on all vehicles we inspected. Staff were not always involved in complaints from the commissioning trust and did not always receive feedback.

# Emergency and urgent care services

## Summary of findings

### Are emergency and urgent care services safe?

Good



Safe means the services protect you from abuse and avoidable harm.

#### Mandatory training

- The service provided induction and mandatory training for staff. A compliance lead was in post to ensure all documentation was received by the provider including evidence of qualifications, references and enhanced Disclosure and Barring Service checks for all operational staff. The compliance department also ensured all mandatory training was completed before any new member of operational staff could be scheduled to work.
- Staff had training specific to the provider's requirements and were required to undertake training in their commissioning NHS trusts' local systems and procedures. If a member of staff wanted to move locations they had to complete this local training before being allowed to work for the new trust.
- Mandatory training was delivered online as well as face to face. It included topics such as equality, diversity and human rights, resuscitation, infection prevention and control, fire safety and conflict resolution. Face to face training was delivered either in the training academy adjoining head office or on base.
- Staff received reminders from the compliance department four weeks before training expired, and a further two reminders before the deadline. Members of staff who had not completed their training on time would be removed from the scheduling system automatically so they could not work.
- Records showed staff had received nationally accredited driver training and assessment. Blue light driver training and assessment met the national standard for ambulance trusts. Driving licence checks were completed bi-annually with the DVLA (Driver and Vehicle Licensing Agency).



# Emergency and urgent care services

- Driving was monitored through the use of a global positioning system present on all vehicles. This was a live tracking system visible to appropriate staff at head office and could identify the exact position of a vehicle, its speed and if blue lights were in use.
- Compliance rates for mandatory training at the time of our inspection were 100% for all modules for paramedics, emergency medical technicians, emergency care assistants and patient transport staff.

## 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.
- Safeguarding policies for adults and children were in date. Staff could access these electronically and in paper format. We reviewed Jigsaw's safeguarding policy which included information regarding forced marriage and mandatory reporting requirements relating to female genital mutilation.
- Safeguarding incidents and referrals which occurred while delivering services for NHS Trusts were reported using trust processes. The provider recorded safeguarding referrals made through trust processes so they could review and analyse if any repeated themes were developing.
- Staff we spoke with could describe how they would access advice from the clinical decisions team in the NHS trust ambulance control room. A national clinical lead and safeguarding lead were also available to provide advice and support to front line staff regarding safeguarding concerns.
- Staff discussed how they would initiate a safeguarding referral if needed and provided examples of referrals made.
- The designated safeguarding lead had completed level three adult safeguarding training and a one day safeguarding leads course.
- Mandatory safeguarding training included safeguarding adults, safeguarding children and Prevent, which is a government led counter-terrorism strategy.
- Compliance rates for mandatory safeguarding training at the time of our inspection were 100% for emergency care assistant (ECA) and emergency medical technician (EMT) staff. All paramedics and all practitioners who may

have contact with children were trained to safeguarding level three adults and children. The remaining staff in all groups had completed safeguarding level two training. This met national guidance.

## Cleanliness, infection control and hygiene

- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- All staff we saw were in clean and tidy uniforms. Spare uniform was available at the base should uniforms become soiled due to spillage or contamination
- The hand sanitiser dispensers in the vehicles checked were empty. However, we saw crews had, and used, individual hand sanitisers attached to their belts.
- Staff were seen to use hand sanitiser between episodes of patient care and to clean equipment which came into contact with patients. Anti-bacterial wipes were also available for cleaning equipment and surfaces. Biohazard kits were available on each vehicle we observed.
- All vehicles we observed were clean and tidy. There was a system to ensure the vehicles were cleaned and checked prior to the start and at the end of each shift. This included mopping, restocking and removal of waste.
- We observed general cleaning records for vehicles had been consistently completed. Ambulance crews were responsible for daily cleaning of vehicles. The provider used single-use, disposable mops for cleaning the vehicles to help prevent the spread of infection.
- Vehicles underwent a deep clean monthly. However, swab testing following a deep clean to ensure cleaning processes were safe and effective were not used. Staff and managers told us this was due to be implemented following the inspection.
- The service had spare vehicles in the fleet, this meant if a vehicle became contaminated a crew could take a new vehicle out while a deep clean was carried out.
- Personal protective equipment such as gloves and aprons was present on all the vehicles and additional stock was available at the ambulance base.
- The ambulance base was clean and tidy.
- Clinical waste bins at the base were locked and sharps bins secured. Arrangements the disposal of clinical waste met national guidance.

