

BAEMS Limited

Bristol Ambulance EMS

Inspection report

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

Ratings

Overall rating for this location

Outstanding 

Are services safe?

Outstanding 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Outstanding 

Summary of findings



Overall summary

We rated it as outstanding because:

- People had comprehensive assessments of their needs, which included consideration of clinical needs including pain relief, mental health, physical health and wellbeing, and nutrition and hydration needs.
- Accurate and up-to-date information about effectiveness was shared internally and externally and was understood by staff. It was used to improve care and treatment and people's outcomes, and this improvement was checked and monitored.
- All staff had the skills they needed to carry out their roles effectively and in line with best practice. The learning needs of staff were identified, and training was provided to meet those needs. Staff were supported to maintain and further develop their professional skills and experience.
- Staff were supported to deliver effective care and treatment, including through meaningful and timely supervision and appraisal. There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.
- Consent to care and treatment was obtained in line with legislation and guidance, including the Mental Capacity Act 2005 and the Children's Acts 1989 and 2004. People were supported to make decisions and, where appropriate, their mental capacity was assessed and recorded.
- Feedback from people who used the service, those who were close to them, and stakeholders was positive about the way staff treated people. We observed people being treated with dignity, respect, and kindness during all interactions with staff and relationships with staff are positive. People stated they felt supported and say staff cared about them.
- Staff communicated with people and provided information in a way that they could understand. People understood their condition and their care, treatment, and advice. People and staff worked together to plan care and there was shared decision-making about care and treatment.
- Waiting times, delays and cancellations were minimal and managed effectively. People were kept informed of any disruption to their care or treatment.
- People knew how to give feedback about their experiences and could do so in a range of accessible ways, including how to raise any concerns or issues.
- The service used the learning from complaints and concerns as an opportunity for improvement. Staff give examples of how they incorporated learning into daily practice.
- Leaders model and encourage compassionate, inclusive, and supportive relationships among staff so that they feel respected, valued, and supported. There were processes to support staff and promote their positive wellbeing. Leaders at every level live the vision and embody shared values, prioritise high-quality, sustainable, and compassionate care, and promote equality and diversity. They encouraged pride and positivity in the organisation and focus attention on the needs and experiences of people who use services.
- The board and other levels of governance in the organisation functioned effectively and interacted with each other effectively.
- The service worked closely with the local community across the southwest

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Emergency and urgent care	Outstanding 	<p>This is the first rating of this service. We rated it as outstanding because:</p> <p>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 and gave patients pain relief when they needed it. The service met agreed response times. Managers monitored the effectiveness of the service and made sure staff were competent.</p> <p>Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions.</p> <p>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.</p> <p>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.</p> <p>We rated this service as Outstanding because it was safe, effective, caring, responsive, and well led.</p>
Patient transport services	Outstanding 	<p>This is the first rating of this service. We rated it as outstanding because:</p> <p>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</p>

Summary of findings

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 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.

Patient Transport Services is a small proportion of the service's activity. The main service was Emergency and Urgent Care. Where arrangements were the same, we have reported findings in the Emergency and Urgent Care section.

We rated this service as outstanding because it was safe, effective, caring and responsive.

Summary of findings

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Summary of this inspection

Background to Bristol Ambulance EMS

Bristol Ambulance EMS provides emergency and patient transport ambulance services for both NHS and private healthcare, adults and children, in the southwest of England region and provides event cover. The service has 10 operational bases across the South-West and South-Central region, which are supported by 2 purpose built fleet workshops, a 24hour control room, and the service employs 548 staff of varied grades and specialisms.

Bristol Ambulance EMS is operated by BAEMS Limited.

Bristol Ambulance reregistered with the Care Quality Commission under its new owner in December 2017 and has previously been inspected but not rated.

The service is registered to provide the following regulated activities: Transport services, triage and medical advice provided remotely and the Treatment of disease, disorder, or injury.

The service has had a registered manager in post since 5 December 2017, when the service re-registered with the Care Quality Commission.

The service has 200 Emergency, Transport and Specialist Vehicles and provides the following services: Frontline Emergency and Urgent transport, non-Emergency Patient Transport

Intensive Care Retrieval Services, Secure and detained transport, Event Provision, Telephony, and call handling. The service offers a 24 hour, 7 days a week service.

From January to December 2022 88,574 journeys were carried out by the service. These comprised of patient transport services (PTS) and emergency medical service (EMS). PTS journeys undertaken were 34,082 of which 2,615 were reported as private PTS / Transfers. In October 2022 the service introduced a secure transport service and has undertaken 50 journeys in the period October 2022 to March 2023.

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

How we carried out this inspection

Previously we inspected the service, using our comprehensive inspection methodology, for the domains of safe, effective, caring, responsive and well-led on the 20 to 21 February 2018. The service has not previously been rated.

The team that inspected the service comprised of a CQC lead inspector, an inspector, an assistant inspector, and a specialist advisor with experience in ambulance emergency and urgent care and patient transport services. During the inspection we reviewed written submissions from people who had used the service, spoke with 2 patients using the service and accompanied the crew of a patient transport ambulance. We spoke with several staff of different grades, including members of the senior management team responsible for leadership and oversight of the service, and noted that all feedback was consistently positive and complimentary about the service and the care and support staff, and patients had received. We spoke with other external stakeholders who commissioned the services.

