

Heart Medical Limited

Heart Medical HQ

Quality Report

Spa Street Works

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Date of inspection visit: 24 January 2018

Date of publication: 24/04/2018

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.

Summary of findings

Letter from the Chief Inspector of Hospitals

Heart Medical HQ is operated by Heart Medical Limited. The service is based in Ossett, West Yorkshire. The main service provided is patient transport services.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 24 January 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.

Services we do not rate

We regulate independent ambulance services but we do not currently have a legal duty to rate them. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

We found the following areas of good practice:

- The service had systems to monitor the quality and safety of the service. The use of audits, risk assessments and recording of information related to the service performance was to a high standard.
- The managers were clear about the vision and strategy of the organisation to make sure it provided high quality care.
- The management team worked with the NHS hospital trust to provide services, which met the needs of local people.
- The service had enough skilled staff to safely carry out the booked patient transfers and ensured a minimum of two staff were allocated to each patient transfer. The staffing levels and skill mix of the staff met the patients' needs.
- All vehicles and the ambulance station were visibly clean and systems were in place to ensure vehicles were well maintained.
- All equipment necessary to meet the various needs of patients was available.
- There were effective recruitment and systems to support staff.
- The service employed competent staff and ensured all staff were trained appropriately to undertake their roles. Staff had a clear understanding of the Mental Health Act (1983) and were aware of their role and responsibilities.
- Staff demonstrated exceptional pride in their role and we heard examples where they had shown care and compassion when treating patients. The provider sought to gain feedback from patients using a patient feedback form.
- We saw, that the leadership of the service was open, approachable and inclusive and staff confirmed this.

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

- The service did not keep a record of the safeguarding incidents that were referred directly to the NHS trust. However, a new reporting log had been developed for staff to record this information.

Following this inspection, we told the provider that it should make other improvements, even though a regulation had not been breached, to help the service improve. Details of these are at the end of the report.

Ellen Armistead Deputy Chief Inspector of Hospitals (North Region), on behalf of the Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

**Patient
transport
services
(PTS)**

Rating

Why have we given this rating?

We have not rated this service because we do not currently have a legal duty to rate this type of service or the regulated activities, which it provides.

The provider's main service was patient transport services.

Heart Medical HQ

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Background to Heart Medical HQ

Heart Medical HQ is operated by Heart Medical Limited. The service opened in 2016. It is an independent ambulance service in Ossett, West Yorkshire. The service primarily serves the communities of the Yorkshire and the Humber.

The service provides patient transport services to Yorkshire Ambulance Service NHS Trust and North East

Ambulance Service NHS Foundation Trust including transporting dialysis patients and those discharged from hospital. The service provides repatriation from airports to local hospitals and event cover, which is out of the scope of CQC regulation.

The service has had a registered manager in post since 2016.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, one other CQC inspector, and one specialist advisor with expertise in governance and patient transport services. The inspection team was overseen by Lorraine Bolam, Head of Hospital Inspection.

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

Heart Medical HQ is an independent ambulance service with an operational base in Ossett, West Yorkshire and a remote station in Durham. The service provides mainly patient transport services. The service also provides events cover and repatriation, which is outside of the scope of CQC regulation.

The service is registered to provide the following regulated activities:

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

During the inspection, we visited the Ossett, West Yorkshire base. We spoke with 10 staff including patient transport drivers and management. During our inspection, we reviewed eight sets of patient records.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service has not previously been inspected by CQC.

In the period January to December 2017 there were 12,740 patient journeys undertaken.

Four patient transport drivers, 10 ambulance care assistants, one ambulance technician and four crew managers worked at the service.

Track record on safety from January to December 2017. The provider reported:

- No never events
- No serious injuries
- One complaint

Summary of findings

We found the following areas of good practice:

- The service had systems to monitor the quality and safety of the service. The use of audits, risk assessments and recording of information related to the service performance was to a high standard.
- The management team worked with the NHS hospital trust to provide services, which met the needs of local people.
- The service had enough skilled staff to safely carry out the booked patient transfers and ensured a minimum of two staff were allocated to each patient transfer. The staffing levels and skill mix of the staff met the patients' needs.
- All vehicles and the ambulance station were visibly clean and systems were in place to ensure vehicles were well maintained.
- All equipment necessary to meet the various needs of patients was available.
- There were effective recruitment and systems to support staff.
- The service employed competent staff and ensured all staff were trained appropriately to undertake their roles. Staff had a clear understanding of the Mental Health Act (1983) and were aware of their role and responsibilities.
- Staff demonstrated exceptional pride in their role and we heard examples where they had shown care and compassion when treating patients. The provider sought to gain feedback from patients using a patient feedback form.
- We saw, that the leadership of the service was open, approachable and inclusive and staff confirmed this.