# Emergency and urgent care services

- On two vehicles we inspected we found two sharps bin not secured and two clinical waste bins with 'cat flap' lids missing. Both presented a risk of injury and infection. We notified the provider during the inspection who told us they would rectify the issue.
- Clinical noticeboards at the base contained local information for staff from Public Health England regarding local statistics for influenza to raise staff awareness.
- Infection prevention and control training was delivered to staff as part of induction and mandatory training. Compliance rates were 100% at the time of our inspection. To support staff in managing infectious patients, arrangements for ad hoc patient transport journeys included a risk assessment to identify any potential patient risk including infection.
- Staff described that equipment on vehicles was well maintained and reliable. If they reported a defective piece of equipment during or after a shift it was replaced or repaired quickly, enabling them to carry on working.
- Staff received training to use the equipment onboard the vehicles. This included moving and handling equipment and clinical equipment such as defibrillators within basic life support training, if appropriate to their role.
- There were systems to monitor the maintenance of the vehicles used by the service. A screen at the base indicated the live status of all vehicles from that base and included MOT expiry date, last service date, due date for next service and last deep clean date as well as names of crew and their location. It also included any vehicles off the road due to defects or deep cleaning as well as contact numbers for the on call scheduler and on call duty manager.
- All vehicles had current MOT's and we saw a current certificate of motor insurance.
- Staff described the process should they have a concern or problem during normal office hours, such as a vehicle fault. Initially, they would contact the base operations manager to log the fault. If this occurred out of hours staff could contact an on-call manager. Staff reported this system worked well.
- Should a vehicle was taken off the road for repairs, then replacement vehicles were available to enable the service to keep to service level agreements.
- Routine inspection and maintenance checks were completed every six weeks on response vehicles and all operational vehicles in use were less than three years old.
- There was equipment available to meet patients' specific needs including seating and five point safety harnesses and paediatric adaptations for trolleys to convey young children.
- The service and staff from the Basingstoke base almost exclusively filled shifts for an NHS ambulance trust. As a private provider the trust did not issue the staff with radios to communicate with the NHS operations centre. The service issued vehicles with mobile phones to aid communication and staff also used their own mobile phones.

## Environment and equipment

- The service had suitable premises and equipment and looked after them well.
- The base and vehicles were secure and monitored with closed circuit television system at all times. Vehicle keys were kept in a locked cabinet when not in use and combinations were changed monthly.
- Store rooms required access with a key card and key press. Access codes were changed monthly.
- The Basingstoke had a base manager's office, crew room, storage and limited crew facilities. Managers told us this was mainly visited by staff at the beginning and end of shift and occasionally for meal breaks during shifts.
- We inspected four frontline emergency ambulances at the Basingstoke base. All vehicles were well maintained and visibly clean both inside and out. Equipment in the vehicles was in good condition including seat and stretcher fabrics. Oxygen pipelines had been serviced in accordance with manufacturers' guidelines.
- We checked a random sample of 25 consumables across the four vehicles and we found all to be in date and with intact packaging.
- Electronic equipment inside the vehicles had all been checked and tested, with tags on the equipment indicating the next test due date.
- Staff were responsible for completing a daily vehicle check before every shift. This included checking the vehicle was in a good state of repair and had the correct equipment available.