Summary of this inspection

We inspected the service's main headquarters which incorporates the services administrative centre and one of the fleet maintenance locations, and we reviewed specific documentation.

The inspection was overseen by Catherine Campbell Deputy Director.

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

Outstanding practice

We found the following outstanding practice:

We found the following outstanding practice:

- There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between people who used the service, those close to them and staff were strong, caring, respectful and supportive. These relationships were highly valued by staff and promoted by leaders.
- We were shown a staff support initiative, that provided financial support to staff when needed. Staff spoken to described this as a very valuable and highly appreciated support offered by the service and gave examples of how this had made a difference to staff welfare.
- The service had developed a communication tool that allowed the paramedic while at the scene of an incident, to have conference calls with all specialists likely to be involved in the patients care and treatment. This facilitated informed advice and more accurate forward planning of resources.
- The service had developed and facilitated a trainee paramedic programme which enabled staff progression to qualified paramedic status.
- The service had provided equipment and emergency vehicles for Ukraine
- The service took part in public engagement events to provide basic first aid support and advice.
- The service provided a mobile allergy clinic in partnership with a local children's hospital.
- The service has seen an extensive growth over the past two years and has been able to maintain the quality and safety of the service during this time of rapid expansion.

Areas for improvement

Action the service SHOULD take to improve:

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	<div> Outstanding</div>	Good	Good	Good	<div> Outstanding</div>	<div> Outstanding</div>
Patient transport services	<div> Outstanding</div>	Good	Good	Good	<div> Outstanding</div>	<div> Outstanding</div>
Overall	<div> Outstanding</div>	Good	Good	Good	<div> Outstanding</div>	<div> Outstanding</div>



Emergency and urgent care

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

Is the service safe?

Outstanding



Mandatory training

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

The mandatory training programme considered current best practice in relation to pre-hospital emergency medicine and patients benefited from the range of life saving training and interventions provided by staff in an emergency.

Staff received and kept up to date with mandatory training, and managers monitored this. The service had set a target of 100% completion of training. The service's mandatory training records for 2022, reported on mandatory training topics, which included conflict resolution, equality and diversity, fire safety, health and safety, infection control, information governance, manual handling, safeguarding, Autism and prevent. Compliance for this training was 83.7%.

All staff undertook an induction which included Advanced Life Support, Frontline Ambulance familiarisation, scene management, manual handling, conflict resolution, adult / child safeguarding. All staff spoken with confirmed that they had undertaken an induction.

The service had an online training programme in addition to the core skills framework, and conducted face to face training. Staff spoke positively about training opportunities that had been offered. For example, a staff member described how they had been supported through their paramedic apprentice training. Other staff told us leaders actively encouraged and supported them to develop their skills and knowledge. In-house training included relevant scenario-based immersive training to help discussion and learning. These had been developed with other emergency services. The service had developed, training courses for paramedics in collaboration with a local university, and a local college and provided placement opportunities.

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.



Emergency and urgent care

Staff received training specific for their role and in line with the intercollegiate document, Adult Safeguarding: Roles and Competencies for Health Care Staff 2019, on how to recognise and report abuse. Mandatory training on safeguarding adults and safeguarding children, as of January 2023, had been completed by 88% of staff.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. For patients with mental health problems staff would consider patient support and safety as part of their risk assessments.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff informed us that the referral system was easy to use and that they had feedback on cases referred.

We reviewed the staff data for 5 employees held by the service which demonstrated references and disclosure and barring service DBS checks had been completed in line with recruitment policy and legal requirements.

Cleanliness, infection control and hygiene

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

All areas were clean and had suitable furnishings which were clean and well-maintained. Cleaning records were up-to-date and demonstrated that all areas and vehicles were cleaned regularly. Staff cleaned the vehicle and equipment after use, which was in line with guidelines.

Staff we spoke with had a comprehensive knowledge of the services infection prevention control (IPC) processes. The service's IPC policy was up to date, and reflected current guidance in relation to infection control, including COVID-19. Staff had access to a wide range of personal protective equipment, handwashing facilities, sanitizers, and antibacterial wipes. Hand sanitisers were readily available throughout the location, and staff told us they used them before and after every episode of direct patient contact or care.

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.

Staff carried out daily safety checks of specialist equipment.

Staff followed the service's IPC policy in relation to clinical waste. We noted that staff stored clinical waste safely, including sharps and had a contract with a waste removal and disposal company.

The service had enough suitable equipment to help them to safely care for patients. The service had equipment and vehicles adapted for the bariatric patient. The service had used a wide range of equipment for adults and children, which was up to date and service record showed they had been reviewed for safety checks in line with manufacturer guidance.

Vehicles were observed to be stored within a secure area. Visitors were escorted while on site. The design of the environment followed national guidance. Checks such as portable appliance testing were carried out through the service's fleet management department, and records showed this was monitored.