Patient transport services (PTS)

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

- The service did not keep a record of the safeguarding incidents that were referred directly to the NHS trust. However, a new reporting log had been developed for staff to record this information.

Are patient transport services safe?

At present we do not rate independent ambulance services:

We found the following areas of good practice:

- The service had an effective incident reporting and investigation procedure and ensured that the learning from any incident was shared with staff.
- All vehicles and the ambulance station were visibly clean and systems were in place to ensure vehicles were well maintained.
- All equipment necessary to meet the various needs of patients was available.

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

- The service did not keep a record of the safeguarding incidents that were referred directly to the NHS trust. However, a new reporting log had been developed for staff to record this information.

Incidents

- The service had an accident and incident reporting policy. The policy described how accidents and incidents should be reported, investigated and the learning shared with staff. Incidents were risk assessed into categories of low, medium and high in line with guidance issued by the Health and Safety Executive. Staff could report incidents using a reporting form.
- We reviewed the service's incident log and found that there was differentiation made between serious incidents, incidents, near misses, complaints and safeguarding concerns. This meant the service was able to assess and analyse incidents as well as identify themes and trends or areas for improvement
- The service reported seven incidents and four near misses between January 2017 and December 2017.
- The service had not reported any serious incidents from January to December 2017.
- The service reported that there were no never events in the last 12 months. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.

Patient transport services (PTS)

- We reviewed seven incident reporting forms. A root cause analysis was completed after the incident and included the lessons learnt and recommendations to prevent recurrence. In addition, staff completed a reflective log following each incident. We saw evidence that showed the learning shared with staff through meetings, discussions and newsletters.
- The service had a procedure for the duty of candour. Duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.
- Staff we spoke with understood the duty of candour regulations and the requirement to be open and honest.

Mandatory training

- The service provided training using an accredited training centre. This meant that all training was externally accredited using industry recognised best practice. The service provided training programmes for the emergency care assistant and ambulance technician roles and supported staff through these programmes.
- All staff were required to complete and record their mandatory training. Examples of training included; basic life support, Mental Capacity Act 2005, dementia awareness, infection control, disability awareness, moving and handling, and information governance. We saw records that showed all staff had completed mandatory training.
- The service provided staff training to undertake vehicles safety checks. This ensured staff were competent to undertake the vehicle checks required.
- There was an effective process for checking driving licences. These checks were completed prior to commencement of employment. We found staff had a record of the completion of a driving licence check. The service had an electronic system that recorded these driving licence checks.
- There was a system to check on driving competence. The managing director told us the service was not contracted to provide blue light driving. However, six members of staff had completed blue light training or an ambulance driver awareness course.

- The operations director showed us that the quality of driving was monitored by a global positioning system (GPS) that was present on all vehicles.

Safeguarding

- The service had a policy for safeguarding children and protecting vulnerable adults from abuse. The policy gave clear guidance to staff on how to report urgent concerns and included contact information for the appropriate local authority safeguarding children or adult teams.
- Staff were aware of guidance related to specific safeguarding issues. The safeguarding policy included the legal requirement for reporting incidents of female genital mutilation (FGM) and the 'PREVENT' strategy for identifying and preventing terrorism.
- The operations director was the safeguarding lead and had completed training in safeguarding vulnerable adults and child protection at level three. All staff completed training in safeguarding vulnerable adults and child protection at level two.
- All staff we spoke with had a good understanding of safeguarding and when they would report an incident. Staff we spoke with could describe the signs of abuse, knew when to report a safeguarding incident, and knew how to do this.
- The managing director told us staff reported safeguarding concerns at the time that they occurred directly to the NHS Trust that they worked with, and to the service's safeguarding lead. Staff had reported two safeguarding in the last 12 months.
- We noted the service did not keep a record of the safeguarding incidents that were referred directly to the NHS trust. The safeguarding lead showed us a new reporting log had been developed and staff are required to record the type of concern, the level of risk and whom the concern had been reported to. No safeguarding incidents had been reported since the new process had been implemented.