## Assessing and responding to patient risk

# Emergency and urgent care services

- Staff completed and updated risk assessments for each patient.
- All emergency call handling was performed by the commissioning NHS ambulance trust. Call dispatchers assessed calls using agreed pathways and assigned appropriate crews to jobs. Details of jobs, patients and any known risks were sent to the crew via the electronic dispatch system who would contact the emergency operations centre for further details if required.
- Staff received clinical information about patients prior to ad hoc patient transfers which allowed risk assessments to be completed. This meant the correct crew; equipment and vehicle could be assigned to the request.
- At the time of our inspection 100% of paramedics, emergency medical technicians, emergency care assistants and patient transport staff were compliant with mandatory resuscitation training.
- Mandatory training included a module regarding handling violence and aggression and a policy was in place for managing violence and aggression in the workplace. Compliance rates for conflict resolution for paramedics, technicians, emergency care assistants and patient transport staff were 100% at the time of inspection.
- We observed laminated signs in vehicles regarding the National Early Warning Score assessment tool and the Pre-hospital Sepsis Screening and Action Tool. Both are tools designed to determine the degree of illness of a patient and identify early deterioration.
- Staff and managers told us in addition to the ambulance staff attending a call, onsite support was often provided by staff and vehicles from the commissioning NHS ambulance trust.
- Staff explained if they required advice or escalation during a call they had access to support through the emergency operations centre, the national operations manager, the national clinical lead and the base manager. Out of normal working hours on-call managers were available for additional support. We were told this system worked well.
- Staff sometimes conveyed patients with mental ill health. Staff explained call dispatchers would provide them with details regarding any known risks or concerns regarding patients. They explained to us they would contact the police if patients were or became aggressive.
- Staff from the Basingstoke base did not have access to radios which have panic buttons in case of an assault on staff. This was a concern for the service who had raised this with the commissioning NHS trust but had been unable to resolve the situation. Staff relied on mobile phones to call for help, which were not a reliable tool in certain areas with low mobile network coverage. Staff informed us they had experienced problems contacting the operations centre to request backup or to call for support, for example from the police.
- Staff were provided with uniforms and personal protective equipment including high visibility jackets and helmets. Staff were also had access to equipment such as inflatable life jackets for use when working near water.
- Staff were paid half-an-hour before the start of their shift. This was to ensure the necessary checks on the vehicle and equipment could be completed allowing for immediate dispatch at the start of shifts. Crews were paid for 45-minutes after their shifts to clean vehicles thoroughly so they were available for use.

## Staffing

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Scheduling for contracted work at the Basingstoke base was completed six weeks in advance. Shift lengths ranged from ten to twelve hours in length.
- The scheduling team received information of exact crew requirements from the commissioning trust and allocated staff accordingly. If exact requirements could not be met the shift would be filled with staff trained to a higher level. Shift data we reviewed confirmed this to be correct.
- Managers advised by using this business model it meant costs could be kept low during periods of reduced activity. Staff told us they were kept informed in quieter months if the number of available shifts reduced.
- The service used an electronic system to assign staff to shifts. This was maintained centrally by the provider. Staff explained the system was easy to use and they had access to a smartphone app where they could view and access shifts easily. Staff told us shifts were flexible and the service were accommodating with specific shift requests.

# Emergency and urgent care services

- Recruitment procedures ensured persons employed had the skills, knowledge required and were of good character. Until all compliance checks, documentation and mandatory training had been completed staff were unable to be scheduled for work.
- Ambulance staff were self-employed and used an application on a smartphone app to advise the scheduling team of their availability. Information regarding working time regulations was discussed at induction and managers told us compliance was monitored and staff were challenged.
- Staff fill rates were monitored as part of key performance indicators and the provider aimed to fill 95% of shifts. Managers told us this had been achieved in months where there was less activity. Fill rates for the months preceding our inspection were 97.9% in April 2018, 96.68% in May 2018, 97.07% in June 2018, 94.5% and 86.58% in July 2018.

## Records

- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- Patient report forms were completed and kept in a bag on the ambulance which was secured when the crew were attending a patient. On completion of the shift the forms were returned to base and stored securely before being returned to the contracting NHS ambulance trust.
- Patient records for ad hoc patient journeys or any patient journey forms which did not need to be returned to the contracting NHS ambulance trust were retained by the provider. The forms were returned to head office following the shift, scanned and securely stored.
- A monthly audit of 10 patient care records (PCR) was completed by the clinical lead as part of the contractual obligation with the commissioning NHS ambulance trust. The audit followed a proforma supplied by the trust. Results for audits completed were detailed in information provided to the monthly contract meetings.
- Information presented in the July 2018 report indicated all areas of compliance were increasing and the majority of categories reported 90-100% achieved compliance against the standards set.
- Information governance formed part of the mandatory training programme and compliance at the time of inspection was 100% for paramedics, emergency medical technicians, emergency care assistants and patient transport staff.