Emergency and urgent care

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 a nationally recognised tool to identify deteriorating patients and escalated them appropriately. Staff completed risk assessments for each patient using a recognised tool, and reviewed this regularly, including after any incident.

Staff knew about and dealt with any specific risk issues. Staff shared key information to keep patients safe when handing over their care to others.

A proactive approach to anticipating and managing risks to people who used services was embedded and was recognised as the responsibility of all staff. The service provided pre-hospital emergency care to patients and due to the emergency service, they provided, staff could not carry out individual risk assessments for patients until they arrived on scene.

The service had developed a wide range of standard operating procedures, based on current clinical research, best practice, and guidance to support clinicians to assess and respond to patient risks. Paramedics used these standard operating procedures to assess for stroke, cardiac arrest, major haemorrhage, or head injury, amongst others. The NHS ambulance operations room directed the ambulance to the appropriate hospital emergency department.

Staff told us how they monitored vital observations continuously so they could quickly detect the deteriorating patient. Monitoring devices produced a graph that clearly showed the observations and any deterioration. This monitoring was constant and reduced the risk of missing significant observations during intervals.

The service had developed a telephone conference call process which allowed a consultant, together with other specialists of the receiving hospital to join a call, to provide clinical advice and give guidance on the patient's condition. Staff used this process to get additional clinical advice when on scene and during patient transit.

There was a safe and effective escalation process for deteriorating patients or situations that were beyond the abilities of staff.

We reviewed 3 sets of patient's notes, and all risk assessments were accurate, legible and observations clearly showing the timely assessment of risk. All risk assessments were reviewed at post incident meetings and at the monthly senior management team and quarterly governance meetings to identify any learning, good practice, or concerns. There was evidence of notes being used in debrief meetings with lessons learnt.

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 staff a full induction.



Emergency and urgent care

Managers accurately calculated and reviewed the number of paramedic staff needed for each shift, using an electronic rostering system, in accordance with national guidance. The service had enough staff to keep patients safe and managers accurately calculated and reviewed the number and grade of staff in accordance with national guidance. The senior management team looked at vacancies and sickness levels each month.

We were informed that the service employed 548 staff, of which 75% held substantive contracts and 25% were bank staff.

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.

The electronic record system enabled staff to manage and share the information that was needed to deliver effective care treatment and support, and was coordinated to provide real-time information across services, and support care for people who use services. The service had information sharing arrangements with other health care services and a named professional to ensure that information met the Information Commissioner's Office (ICO) information requirements.

Arrangements for recording decisions were clear, transfer locations were clearly noted in the patient clinical record. The receiving hospital were either provided with a paper record of the staff notes or an electronic copy depending on the facilities of the receiving hospital.

We reviewed 3 sets of records and found them to be up to date, stored securely and easily available, and demonstrated staff had completed them clearly with medicines and interventions recorded. Patient records were completed on the scene of the activity.

This system allowed for the easy upload, display of patient information and audit of activity. The system had an easy use interface for learning and follow up.

Medicines

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

Staff completed medicines records accurately and kept them up to date.

Staff stored and managed all medicines and prescribing documents safely. Medical gases were stored correctly in line with national guidance. Medicines were stored at the main base. We checked 2 medication bags. These were compliant with national guidance for medication response bag. All medicines were stored in a locked cabinet within a locked room. Controlled drugs were stored correctly with an in-date home office licence.

Stock medication inventory lists were kept, and safe and secure handling medications audits had been carried out monthly, and these included checks on the monitoring of room and refrigerator temperature recording. The results of these discussed at the senior management team and governance meetings. Staff learned from safety alerts and incidents to improve practice through an online staff portal.



Emergency and urgent care

Compliance with medicines policy and procedure was routinely monitored and action plans were always implemented promptly.

Incidents

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

Staff knew what incidents to report and how to report them. We reviewed the service's incident reporting policy that was up-to-date and had a date to be reviewed. Staff we spoke with told us they knew how to report incidents on the service's intranet which was accessible from computers at the location or by mobile devices while out of the office at scenes.

All staff we spoke with were open and transparent, and fully committed to reporting incidents and near misses. The level and quality of incident reporting showed the levels of harm and near misses, which ensured a thorough picture of quality. Staff understood and could explain duty of candour and were able to give examples of how they would apply this.

Staff reported serious incidents clearly and in line with the service policy. In the period January to December 2022 there were 240 incidents recorded which included patient and equipment incidents and there were 106 vehicle incidents reported. We reviewed 2 incidents reports on site during the inspection which showed staff raised concerns and reported incidents and near misses in line with the services incident reporting policy. We saw evidence of the results of these being discussed at the senior management team and governance meetings and feedback to staff to discuss lessons learnt.

Is the service effective?

Good



This is the first rating of this service. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. .

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Policies and standard operating procedures reflected up-to-date and relevant legislation and guidance set out by relevant national public bodies and committees including the Joint Royal Colleges Ambulance Committee (JRCALC) The National Institute for Health and Care Excellence (NICE) and NHS England.

Staff we spoke with explained how they worked to service guidelines, and we reviewed some of the service's standard operating procedures, all of which were in date, and had a date for review.