Cleanliness, infection control and hygiene

- There was a detailed and comprehensive infection prevention and control (IPC) policy. The policy stated staff should follow guidance on hand hygiene, personal protective equipment, environmental cleaning, waste management and uniforms.
- Staff we spoke with were aware of their responsibilities related to IPC. Staff were able to describe the correct

Patient transport services (PTS)

procedures for cleaning following the transport of a patient with an infection. The crews were made aware of specific infection and hygiene risks of individual patients by the information gathered at the time of the booking. The patient's record sheets included an assessment of the patient's status in relation to infections.

- We observed staff complying with good hand hygiene, no wristwatches were worn, and staff uniforms were clean.
- We saw evidence of IPC audits undertaken in August 2017, November 2017 and December 2017. These audits showed a compliance rate between 88% and 100%. We found recommendations as part of the audit; these were included within a monthly quality report that was discussed by the senior management team.
- We observed segregation of clinical and non-clinical waste took place and processes were in place for the removal of clinical waste.
- The sluice room contained colour coded buckets, disposable mops and cleaning materials that were clearly labelled. Posters clearly displayed the colour coding system. Additionally, there was a dirty entrance and clean exit to the sluice room and the floor was marked as dirty and clean. There was enough space should the ambulance crew need to hose down a stretcher.
- The IPC policy contained four schedules of cleaning that were expected for all ambulances. Ambulances were cleaned at the beginning and end of each shift, after each patient journey, weekly and deep cleaned six to eight weekly. An externally contracted company undertook this work. A deep clean involves cleaning a vehicle to reduce the presence of certain bacteria. A deep cleaning checklist was used to show when and what area of the vehicles were cleaned
- Crews were required to ensure their vehicle were fit for purpose, before, during and after they had transported a patient. All of the vehicles we viewed were clean, tidy with fixtures and fittings in good repair, and easy to clean. Decontamination cleaning wipes were available on all vehicles. The crew assigned to the vehicle each day completed the day-to-day cleaning of vehicles. We saw that the daily records for the vehicles cleaning regime had been completed.
- We observed hazardous spillage equipment was available on the ambulance.
- Data provided by the service showed that all staff had completed infection prevention and control training.

Environment and equipment

- The service had 10 ambulances, but only eight of these were operational at the time of our inspection. The managing director told us only five of these vehicles were operational at any one point in time so there were always reserves in the fleet. There were contracts in place with two suppliers to hire additional vehicles if required.
- The premises were clean and tidy with adequate space to safely store the vehicles. In addition, the unit provided a suitable environment for the control centre. There was a well-equipped training room, office space, facilities for staff, cleaning and separate storage areas.
- The storeroom was clean and tidy with stores clearly labelled in plastic tubs kept off the floor. There was evidence of good stock rotation and all consumables were in date.
- Staff told us they had no issues with lack of equipment or stores.
- We observed the vehicles were stocked with equipment for the treatment of adults and children. Safety harnesses were available for the transport of children, however, were not always stored on the ambulance due to the nature of the patient transport service.
- Safety appliance testing of electrical equipment was carried out annually. Stickers were used to confirm servicing had been done and these were up to date.
- Managers told us that all drivers had their driving licence and eligibility to drive vehicles checked prior to employment and on an ongoing basis by the Driver and Vehicle Licensing Agency. We saw evidence of these checks.
- The service kept a spreadsheet for vehicle maintenance, which clearly showed when vehicles were last, maintained and when the Ministry of Transport safety tests certificates were undertaken and next due. Records were kept for each vehicle that included the vehicle logbook, service history, insurance and road tax payments.

Medicines

- The service had a medicine management policy that was in date. Staff were able to describe how they handled patients' own medicines during transfer and understood the importance of handing them over to nursing or medical staff correctly.