## Medicines

- The service followed best practice when prescribing, giving, and recording medicines. Patients received the right medication at the right dose at the right time.
- The controlled drug (CD) book on one vehicle had 10 out of 14 pages with the medicines name missing from the top of the page. We advised the provider during the inspection who told us they would rectify the issue immediately.
- The provider had an in date medicines management policy which included guidance on the safe storage, administration, disposal and recording of medicines. Medicines were stored in locked cabinets in locked store rooms on base with closed circuit television monitoring.
- Paramedics working for the service administered medicines using patient group directions (PGDs) issued by the contracting NHS trust. PGDs are written directions that allow the supply and or administration of a specific medicine by a named authorised health professional to a well-defined group of patients for a specific condition.
- Medicines requiring refrigeration were stored in a refrigerator with a minimum and maximum thermometer. However, we saw temperature recording did not note the minimum and maximum levels. Therefore the service could not be assured the medicines had not exceeded safe temperature levels for storage. We advised the provider of our concerns during the inspection who immediately implemented a revised recording protocol.
- Morphine sulphate was stored on ambulances but not stored in a temperature monitored environment. The service could not be assured medicines stored on vehicles had not exceeded safe temperature levels for storage.
- Keys for CD safes on vehicles were stored in a key safe on board the same vehicle. The provider told us vehicles had closed circuit TV so that access to the CD safe could be monitored. However, this process was not robust and there was potential for unauthorised access of the CD safe.
- Medical gases were stored in line with the British Compressed Gases Association code of practice at the ambulance base. Oxygen cylinders in all ambulances were secure in holders preventing movement of the

# Emergency and urgent care services

cylinder. Stores of cylinders were kept in an external building in a lockable cage. The building had a slanted roof with ventilation to allow any leaking gases to safely escape.

- Staff we spoke with were aware of their responsibilities and restrictions, dependent on their role and training, for the administration of medicines in line with the policy.
- Crews at the start of their shift collected a 'grab bag'. These were bags pre-prepared with a set list of medicines crews would check before taking out to vehicles, and replenish after returning to base. These bags were sealed with a security tag, and a log of tag numbers was kept for reference.
- Paramedic staff checked medicines in the grab bag before they left the base. Each bag contained an audit sheet kept with the bag which indicated the contents and expiry date of medicines inside. Medicines were returned to the secure storage on completion of their shift. Paramedics had the responsibility to check they had the required medicines in their emergency kit.
- The contents of the medicine bags we checked matched the audit sheet. However, one bag had a large hole meaning that medicines could potentially fall out. Staff had mitigated the risk by temporarily mending the bag. The provider told us they were looking at purchasing new medicine bags and showed us draft designs for the bags.
- We checked the expiry dates on a number of medicines and consumables. All items checked were in date both on vehicles and in the store room at the station base.
- Medicines were ordered electronically from an external supplier. Staff told us monthly medicine audits took place and we saw records which supported this.
- Out of date medicines were removed from stock and stored separately until disposal. The process to dispose of controlled drugs by use of a denaturing kit was detailed in the medicines management policy.

## Incidents

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately.
- The provider had an in date clinical and non-clinical incident reporting policy. The policy defined a clinical incident as 'any untoward or unexpected event which interferes with the treatment of a patient and which results in, or could have resulted in inappropriate or

inadequate clinical care, an injury or a serious injury'. It also provided a definition for an accident and a near miss however did not define a system for grading incidents.

- There had been no never events or serious incidents reported by the organisation. A never event is a serious, wholly preventable patient safety incident which has the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.
- The customer services, complaints and feedback policy described how the provider would exercise duty of candour. However the senior managers we spoke with could not recall an incident where duty of candour had been required. The duty of candour is a regulatory duty which 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.
- Incidents which occurred while delivering services for NHS Trusts were reported using trust processes. Staff reported incidents electronically using the commissioning trust's system.
- The provider had an incident report form available to staff for internal incidents. Road traffic collisions and vehicle defect forms were in use and sent to the national operations manager and fleet manager.
- Incidents reported through trust processes were investigated by the trust with involvement of the provider. Clinical incidents were investigated by the national clinical lead and non-clinical incidents by the national operations manager.
- Outcomes of investigations were provided through the NHS contract manager and discussed at monthly contract meetings.
- The provider did not have oversight of all incidents operational staff had been involved in as it did not have a complete record of all incidents reported through trust processes. It relied on the commissioning trust to feed the information back either by telephone or during monthly contract meetings. They relied on the NHS trust to identify any immediate learning.
- Incidents classified as internal were held on a separate spreadsheet. We saw incidents were investigated on a case by case basis, but there was no record of trends or themes which could mean recurring issues were not being identified.



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- Staff we spoke with knew how to report incidents and could provide details of learning from previous incidents. Feedback was discussed in relation to individual learning as well as changes in process.
- Staff and managers described involvement in the incident investigation process with commissioning trusts and attendance at multi-disciplinary team meetings as part of the debrief. Operational memos were circulated to disseminate lessons learnt and paper copies were stored in a folder in each base and at head office.
- The provider reported no incidents in the 12 months prior to the inspection for the Basingstoke base.

## Are emergency and urgent care services effective?

Good



Effective means that your care, treatment and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence.