Emergency and urgent care

All clinical operations were reviewed by the Lead Clinician to identify learning points. These learning points were disseminated using monthly newsletters and bulletins, together with mini-Continuing Professional Development (CPD) and case studies through the staff portal. This portal also allowed staff access to policies, procedures, and standard operating procedures as well as company news.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice. All the staff we spoke with explained the importance of protecting the rights of people who may lack capacity or be in a mental health crisis. Staff knew how to apply common law and ensure any medical intervention would be undertaken if considered to be in the best interest of the patient.

The service was assured new and existing staff had read and understood policies and procedures.

Pain relief

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

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. We saw from our review of a sample of patient notes that pain scores and pain relief had been correctly recorded. Crews were experienced in observing and responding to patients who were experiencing pain. Staff described how they were able to assess pain levels where patients had difficulty in communicating by using translator and pictorial apps on their devices and their clinical judgement to manage patient needs.

Response times

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

The service worked under a service level agreement with NHS Ambulance Trusts. The service had a call handling centre which would receive requests from the NHS Ambulance Trusts and Hospitals and would allocate ambulances according to need. Response times were monitored under service level agreements and the service met regularly with stakeholders to review performance.

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 participated in relevant national clinical audits through submitting data to the local NHS trust. Outcomes for patients were positive, consistent, and met expectations, of the commissioner's service level agreements. Managers and staff used the results to improve patients' outcomes.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. These included medication and patient care notes audits.



Emergency and urgent care

Managers shared and made sure staff understood information from the audits through the staff portal

Improvement as checked and monitored and discussed in senior management team and governance meetings.

The NHS Ambulance Trust undertook governance / assurance reviews as part of the service level agreement.

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 had the skills they needed to carry out their roles effectively and in line with best practice. The learning needs of staff were identified, and training was provided to meet these needs. Staff were supported to maintain and further develop their professional skills and experience.

Managers gave all new staff a full induction tailored to their role before they started work. A structured and comprehensive induction checklist was in place, and we saw evidence of these being completed. We spoke with staff who confirmed they had received a comprehensive induction on starting with the service and were receiving ongoing training and supervision.

Managers supported staff to develop through yearly, constructive appraisals of their work. We reviewed the appraisal records of 32 staff. All included comments from staff, identification of developmental needs and training required. All staff spoken with confirmed that they had received supervision and appraisals.

The clinical educators supported the learning and development needs of staff. We were shown a continuing professional development (CPD) magazine that was distributed to all staff, which contained CPD updates, clinical articles, and case studies.

Managers identified poor staff performance promptly and supported staff to improve.

Multidisciplinary working

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

Due to the nature of pre-hospital emergency medicine, the service team worked with a wide range of other professional staff including the police, ambulance staff, hospital staff and after care services. Staff had knowledge of any relevant clinical concerns and shared these in a professional manner during handovers with other emergency services and the receiving emergency department.

Staff held regular and effective multidisciplinary (MDT) meetings to discuss patients and improve their care. These included monthly senior management team and quarterly clinical governance meetings.



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Staff described a truly holistic multiapproach to assessing, planning, and delivering care and treatment to all people who used services. Staff proactively worked together to identify and minimise risks to patients, and they had used research and innovation as a team to improve patient outcomes.

Staff worked across health care disciplines and with other agencies when required to care for patients and described positive working relationships.

Seven-day services

Key services were available 7 days a week 24 hours a day to support timely patient care.

The service had its own call handling service that was linked to the 999 service, allowing ambulances to be despatched in a timely way 24 hours a day 7 days a week.

Health Promotion

Staff gave patients practical support and advice to lead healthier lives.

The service provided relevant information for patients to promote healthier lifestyles and staff could sign post patients to other support and services where needed.

The service was involved in local health promotion initiatives such as the 'Alright my liver' a gastro endocrine health initiative in the local area.

Consent, Mental Capacity Act and Deprivation of Liberty safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff gained consent from patients for their care and treatment in line with legislation and guidance. When patients could not give consent, staff made decisions in their best interest, considering patients' wishes, culture and traditions.

Staff made sure patients consented to treatment based on all the information available. We saw 3 sets of patients notes and staff had clearly recorded consent in the patients' records and had photographic evidence of having seen the original do not resuscitate forms.

Staff spoken with 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 knew who to contact for advice.

Staff could describe and knew how to access policy and get accurate advice on Mental Capacity Act and Deprivation of Liberty Safeguards through the staff portal.



Emergency and urgent care

Is the service caring?

Good



This is the first rating of this service. 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.

Staff followed policy to keep patient care and treatment confidential. Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs.

Staff understood and respected the personal, cultural, social, and religious needs of patients and how they may relate to care needs. People were truly respected and valued as individuals.

We reviewed a 'plaudit log' which had 94 entries kept by the service which recorded remarks made by service users. These records gave examples of the employee's professionalism, knowledge and support the crews had shown during the incident.

Staff were described, in patient responses, as discreet and responsive when caring for patients. During the inspection when speaking with staff, we observed a strong, visible person-centred culture. Staff we spoke with were highly motivated and inspired to offer care that was kind and promoted people's dignity.