Patient transport services (PTS)

- The service had medical gases such as Entonox and oxygen. The service did not have other prescribed medicines. Medical gases were stored in a cage in a locked garage with used and empty cylinders clearly separated. The cage had hazard warning signs. Gases were obtained directly from the external supplier. Oxygen and analgesic gases were securely stored on the ambulances.
- Staff we spoke with knew about their responsibilities when administering oxygen. The amount of oxygen that patients required was requested as part of the booking procedure and the relevant information was passed to staff prior to transport.
- Staff had received training in oxygen administration and told us they referred to guidelines issued by Joint Royal Colleges Ambulance Liaison Committee (JRCALC).
- On the station, the storeroom contained three banks of locked metal drug cabinets for the storage of medicines. Each cabinet was locked and secure and only appropriate staff had access to the code for these cabinets. The service had emergency medicines that were stored securely and within their expiry date.
- There were no controlled drugs on site, as the service did not employ paramedic staff directly. However, the service had a process in place should a paramedic and controlled drugs be required.

Records

- There was an information systems security policy, a data protection policy, a freedom of information policy and an information governance policy. These were all in date and had a review date.
- During transport, the staff used a patient care form to record all observations and process. Completed patient report forms (PRF) were taken from the vehicle daily and placed in a locked metal box on station.
- We observed that all patient identifiable information was stored securely in a locked cabinet, in a locked room to protect confidentiality.
- We reviewed seven PRF records. We found that these had all been fully and clearly completed.
- All staff were aware of the process to ensure do not attempt cardio pulmonary resuscitation (DNACPR) decisions were up to date and recorded. All records travelling with patients were appropriately stored and handed over to the receiving provider correctly.

Assessing and responding to patient risk

- The service had a scope of practice policy that detailed what staff should do if a patient deteriorated during a journey. The managing director told us the procedure was covered in induction training.
- The ambulance crew we spoke with had a clear understanding about what to do if a patient deteriorated during a journey. They told us they would pull over their ambulance and dial 999 for emergency assistance. Staff could also call the hospital they were working with to access clinical advice.
- The ambulance that was in operation for patient transport services was equipped with an automatic external defibrillator (AED) and oxygen that could be used in the event of an emergency. This equipment was checked daily by staff and we observed that they were in good working order on the day of the inspection.
- All staff received first aid training as part of their induction. This included providing cardiopulmonary resuscitation (CPR) and the use of oxygen in an emergency.
- Staff had an understanding of DNACPR (do not attempt cardio pulmonary resuscitation) orders, what the documentation looked like and the requirement to carry the relevant paperwork with patients at all times.
- The service did not provide emergency and urgent care service. However, there were processes in place to ensure crews were aware of local protocols for the transportation of patients who required specific hospitals. For example, if a patient had a suspected heart attack or stroke, they would take the patient to the appropriate centre for the treatment of that condition. This may require bypassing the local hospital to go to a tertiary centre.

Staffing

- The service had four managerial staff, a compliance manager, an administrator, four patient transport drivers, 10 ambulance care assistants, an ambulance technician and four crew managers. Ambulance crew were employed and worked solely for Heart Medical.
- Two ambulance crew staff were required for each patient transport journey.
- Staff did not raise any concerns about access to time for rest and meal breaks. The service did not use agency staff but utilised the existing internal team who worked additional shifts on overtime or flexibly where required.

Anticipated resource and capacity risks

Patient transport services (PTS)

- Bookings were made via the NHS trust control room and the crew staff received the information on their tablets. Staff checked that they had received the correct information at handover points and raised issues about the completeness of information, if necessary.
- The managing director told us the service had sufficient staff and vehicles to accommodate bookings for patient transfer.
- The service used a fleet management company to provide vehicles. Breakdown cover was provided as a part of the contract between the service provider and the fleet management company.
- Guidelines and pathways were accessible for the staff, through the service website and intranet. Policy updates were posted in the crew room, staff were required to sign when they had read and understood the policy update.
- Staff whose main role was to transport patients to and from dialysis appointments had a full understanding of the NICE guidance regarding timeliness of the patient's arrival. The team had agreed they would aim to have the patient at their appointment 30 minutes early. We saw records which showed staff were meeting this target.

Response to major incidents

- The service had a business continuity plan that could operate in the event of an unexpected disruption to the service. This included the steps to be taken if there is potential disruption, such as fire or telecommunication system failure.
- The managing director told us they had held discussions with their local hospital NHS Trust regarding supporting and assisting other services in the event of a major incident.
- The managing director told us the response to major incidents was covered in staff induction training.