### Evidence-based care and treatment

- The service provided care and treatment based on national guidance and evidence of its effectiveness. All policies and procedures we reviewed were up to date and staff could access documents electronically through their log in or at the base.
- Staff followed protocols, pathways and clinical guidelines from the commissioning trust which were based on Joint Royal Colleges Ambulance Liaison Committee Guidelines (JRCALC) and National Institute for Health and Care Excellence (NICE) guidance
- Staff could access clinical guidelines on their smartphones whilst on a call. In the event of disruption to their telephone service staff told us they would call back to base if they required advice or make contact with the clinical support desk from the commissioning trust.
- Clinical directives were disseminated through the national clinical lead and operations manager. Basingstoke base had a number of colour coded files which contained bulletins relating to clinical issues, training and operational issues. The folders were replicated within each base to ensure consistency across sites.

### Pain relief

- The service assessed and managed patients' pain. Several types of pain relief medicine were available on the provider's ambulances. Staff were able to administer some or all of these depending on their clinical grade, training and patient need.
- Staff told us they used a numerical scale when asking patients to describe their level of pain. This was recorded on the paper patient record form and staff told us how they would ask patients before and after pain relief have been given.

### Response times

- The provider monitored response times through information received from the commissioning trust. They used this information to ensure the service responded to calls in a timely way that met national standards.
- Monthly contract review meetings were held with the commissioning trust to monitor performance. Performance standards were the same as those expected of NHS ambulance trusts. Meeting minutes showed discussions also included clinical issues such as sepsis and equipment.
- Call response times were monitored and data included the number of calls attended, the number of red incidents and the number of hospital arrivals. A red incident is one where the presenting condition may be life threatening and requires immediate medical treatment.
- Information from contract review meetings between October 2017 and August 2018 indicated 'assign to mobile' times were increasing with remedial actions recorded. However, activity was increasing which would account for this increase. It was identified vehicle mobilisation and overall performance was good.
- Managers told us clinical outcomes were monitored by the commissioning trust and were often shared with the service by the trust.

### Patient outcomes

- Trust policy dictated where patients were taken for treatment and this was incorporated in the clinical aspects of induction.
- Staff described pathways of care for patients, for example incidents of cardiac arrest and stroke.

### Competent staff

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- The service made sure staff were competent for their roles. Managers appraised staff's work performance.
- Psychometric tests were incorporated into the recruitment process, for internal staff, to obtain a better understanding of a candidate's skills, knowledge and personality. This was to ensure staff with the provider's required attributes were employed by the service.
- An induction programme was completed by all new staff as part of the compliance process before they could be scheduled for any shifts. Staff described a comprehensive induction process which included both a corporate and local induction.
- This included review of clinical qualifications and references as well as completion of all mandatory training. Any staff member who did not work a shift within a six month period had to undertake the compliance process again including submission of up to date references and CV (curriculum vitae).
- Local induction delivered at the base incorporated familiarisation with the location, access to Jigsaw and NHS trust policies, pathways and referral processes, medicines management and safeguarding procedures. The local induction checklist also documented the three observer shifts required by emergency care assistants (ECA) prior to scheduling of shifts.
- Competency was assessed using a competency book developed by the course provider for example emergency medical technician or ECA.
- Managers described how poor performance was identified and managed. This was completed as part of a structured process to support and encourage staff improvement where possible.
- Staff we spoke with described the provider offered good career development opportunities.
- All members of the senior management team had completed management training.
- The provider had introduced an appraisal process prior to our inspection. An appraisal is an opportunity for staff to discuss areas of improvement and development within their role in a formal manner. Documentation we reviewed did not indicate any standards and although there was a scoring system for individuals, there was no indication of what the scores meant. Managers told us this was an area for development and aimed to complete appraisals when any staff member had been working for the company for six months and then annually going forward.

## Multi-disciplinary working

- Staff of different kinds worked together as a team to benefit patients. Managers and staff described positive working relationships with ambulance crews from the commissioning trust. Staff described how they felt most NHS ambulance staff thought of them as, and treated them like, 'just another ambulance crew' when on shift.
- We observed the handover of a patient to hospital emergency department (ED) staff. It was calm, professional, structured and ED staff listened to the handover without interruptions. We saw ED staff respected the judgement and skills of the Jigsaw staff.
- Staff and managers described attendance at trust-led debrief sessions and mortality and morbidity meetings following traumatic incidents and deaths. This provided an opportunity for staff to review intervention and identify and share learning points.
- There were arrangements escalating issues with commissioning trust. A contract manager was allocated to the provider and monthly contract meetings took place to monitor performance and provide feedback regarding incidents and referrals.
- Accountabilities and responsibilities were clearly set out by the commissioning trust. Staff described how they had developed relationships with key staff members within the trust.
- Ambulance crews liaised directly with the emergency operations centre for the commissioning trust if they required clinical advice and the trust often provided additional onsite support.