Emotional support

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

Staff understood the emotional and social impact that a person's care, treatment, or condition had on their wellbeing and on those close to them. The plaudit log gave examples of staff providing support for patients who became distressed in an open environment and helped them maintain their privacy and dignity.

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.

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

Feedback on the service showed that staff talked to patients in a way they could understand, using communication aids where necessary. Staff explained that in the many cases patients might not be able to communicate due to the nature



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of their condition. Staff described the importance of still communicating with the patient as if they were conscious and explaining everything they were going to do to them. If patients were conscious, but unable to verbally communicate, staff had a pictorial app on their device that they could use to write details on, or draw pictures to explain, or ask patients to write details down if they were able.

Staff spoken with were fully committed to working in partnership with people and making this a reality for each person. They show determination and creativity to overcome obstacles to delivering care. People's individual preferences and needs were reflected in how care was delivered and this was reflected in the feedback in the plaudit log and from conversations we had with stakeholders.

Is the service responsive?

Good



This is the first rating of this service. 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.

Managers planned and organised services, so they met the needs of the local population and the local Health Trusts. The location of ambulance stations had been planned with consultation from the local NHS ambulance trust.

Facilities and premises were suitable for the services being delivered and services were inspected by the local ambulance trust.

Staff could access emergency support 24 hours a day, 7 days a week for patients with mental health problems, learning disabilities and dementia. The service had systems to help care for patients in need of additional support or specialist intervention.

Managers collected detailed information on all jobs and could identify areas of most demand and had planned the position of bases and resources accordingly.

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.

All clinical staff had received additional training to enable them to meet the needs of people living with mental health problems, learning disabilities and dementia. Staff made sure patients living with mental ill health, learning disabilities and dementia, received the necessary care to meet all their needs.



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Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Staff had access to communication aids to help patients become partners in their care and treatment. This included applications on their electronic devices for translation and pictorial software for communication where speech was impaired.

Access and flow

People could access the service when they needed it, in line with agreed service level agreements from the commissioners of the service, and received the right care in a timely way.

Access to the service was by 999 calls. Managers monitored patient transfers, followed national standards and staff supported patients when they were referred or transferred between services.

The service monitored performance against targets for response times. Staff acted to minimise the time people had to wait for treatment.

Data from the Ambulance Trust is collected monthly. For January 2023 Category 1 calls, for those people with life threatening injuries and illnesses 407 incidents attended by the service, Category 2 calls, for emergency calls such as stroke cases, 1,004, Category 3 calls, for those where the patient may be treated in their own home, 576 and Category 4 calls, for those less urgent calls, 24. There had been a reduction in numbers since November and December 2022.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received.

Patients and relatives knew how to complain or raise concerns. The website had a section for complaints and feedback. There was a poster with an easy-to-use QR code in each ambulance that linked to the feedback section on the company website.

Complaints to investigate were received by the contract manager and allocated out to relevant individuals to investigate. All complaints were recorded on a risk management system and discussed at the senior management team meetings. There were 36 complaints recorded for the period January to December 2022, with a further 67 incidents recorded on the NHS ambulance trust recording system for the same period. We saw evidence that these were discussed with the service, and we were provided with a copy of the complaint log which had recorded the receipt, progress, and resolution of complaints. We case tracked 1 example of a complaint and reviewed minutes of governance and senior management team minutes which reflected discussion of complaints.

Managers received training in complaints and duty of candour together with how to investigate including how to obtain a statement.

Is the service well-led?



This was the first rating of this service. We rated it as outstanding.



Emergency and urgent care

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

Leaders had an inspiring shared purpose, strove to deliver and motivated staff to succeed. Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

The service had a comprehensive leadership structure, with clearly defined roles and responsibilities at all levels.

All staff we spoke with told us the registered manager was visible, highly committed to the services' aims and mission, extremely experienced and approachable to all and that they had spent time with people in all roles across the service to understand their needs and promote the services mission.

During the inspection we were informed about how ambulance crew accessed support for any issue and the service provided 24 hours / 7 days a week managerial advice and support.

The Chief Executive Officer who was also the Registered Manager of the service, led a highly experienced and established team which included the Directors of Operations for Emergency and Urgent Care and the Patient Transport Services, a lead clinician with responsibility for training, and the services of a medical consultant, to advise on governance and training

During the inspection we observed compassionate, inclusive, and effective leadership at all levels.

Leaders supported staff to develop their skills and take on more senior roles. Staff gave examples of career progression and support to take on projects, such as access to the paramedic apprenticeship programme.

Leaders at all levels demonstrated high levels of experience, capacity and capability needed to deliver excellent and sustainable care. The service invested in the development of leadership roles across the service, to create new roles to respond to increased demands within the service.

There were clear priorities for ensuring sustainable, compassionate, inclusive, and effective leadership, and a leadership strategy and development programme. This included succession planning. We spoke with all grades of staff who stated that they had undertaken training and refresher training for their roles.

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. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.