Are patient transport services effective?

At present we do not rate independent ambulance services.

We found the following areas of good practice:

- Staff followed local protocols for providing safe transfer and transport of patients.
- There was effective co-ordinated care and team working between crews and other NHS staff when moving patients and transferring care from one service to another.
- The service employed competent staff and ensured all staff were trained appropriately to undertake their roles.

Evidence-based care and treatment

- A range of pathways were used that complied with the National Institute for Health and Care Excellence (NICE) guidelines and the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines. These pathways were in line with the NHS Trust from which the service sub-contracted.

Assessment and planning of care

- Patients had their needs assessed and their care provided in line with evidence based practice. If patients did not require transport to hospital then crews would 'see and treat' and additional support or advice would be given if necessary, for example, a referral to the GP, referrals to NHS urgent care services. We saw evidence where staff had offered to transfer patients to hospital but this was declined and advice offered following this.
- Staff used the available information, together with discussions with staff at the discharging service, the patient and their relatives, to plan each journey and complete the transfer safely and with minimum discomfort to the patient
- The service did not transport patients with mental health conditions; however, some staff had received training. Staff training included a module on supporting vulnerable patients and this included mental health and capacity.

Response times and patient outcomes

- The managing director showed us records for patients' transfers that included the time they were discharged from hospital and the time they arrived at their destination. The vehicle tracking system could also be used to monitor each vehicle's progress.
- The operations manager told us they held monthly meetings with a manager at the NHS Trust to review performance and we were shown minutes of these meetings.
- We were provided with data that showed the service exceeded the key performance indicator (KPI) for patients picked up and dropped off within two hours of

Patient transport services (PTS)

the appointment time at 97%. The managing director told us there was room for improvement with the KPI for the collection of short notice patients and strategies had been implemented.

Competent staff

- Staff were given an induction period. The length of time was dependent on experience. The induction included an awareness of policies and procedures. The crews were then given a period where they were paired with established members of staff.
- Staff had a training passport, which was stored in their human resource file, along with copies of training certificates.
- A staff handbook was provided for all staff. This contained general employee information such as appearance and attitudes, human resources policies, and information on health, safety and environment.
- A process had commenced for staff annual appraisal, which included the introduction of a continuing professional development (CPD) portfolio and appraisal documentation. We reviewed ten staff files, and found 1:1 conversations in all where staff had been employed for greater than six months. No staff had been employed for longer than 12 months. The service had plans in place to ensure all appraisals would be completed within the next 12 months.
- There was an induction checklist to ensure that all staff had completed relevant training prior to becoming operational on the ambulance.
- The staff we spoke with thought highly of the education and support that was provided to them.
- Continuous professional development (CPD) was ongoing. We saw a list of available training courses displayed in the ambulance station. Staff also informed us they were emailed when they were due for their annual training update.
- Training was given when needed as a result of incidents, complaints and audit of patient care and outcomes.
- The managing director told us some staff were pursuing the Care Certificate that would improve their knowledge and skills in providing safe and compassionate care.

Coordination with other providers

- The provider had good working relationships with the NHS providers. For example, the managing director told us that they regularly held a contract review meeting with representatives from the NHS trust.

- There were agreed care pathways with the NHS Trusts that sub-contracted the service. These ensured patients were treated in a way to achieve the best possible outcome. We heard examples of pathways followed such as stroke. This meant that patients were taken to the most appropriate hospital, based on their needs.
- There were robust systems to escalate concerns with NHS ambulance trusts and we heard examples where this had occurred.
- All staff were aware of their role and lines of accountability when undertaking NHS sub-contract work. If there were concerns or incidents that required reporting to the NHS providers all staff we spoke with informed us they also called the senior management team to inform them.

Multi-disciplinary working

- The provider had good working relationships with the NHS providers. For example, the managing director told us that they had recently held a contract review meeting with representatives from the NHS trust.
- There was an effective working relationship between the ambulance crew and staff at the control room.
- Staff liaised with the wider multidisciplinary team as necessary. For example, they told us that if they transferred a patient home from an appointment and the staff were concerned they would contact the patient's carers and family if required.
- Staff discussed patients' immediate needs and any changes in their condition or behaviour with hospital staff.