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

- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients those who lacked the capacity to make decisions about their care.
- Mental Capacity Act (MCA) 2005 training was incorporated in to the mandatory training programme and compliance rates for MCA training for paramedics, technicians, emergency care assistants and patient transport staff were 100% at the time of inspection.
- Staff we spoke with demonstrated understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff could describe issues relating to

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consent and explain situations where decisions would be made in the best interest of the patient with particular reference to the unconscious, unaccompanied patient.

- Information from the provider stated that Section 136 patients were not conveyed by the service. (Section 136 of the Mental Health Act gives the police the power to remove a person from a public place, when they appear to be suffering from a mental disorder, to a place of safety. The person will be deemed by the police to be in immediate need of care and control as their behaviour is of concern).

## Are emergency and urgent care services caring?

Not sufficient evidence to rate

Caring means that staff involve and treat you with compassion, kindness, dignity and respect.

During the inspection we were only able to observe one episode of care, a handover of a patient at an emergency department. Whilst what we saw was positive we do not have enough evidence to rate this domain.

### Compassionate care

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Care was provided by committed, compassionate staff who were enthusiastic about their role.
- We observed one handover of a patient to ED staff. We saw staff respected the patients dignity, the patient was immobilised on stretcher and staff ensured they were covered with a blanket. Staff ensured that the verbal handover was carried out away from other patients so that it could not be overheard.
- We saw evidence of 35 compliments received by the provider between January 2018 and August 2018. All referred to the compassionate, reassuring, respectful, friendly, kind, honest, person centred, non-judgemental approach patients and their families had experienced from staff members who had provided care.
- Staff told us details of compliments were emailed to them and posted on the staff notice board.

### Emotional support

- Staff we spoke with described how they cared for relatives during distressing events.
- Messages of thanks and appreciation received from patients were recorded at head office and staff were informed by letter. We saw copies of letters sent to staff describing the impact of their role.

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

Good

Responsive services are organised so that they meet your needs.

### Service delivery to meet the needs of local people

- The provider planned and provided services in conjunction with the commissioning trust in a way that met the needs of local people.
- The commissioning NHS trust carried out unannounced visits to monitor performance and identify areas for improvement.
- To support the commissioning trust the provider carried out ad hoc patient transfers for local people.
- The business model used by the provider allowed staffing requirements to flex up and down according to shift demand.

### Meeting people's individual needs

- Staff we spoke with told us they had received dementia training and compliance rates at the time of our inspection was 100% for all staff groups including paramedics, emergency care assistants and emergency medical technicians.
- Staff told us they did not have access to interpreting services and reported family members would be used to assist in communicating with patients in emergency situations only.

### Access and flow

- Patients could access the service when they needed it.
- The commissioning trust booked the ambulances from the provider for set shift times which varied dependent on the requirements of the service. Shift length ranged from ten to 12 hours and covered up to seven days a week.



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- Key performance indicators included response times and hospital turnaround performance.
- The provider attended monthly contract review meetings with the commissioning trust and included discussions regarding performance, shift coverage and training.
- From September 2017 to August 2018 figures for the Basingstoke base indicated that they have responded to 35,350 emergency 999 calls.
- Information from the governance report for July 2018 showed that in general performance measures had been fulfilled to standard set by the commissioning trust.
- From April 2018 to July 2018 mobilisation times for double manned ambulances (DMA) and rapid response vehicles (RRV) consistently met or exceeded the standard with the exception of August 2018.
- From April 2018 to July 2018 clear up times (the time taken between handing over a patient to NHS staff and becoming available again) for both DMA and RRV consistently exceeded the standard.
- Managers told us that on commencement of the shift all crews were under the direction and control of the commissioning ambulance trust. However, all vehicles could be located and tracked by the provider.