Emergency and urgent care

There was a clear vision and a set of values including quality and sustainability. There was a realistic strategy for achieving the priorities and delivering good quality sustainable care. The vision, values and strategy had been developed using a structured planning process in collaboration with staff, people who used services, and external partners. Staff we spoke with knew and understood what the vision, values and strategy were, and their role in achieving them. Induction records showed the inclusion of training on the service's vision and values in the induction process.

The service had grown over the preceding 4 years, and had succeeded in expanding its workforce from 248 staff to 548, whilst also increasing the numbers of vehicles and sites. During this period the service had maintained the quality and safety of the service.

Culture

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

There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between people who used the service, those close to them and staff were strong, caring, respectful and supportive. These relationships were highly valued by staff and promoted by leaders.

We spoke with 6 staff who said they were proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively supported this process. We were told the service was in the process of appointing a freedom to speak up guardian and developing a staff satisfaction tool.

All staff spoken with stated they felt valued, supported, and listened to, and that they were included in the decision making of the service.

Equality and diversity were promoted within and beyond the organisation. Mandatory training records showed 85.6% of staff had completed equality and diversity training. The service undertook fundraising work for groups working with people with mental illness, the elderly, and provided first aid and advice for events such as Welsh Pride for the Lesbian, Gay, Bisexual, Transgender (LGBT) community.

The culture encouraged openness and honesty at all levels within the organisation, including people who used services, in response to incidents. Staff we spoke with understood the importance of raising concerns and felt they would be listened to by senior managers. The service had a duty of candour policy and understood the importance of being honest when things didn't go as planned.

There were cooperative, supportive, and appreciative relationships among staff. Teams and staff worked collaboratively, shared responsibility and resolved conflicts quickly and constructively. We were shown staff feedback records, which encouraged positive responses. These responses were used in the identifying and rewarding of staff in an initiative called 'the extra mile'. This initiative acknowledged staff who had exceeded in their performance.

The service had an embedded method of raising concerns and staff told us they felt comfortable in doing this. Staff and managers spoke passionately about the service, about patient care and how they felt valued by the team and wider management.



Emergency and urgent care

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Governance arrangements were proactively reviewed and reflected best practice. The service had quarterly governance meetings and had a systematic approach to working with other organisations to improve patient outcomes and staff saw the opportunity of working with other organisations in key to improving services. There were clear lines of accountability for governance.

All levels of governance and management functioned effectively and interacted with each other. The senior management team reviewed governance meetings minutes and audits. The service disseminated governance information through the staff newsletter, CPD magazine and memos. A staff portal on the service webpage provided information on policies and standard operating procedures which were updated regularly.

Staff at all levels were clear about their roles and understood what they were accountable for, and to whom. The service provided job descriptions and a comprehensive induction for all staff which included an introduction to the company structure and lines of reporting and accountability.

Arrangements with partners and third-party providers were governed and managed effectively to encourage appropriate interaction and promote coordinated, person-centred care.

External partners conducted quality reviews of the service, regular meetings were held to review key performance indicators, share learning, and review service level agreements.

Management of risk, 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 contributed to decision-making to help avoid financial pressures compromising the quality of care.

The organisation had assurance systems and performance issues were escalated through clear structures and processes. These included regular Senior Management Team and Governance meetings, from which discussions and action points were disseminated through the staff portal, staff and CPD magazine.

These meetings discussed and contributed to the service risk register and business continuity plans. An example of the planning and implementation of the findings of these meetings was the allocation of resources, emergency planning and the acquisition of extra vehicles in case of an unplanned, greater demand on services.

The service used a range of performance indicators to measure and benchmark performance and identify where improvements were required and celebrate success. These included a clinical audit structure and independent quality audits undertaken by the local ambulance trust.



Emergency and urgent care

Staff identified and escalated relevant risks and issues and identified actions to reduce their impact. The service had a risk register that reflected the up-to-date risk profile for the service. Risks were rated appropriately and had mitigations, time frames for review and named individuals responsible for updating and mitigating the risks. Reports demonstrated action was taken when required and improvements monitored. The risk register was comprehensive and reflected the concerns of managers and staff.

The service had plans to cope with unexpected events and had up to date and detailed business continuity plans and comprehensive processes for managing major incidents. Staff knew where to find these plans and knew their role in each of them.

The service planned and trained for major incidents with other emergency services and provided a venue for multi-agency serious incident management training.

Information Management

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

Leaders could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure, including those where patient records and quality and performance details were recorded.

The service had secure electronic systems with security safeguards including individual usernames and passwords for each member of staff. The physical security of the location was secure, only people with security access could enter the building out of office hours and all visitors' identities were carefully confirmed before allowing the entry, and identity badges provided.

The service had up to date data sharing agreements in place with key stakeholders in relation to patient care and outcomes. Staff we spoke to across the teams were committed to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement of patient outcomes.

Staff had training on how to keep information secure. We looked at records that showed all staff were given information governance and general data protection regulations (GDPR) training. Training records for 2022 should that 82.9% of staff had undertaken Information Governance training.

We were shown a copy of a receipt for submission, undated, of the service's information governance toolkit.

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.



Emergency and urgent care

Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. Engagement with patients and relatives to share their stories and gather feedback was a key part of the services' culture.