Access to information

- Staff could assess information on the provider's intranet, which was accessed through their website. Any updates were communicated to staff through email and on the ambulance station notice board.
- Bulletins containing operational information from the NHS Trust commissioners were displayed in the station, to ensure staff were up to date on changes.
- A staff handbook contained human resources information and summaries of policies and procedures.
- Staff had electronic tablets, which enabled them to communicate with ambulance control. Staff could use the tablet to access language line. Staff told us that at times connectivity might be interrupted and staff would use their own mobile phones when necessary.

Patient transport services (PTS)

- The service used personal digital assistants (PDA) provided by the local NHS ambulance provider. This meant that staff had access to the control room and were able to have access to all information requested during the booking process. This included special notes to alert staff of patients with pre-existing conditions.
- Staff were able to access information such as policies and procedures electronically and duty rotas via the tablet.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The service had a policy for mental capacity, consent, best interest decisions and deprivation of liberty.
- Staff received training on consent, Mental Capacity Act 2005 (MCA) and deprivation of liberty safeguards as part of their mandatory training.
- Staff we spoke with had some knowledge of mental capacity, best interest decisions and deprivation of liberty safeguards.

Are patient transport services caring?

At present we do not rate independent ambulance services.

We found the following areas of good practice:

- The staff we spoke with showed a commitment to providing high-quality care.
- Staff demonstrated an awareness of involving patients in decisions that were made about their care.
- Staff we spoke with told us they checked on patients, in terms of discomfort, and emotional wellbeing during any patient transport journey.

We were unable to speak with patients during our inspection. We reviewed feedback from staff and patient satisfaction surveys.

Compassionate care

- All the staff we spoke with during the inspection showed a commitment to providing the best possible care.
- Staff told us they took the necessary time to engage with patients. They told us they communicated in a respectful and caring way, taking into account the wishes of the patient at all times. Staff we spoke with told us they maintained patients' privacy and dignity.

- Staff were also concerned about continuity of care after patients' transfers were completed. For example, they checked with patients about the availability of ongoing care and support after the transfer had been made from hospital to home.
- We reviewed feedback from patient-surveys. Patients said staff were caring, kind and professional. We reviewed feedback in staff files, which showed staff members had supported a patient with compassion.
- We spoke with staff who spoke fondly about their patients, if patients' treatment had caused them delay staff would wait to ensure patients made it home safely.

Understanding and involvement of patients and those close to them

- Patients were involved in decisions about their care and treatment. Ambulance crews gave clear explanations of what they were going to do with patients and the reasons for it. Staff told us they checked with patients to ensure they understood and agreed.
- Staff demonstrated an awareness of involving patients, and their relatives or carers, in any decisions that were made about their care.
- Staff provided clear information to patients about their journey and informed them of any delays.

Emotional support

- Staff understood the impact that they could have on patients' wellbeing and acted to emotionally support their patients during transfers.
- Staff we spoke with told us they checked on patients, in terms discomfort, and emotional wellbeing during any patient transport journey.
- Staff we spoke with told us they understood the need to support family or other patients should a patient become unwell during a journey.

Are patient transport services responsive to people's needs?

At present we do not rate independent ambulance services.

We found the following areas of good practice:

- The service worked with two local NHS trusts to provide services that meet the needs of local people.

Patient transport services (PTS)

- Staff checked patients' requirements prior to transporting them to ensure that they were able to meet their needs.
- The staffing levels, shift patterns and availability of vehicles were maintained in line with the NHS trusts contract requirements.

Service planning and delivery to meet the needs of local people

- The main service was a patient transport service, which provided non-emergency transport for patients who were unable to use public or other transport due to their medical condition. This included those attending hospital, outpatient clinics and patients being discharged from hospital wards. The service was inclusive of all patients except mental health patients.
- Patient transport services were commissioned by two NHS ambulance trusts. The service works with the commissioning provider to support them to meet demand, by having regular meetings with each NHS trust.
- The commissioning NHS trusts stipulated the number of patient journeys required as part of the contract.
- The staffing levels, shift patterns and availability of vehicles were maintained in line with the NHS trust contract's requirements.