## Learning from complaints and concerns

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- The provider had a customer services, complaints and feedback policy which detailed the complaint process and timescale for acknowledgement of receipt. However, performance against timescales for response to complaints was not monitored.
- Patients, carers or relatives could provide feedback in writing, using a feedback form or electronically online. However, no forms were available on the four vehicles we inspected.
- Complaints were logged using an incident, complaints and compliments spreadsheet. Managers told us most information was received through the commissioning trust.
- Between November 2017 and June 2018, 10 complaints had been received. There were no themes from the complaints received. We reviewed the actions documented following complaints which included lessons learned where appropriate.

- Complaints were investigated by the commissioning trust in conjunction with the provider. We saw complaints were discussed as part of the monthly contract review meeting.

## Are emergency and urgent care services well-led?

Good



Well-led means that the leadership, management and governance of the organisation make sure it provides high-quality care based on your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

## Leadership of service

- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- The service was led by a chief executive officer (CEO) supported by the managing director, medical director, finance director and a senior management team.
- The senior management team included a national clinical lead, a national operations manager, head of compliance, head of contracts and workforce and a fleet manager.
- Each ambulance station had a base operations manager.
- Staff told us that senior leaders were visible and approachable, listened to concerns and took action where necessary. Staff felt leaders were “not afraid to make big decisions”.
- The senior management team participated in a twice weekly conference call to discuss operational issues.
- Base managers worked 08:30-17:30 and took part in an on-call rota with the provider’s national operations manager and the provider’s national clinical lead.
- We observed members of staff interacting well with the management team during our inspection. We were told the senior team often travelled and visited their locations. A member of staff was observed greeting the managing director and said, “it was nice to see them again”.
- The provider had no Fit and Proper Persons Policy and was not referenced in the recruitment policy. However, fit and proper person declarations had been completed

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by the CEO, managing director, medical and finance directors and two additional shareholders. The CEO, managing director and medical director had also undergone an enhanced check with the Disclosure and Barring Service and check of their clinical registration.

- The service piloted a new management structure from December 2017 to March 2018. A role was created called 'Clinical Team Leader'. The role was to look after medicines management, help with recruitment, and help with staff development needs. After consultation with staff, the pilot scheme for clinical team leaders was stopped as the role disrupted how the service operated. The role of 'Clinical Mentors' was due to be launched instead, where the scope of the role will include attending the commissioning NHS trust training sessions and cascade information to staff.
- Senior managers commented after the recent introduction of new local leadership, the bases ran more effectively with a culture where people were encouraged to speak up about issues.
- The new role of clinical mentors was filled by staff selected on skills and seniority, with extra training given to support staff in their job role.

## Vision and strategy for this service

- The provider had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff and patients.
- The provider had core values, a mission statement and strategy.
- The mission statement was to, 'Deliver a personalised quality service to clients and patients when they need it, where they need it, focussing on diversity with recognition of the individual'.
- Values included clinical excellence, integrity, respect and courtesy, leadership and direction and innovation and flexibility.
- Staff we spoke with were aware of the vision of the organisation and described how this filtered down from management.
- A copy of the core values and mission statement was available at the base and sent electronically to all new staff when they had completed the new starter compliance process.

- The provider strategy included the development of teams, growing the business and extending services by creating more innovative ways of supporting government initiatives such as admission avoidance services.
- The service was proud it was on track to be the local commissioning NHS trust's largest independent sub-contracting organisation. To support the growth further another base was planned in the south of the county to enable the service to cover a larger area.

## Culture within the service

- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- Staff reported a very positive culture in the organisation, describing a "family atmosphere", good morale and a good culture of trust within the service. Staff told us senior leaders were focused on staff and staff welfare.
- Staff reported Jigsaw as being 'the best private ambulance company they've worked for by far'. Staff told us the culture was positive, open and honest. Any issues raised were listened to and resolved quickly.
- Managers showed us letters issued to individual members of staff which included positive direct comments from patients about the care they had received. These letters were also recorded on their staff file for their appraisal and portfolio. Staff reported receiving the direct feedback boosted morale and their confidence.
- Staff had access to a room at the base used for debriefs and informal discussions following attendance at difficult situations or traumatic incidents.
- All managers were trained in Trauma Risk Management (TRiM). TRiM is a peer delivered psychological support system designed to allow organisations to proactively support personnel following traumatic events. Input from TRiM practitioners was confidential and not time limited.
- All staff we spoke with were aware of the TRiM practitioners within the organisation and we were advised of one incident involving a crew member who found a TRiM practitioner waiting for them on their return to base following a traumatic event.
- An employee assistance programme offered for counselling and 10 face to face counselling sessions could be arranged.