We spoke with staff who stated they had been supported by the service to undergo further training to develop in their role and interests. All staff spoken with confirmed they received regular supervision.

Staff informed us of visits to medical museums and other places of interest having been organised by the service as part of their ongoing professional development.

Staff were encouraged to share their views -with their peers, and we were informed that the senior management team meetings were structured to allow free exchange of ideas and views to assist in creativity.

We were shown a staff support initiative, that provided financial support to staff when needed. Staff spoken with described this as a very valuable and highly appreciated support offered by the service and gave examples of how this had made a difference to staff welfare.

The service employed trauma risk management (TRIM) practitioners to support staff where needed and were providing training for their own staff to become TRIM practitioners. The service provided a welfare lounge, which displayed support resources for staff and where they could receive debrief and support following incidents.

Patients views and experiences were gathered through satisfaction surveys and acted on, to shape and improve the services and culture. The service kept a database, and we were shown response charts from the local NHS Trust who had conducted a patient satisfaction survey of Bristol Ambulance involving 62 patients. All results were positive.

We spoke with staff from local NHS Trusts who described a positive and collaborative relationships with external partners, to build a shared understanding of challenges within the system and the needs of the relevant population.

Learning, continuous improvement and innovation

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

There was a fully embedded and systematic approach to improvement, which made consistent use of a recognised improvement methodology. We were told that improvement methods and skills were available and used across the organisation, and staff were empowered to lead and deliver change.

Leaders and staff aspired to continuous learning, improvement, and innovation. This included participation in collaboration with external organisations in the development of joint training initiatives.

The service has links with a local university and a college to provide training and placement opportunities for health and social care and paramedic students.

Managers told us that they work with the local fire and ambulance services to provide realistic working environments to train staff on emergency equipment and incident management. This included using a car to train staff on how to use various items of emergency equipment



Emergency and urgent care

The service has developed a paramedic training course in collaboration with a third-party Education provider while also supporting a local university with student placements.

The service worked with the local hospital trust to devise and implement a training programme to allow students to carry out learning placements in hospital departments, including the Emergency Department, Elderly Care, Maternity and Theatres.

The service had developed a communication tool that allowed the paramedic while at the scene of an incident, to have conference calls with all specialists likely to be involved in the patients care and treatment. This facilitated informed advice and more accurate forward planning of resources.

To ensure that the routine maintenance and repair of equipment could be addressed without delay, the service had established fleet servicing facilities for its vehicles and equipment and the service could also be accessed by the staff.

The service adapted a multi terrain vehicle for use in causality removal from environments that could not be accessed by 4x4 vehicles

The service provided an initiative called the 'Night-time Economy', across the south-west region providing a safe space and support for those that become vulnerable due to use of alcohol or drugs to divert from unnecessary admission to Emergency Departments.

The service had provided equipment and emergency vehicles for Ukraine

The service provided a mobile allergy clinic in partnership with a local children's hospital

Body worn CCTV camera system had been provided to staff to help protect staff against acts of violence or aggression.



Patient transport services

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

Is the service safe?

Outstanding



We had not previously rated this service. We rated it as outstanding.

For our detailed findings on assessing and responding to patient risk, medicines, and incidents, please see under these subheadings in emergency and urgent care report.

Mandatory training

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

The service did not distinguish between staff working on the patient transport and urgent and emergency vehicles in relation to mandatory training. For our detailed findings on mandatory training please see under this sub heading in the emergency and urgent care report. Staff working in the secure transport service undertook restraint, and mental health act training.

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 received training specific for their role on how to recognise and report abuse. Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns.

For our detailed findings on safeguarding please see under this sub heading in the emergency and urgent care report.

Cleanliness, infection control and hygiene



Patient transport services

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

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Staff followed infection control principles including the use of personal protective equipment (PPE). Staff cleaned equipment after patient contact.

For our detailed findings on cleanliness and infection control please see under this sub heading in the emergency and urgent care report.

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 location stored both emergency medical service and patient transport service vehicles, including a vehicle adapted for secure transportation of patients. Patient transport vehicles inspected were found to be clean and in good condition. Cleaning records were in date and all equipment was cleaned after patient contact. Staff carried out daily checks of specialist equipment and vehicles before deploying. We observed that equipment was properly labelled and sign out sheets were in use and correctly filled in.

All relevant equipment was stored correctly, including medical gases.

Staff informed us that broken equipment was replaced straight away and new equipment purchased when need was identified.

For our detailed findings on the environment and equipment please see under this sub heading in the emergency and urgent care report.

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

Referrals to the secure patient transport service were received by call handlers. We were shown a risk assessment and accompanying matrix which was used as part of the assessment process. Once completed from the information supplied it was passed onto the clinical lead and the manager responsible for the service. A senior manager was on call to provide assistance, if required, throughout the journey. Staff were aware of their responsibilities under the Mental Health Act.

The use of restraint was understood and monitored, and less restrictive options were used where possible.

For our detailed findings on assessing and responding to patient risk please see under this sub heading in the emergency and urgent care report.

Staffing



Patient transport services

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, agency and locum staff a full induction.