Meeting people's individual needs

- Staff told us they were given information about patient's needs. The identification of patients with complex needs, such as those living with dementia, learning disabilities; physical or mental disabilities were assessed both at the job booking stage and via crew interaction with their patient.
- The service had policies and procedures for transporting patients with learning disabilities and dementia. Staff received training in caring for patients with dementia, learning disability and patients with complex needs.
- Staff had access to an interpreter service through the language line and supported patients who did not have English as their first language.
- Specialist bariatric equipment was available on one ambulance; this would be requested through the booking portal by NHS ambulance control. Staff also received training in supporting bariatric patients during a journey, this included limitations caused by their condition.

- The management team told us that they were proud that the service had worked with the local NHS Trust to provide additional services. Patients with wheelchairs that were previously transported in a taxi were transported in an adapted vehicle. This promoted patient independence and several of these patients had started using a walker as they were accompanied by crew on the journey.

Access and flow

- Patients were allocated and referred to the service by the NHS hospital trust. Records showed that the service had enough staff to cover the shifts required.
- The service had eight vehicles operational at the time of the inspection. The managing director told us only five of these vehicles were used at any one point in time. The three other vehicles would allow the service to continue in the event of an ambulance breaking down.
- Staff performance was monitored by the managing director by a vehicle tracking system. Feedback on driver performance was given to each member of staff. The managing director told us if there was concern about a driver they would undergo an assessment which is provided by an external provider.
- The service worked with the NHS trusts to support them to meet patient demand for their service. Patient transport journeys were planned in advance and the service was able to meet all booking requests.
- The service response times and turnaround times were monitored by the NHS commissioners. We were provided with data, which showed that the service exceeded the key performance indicators (KPI) for patients picked up and dropped off within two hours of the appointments time at 97%. The managing director told us there was room for improvement with KPI for the collection of short notice patients and strategies had been implemented.
- Annual audits were undertaken by the commissioning NHS ambulance service providers to ensure the service was meeting the requirements and standards expected by the trust.

Learning from complaints and concerns

- The service had a policy for handling, managing and monitoring complaints and concerns. The policy outlined the process for dealing with complaints including an investigation and response within 30 days.

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- Staff knew how to advise a patient if they wished to complain and written information of how to make a complaint was present on the ambulances.
- The service had received one complaint from patients within the last 12 months.
- We found the complaint had been investigated to see if anything might have improved the patient's experience. The complaint had been responded to within the 30 days specified in the complaints policy. The managing director told us the learning from complaints was discussed with staff and staff spoken with confirmed this.
- We saw in the complaints files examples where staff completed reflective learning following a concern. Staff were made aware if there were improvements made following a complaint investigation.

Are patient transport services well-led?

At present we do not rate independent ambulance services.

We found the following areas of good practice:

- The leaders were clear about the vision and strategy of the organisation to ensure it provided high quality care.
- We saw, that the leadership of the service was open, approachable and inclusive and staff confirmed this.
- The management had plans to continually develop the service.

Leadership of service

- The leadership team consisted of the managing director who was the CQC registered manager, the operations director, general manager, compliance manager and hub manager. The managers we spoke with were aware of their roles and responsibilities, and staff we spoke with knew who the different leads were and what they were responsible for.
- The service had a compliance manager who started working at the service since its inception. The compliance manager had overall responsibility for updating policies and procedures and undertaking audits.
- We observed members of staff interacting well with the leadership team during the inspection.

Vision and strategy for this core service

- The mission and vision of the organisation was displayed in the staff areas. The vision was to support the development of community response, resilience and access to care when it's needed most. The stated mission was to provide high quality treatment, care, training and services to our patients, their relatives, our students and our commissioners.
- The service set out a core set of values; 'to care for ourselves and others with compassion, kindness, dignity and respect, awareness and openness, demonstrating a learning, no blame culture, effective and safe in all we do.'
- The staff handbook set out the core values for the service.
- The ambulance crew worked in a way that demonstrated their commitment to providing high-quality care in line with this vision.
- The managing director told us the service had a five-year business plan. This was summarised into a strategy on a page that included the plans to develop quality, develop staff, sustainability and financial stability.
- The strategy was reviewed annually to reflect changes and changes in the end point.
- The managing director told us the long-term plan was to expand the service and make it more diverse. This included increasing patient transfers and possibly emergency and urgent care services. A complete strategy was to be developed in the next financial year.