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- Social events were arranged by staff at bases and head office such as barbecues and pizza days. Staff told us key dates were recognised and staff received Easter eggs and birthday cards. All staff who worked on Valentine's Day also received a gift as a token of appreciation.

## Governance

- The service used a consistent approach to improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The managing director of the service attended monthly provider meetings with the local commissioning NHS trust, where key performance indicators and action plans were discussed.
- Minutes of meetings showed discussions took place regarding performance, training and clinical issues. Urgent care providers' governance reports included data such as core shift fulfilment, mobilisation and on scene times as well as serious incidents, complaints and statutory and mandatory training figures.
- The provider held monthly performance and review process meetings to discuss internal operational issues. The service had internal meetings via telephone every Monday and Friday (excluding Bank Holidays when calls were rescheduled). The time was used to review any clinical or operational events and to plan the service for the week ahead. The operations managers also had a monthly meeting to plan and review the service.
- A governance framework was in place which included clinical governance, corporate governance and information governance committees.
- Clinical governance meetings took place every three months and were attended by the chief executive, managing director, medical director and members of the senior management team. Subjects discussed included approval of new policies and clinical documentation, complaints and audits.
- The clinical governance committee subsequently reported in to the executive board.

## Management of risk, issues and performance

- The provider had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

- Managers were aware of the key risks and challenges to service delivery. We were assured that the service was monitoring risk, however documentation we reviewed showed limited evidence of effective monitoring.
- There were 31 risks identified on the provider's risk register that could impact on the effective running of the business. Documented risks included issues relating to medicines, medical gases, information governance breaches, and vehicles.
- The risk register detailed likelihood, impact and mitigation of risk. However, risks did not have any planned review date.
- The service had a business continuity plan which covered areas such as loss of premises, vehicles, power, communication or fuel shortage.
- The management team described detailed contingency arrangements in the event of disruption to IT services.

## Information Management

- The provider collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- We saw completed patient report forms were stored securely on the provider's premises, in a locked metal letterbox to which crews had access 24 hours a day, seven days a week, but which could only be opened by a manager.
- The base operations manager collected the completed patient report forms from the secure box each day, and hand delivered them to the commissioning NHS ambulance trust. We were reassured this process was robust and kept patients' identifiable personal data secure.

## Public and staff engagement

- The provider engaged well with patients, staff, to plan and manage appropriate services, and collaborated with partner organisations effectively.
- Managers told us arranging staff meetings could be challenging and they were often arranged to coincide with training. Team talk presentations were developed by each department and six-monthly updates were provided regarding tenders and new business developments.
- Staff were engaged using both electronic and paper communications. Staff received emails on their

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individual NHS email addresses with memos. This information was displayed on the notice board at the base for up to four weeks to give staff time to read information.

- Information from the local commissioning NHS trust was also made available, for example, the uniform policy for crews during the hot weather was available in a folder to read.
- Managers and staff were proud Jigsaw were the first independent ambulance provider to sign up to the Mind (a Mental Health charity) Blue Light Time to Change Pledge. This is a campaign to challenge mental health stigma and promote positive well-being for emergency services staff.
- Staff told us the provider had supported a local hospice at a fundraising event to increase visibility and encourage public engagement.

## **Innovation, improvement and sustainability**

- Managers told us they were a young company which had grown rapidly, and discussed their vision for the future development of the service.
- Open days were held at ambulance bases to attract new staff.
- Managers told us there was a focus in recruiting the 'right people' to roles through the interview process and psychometric testing with a view to continuing their development within the organisation and so aid staff retention.
- Through the training arm of the organisation opportunities were available for staff to progress to the role of paramedic outside the traditional higher education route.
- Managers told us the first emergency medical technicians had qualified as paramedics through this route prior to our inspection. This was designed to contribute to the sustainability of the workforce.
- The digital arm of the company supported the provider to develop its information technology infrastructure.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the hospital SHOULD take to improve

- The provider should ensure adherence to own policy relating to infection, prevention and control with regard to the storage and maintenance of sharps bins on vehicles.
- The provider should develop an effective system for monitoring incidents reported and safeguarding referrals.
- The provider should ensure adherence to medicines management policy regarding the safe storage and temperature monitoring of medicines on vehicles and at the base.
- The provider should ensure compliance with own complaint response times.
- The provider should ensure risk register accurately reflects identified risks and timelines are realistic, monitored and kept up to date.
- The provider should consider reviewing and monitoring internal incidents to identify recurring themes.
- The provider should consider implementing a process regarding changing generic key safe codes on vehicles on a regular basis.