The service had enough staff to keep patients safe. Managers accurately calculated and reviewed the number and grade of staff need for each shift in accordance with required skill set and knowledge. The call handlers also used a risk assessment tool and an electronic rostering system to plan service delivery across the patient and secure transport services.

For our detailed findings on staffing, please see under this sub heading in the emergency and urgent care report.

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.

Staff gave a verbal and written handover to receiving staff on completion of journey.

For our detailed findings on records please see under this sub heading in the emergency and urgent care report.

Medicines

Where patients were transported that might require sedation, the service ensured that a nurse accompanied the patient on the journey. The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines by using a risk assessment tool. We were told that there were 10 staff working in the secure transport part of the service; they were trained in using restraint and de-escalation techniques and the use and effects of rapid tranquillisation.

Incidents

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

For our detailed findings on incidents please see under this sub heading in the emergency and urgent care report.

Is the service effective?

Good



We have not previously rated this service. We rated it as good.

Evidence-based care and treatment



Patient transport services

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

For our detailed findings on evidenced based care and treatment please see under this sub heading in the emergency and urgent care report.

Pain Relief

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

Staff assessed and monitored patients pain using a recognised tool and gave pain relief in line with individual needs and best practice. Staff followed Joint Royal Colleges Ambulance Liaison Committee guidelines for the administration of pain relief.

For our detailed findings on pain relief please see under this sub heading in the emergency and urgent care report.

Response times

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

Response times were audited and reviewed against key performance indicators that were agreed with the local hospital trusts. These were discussed at the regular service level agreement review meetings.

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. Managers gave all new staff a full induction tailored to their role before they started work.

Managers supported staff to develop through yearly, constructive appraisals of their work.

Managers supported clinical staff to develop through regular, constructive clinical supervision of their work. The clinical educators supported the learning and development needs of staff.

There is a clear and appropriate approach for supporting and managing staff when their performance is poor or variable.

For our detailed findings on competent staff please see under this sub heading in the emergency and urgent care report.

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 worked with other agencies when required to care for patients who required sedation.

Where unexpected discharges, transfers and transitions occur, processes were in place that did not leave people unduly at risk, including communicating people's specific, individual needs.

For our detailed findings on multi-disciplinary working please see under this sub heading in the emergency and urgent care report.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

For our detailed findings on health promotion please see under this sub heading in the emergency and urgent care report.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Consent to care and treatment is obtained in line with legislation and guidance, including the Mental Capacity Act 2005 and the Children's Acts 1989 and 2004. People were supported to make decisions and, where appropriate, their mental capacity was assessed and recorded. Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

Staff clearly recorded consent in the patients' records.

Staff could describe and knew how to access policy on Mental Capacity Act and Deprivation of Liberty Safeguards.

For our detailed findings on consent please see under this sub heading in the emergency and urgent care report.

Is the service caring?

Good



We have not previously rated this service. 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.



Patient transport services

We accompanied the PTS staff on a patient journey and observed that staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way.

Patients we spoke with stated that staff treated them well and with kindness.

We observed that staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs.

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

Emotional support

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

We observed staff were attentive to individual patient concerns and reassured any patients who were anxious or distressed. We saw that staff engaged fully with the patients to put them at their ease. We observed crews to be very caring and compassionate with patients and it was evident that they took a holistic approach.

Understanding and involvement of patients and those close to them

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

We observed that staff communicated with people and provided information in a way that they understood. People understood their condition and their care, treatment and advice. People and staff worked together to plan care.

We observed that staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Patients and their families could give feedback on the service and their treatment and staff supported them to do this.

For our detailed findings on the understanding and involvement of patients and those close to them please see under this sub heading in the emergency and urgent care report

Is the service responsive?

Good



We have not previously rated this service. 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.



Patient transport services

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes. The service also provided a limited number of private transfer services for patients moving between different care facilities. Between January to December 2022 there had been 2,615 of these privately funded journeys.

Managers planned and organised services, so they met the changing needs of the local population.

Facilities and premises were appropriate for the services being delivered.

Staff could access emergency mental health support 24 hours a day 7 days a week for patients with mental health problems, learning disabilities and dementia.

The service had systems to help care for patients in need of additional support or specialist intervention.

For our detailed findings on service delivery, please see under this sub heading in the emergency and urgent care report.

Meeting people's individual needs

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

For our detailed findings on meeting individual needs please see under this sub heading in the emergency and urgent care report.

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 in line with agreed key performance indicator set by the commissioners of the service. This was monitored by local Trusts through their service level agreements and discussed at regular meetings with commissioners of the service.

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 clearly displayed information about how to raise a concern in patient areas.

Staff understood the policy on complaints and knew how to handle them

For our detailed findings on complaints and concerns please see under this sub heading in the emergency and urgent care report.

Outstanding



Patient transport services

Is the service well-led?

Outstanding



We have not previously rated this service. We rated it as outstanding.

For our detailed findings on leadership, vision and strategy, culture, governance, management of risk, issues and performance, information management, engagement and on learning, continuous improvement and innovation please see under these subheadings in the emergency and urgent care report.