Governance, risk management and quality measurement (and service overall if this is the main service provided)

- The service had effective systems to monitor the quality and safety of the service. The use of audits, risk assessments and recording of information related to the service performance was to a high standard.
- There were regular management team meetings. The board of director's meeting took place every three months. Quality team and senior management meetings were held monthly. The managing director told us a weekly operational meeting was held by teleconference and staff meetings were twice per month.
- The management team had kept up-to-date with key changes in the regulations. Policies and procedures were reviewed regularly and updated where required.

Patient transport services (PTS)

- A number of internal audits were in place including clinical practices and audits of systems and processes. The service used an online compliance system to monitor audits and key performance indicator (KPI) data.
- The service had a recruitment policy that set out the standards it followed when recruiting staff. The managing director told us that, as part of the staff recruitment process, they carried out appropriate background checks. This included a full Disclosure and Barring Service (DBS), proof of identification, references, check as well as driving license checks. We reviewed the staff files and found that these checks had usually been completed.
- The service monitored staff retention, annual leave and sickness. The outcome of audits such as infection prevention and control was monitored on an ongoing basis. We saw examples where the audits showed any non-compliance that action was taken to make improvements.
- The managing director told us learning was cascaded to staff. All staff members had a work email account. The service had a bulletin and updates were sent to staff via email. An example of cascading information and learning was the use of a wheelchair locking mechanism to ensure patient safety.
- Meetings were held with senior managers and commissioners of the service to ensure the provision of the service remained satisfactory. The service worked closely with commissioners and had regular telephone or face-to-face meetings to discuss the ongoing commitment from their organisation to ensure the best patient and customer outcomes.
- There was a risk register in place. There were 55 items on the risk register for the last 12 months. The risks were categorised into low, medium and high risk. There were 30 low risks, 21 medium risks and two high risks. We noted these risks to the service had been sufficiently mitigated. We saw records that showed the risk register was regularly reviewed and updated.
- One of the high risks on the risk register was telecommunications being purely internet based. This presented a risk to the service in event the internet was unavailable. This risk was mitigated by making arrangements to divert calls to a mobile phone or using the secondary location as documented in the business continuity plan. The second high risk related to providing training for blue light drivers. The service was

not providing emergency and urgent care services and made the decision to recruit pre-qualified staff in future if emergency and urgent care services were to be provided.

Culture within the service

- The management team and staff were committed to continuous improvement of the service. A range of courses had been developed and had received external verification. Staff had access to these accredited training courses.
- The service had an open and honest culture. Staff told us the culture of the service was friendly and approachable.
- Staff we spoke to were proud of the work that they carried out.
- Staff told us the management team was supportive and approachable. Staff told us they usually met individually with the operations manager if needed.

Public and staff engagement (local and service level if this is the main core service)

- Staff had a suggestion box in the crew room to provide feedback on the service. Staff had not used the suggestion box as other mechanisms were available for staff to provide suggestions. For example, there was an online chat room forum.
- The service had a whistleblowing policy to provide assurance to staff who wished to provide feedback about aspects of the service.
- Staff told us that when they encountered difficult or upsetting situations at work they could speak in confidence with the managers and had support from colleagues. Staff had access to confidential support if required and the service met the cost of the first two sessions.
- Staff told us that the managing director and all the managers were supportive and approachable
- The service's publicly accessible website contained information for the public in relation to what the service was able to offer.
- Staff we spoke with were positive about their engagement with the managers of the service. They told us said they felt involved in decision making around patient transport services and their roles. In addition, they told us they were kept informed of any planned changes and always felt listened to.

Patient transport services (PTS)

- Staff told us the management team were responsive to their feedback and they were comfortable raising concerns as they arose. Staff meetings were held twice per month so staff had a choice of dates to attend. Updates from the staff meeting minutes were placed on the noticeboard.
- The managing director told us the service had trialled an electronic patient feedback. We reviewed the results, which were mainly positive. One respondent suggested the crew introduce themselves and this was discussed with staff.
- The managing director told us the service had plans to continue to develop patient feedback by revising the questionnaire.
- The service had also received positive feedback from its patients in relation to staff being prompt, attentive, professional and reliable.
- The service had received the Wakefield New Business of the Year 2017 award.
- The service had a blue print to shape the structure of business development. The managing director told us this did not follow the conventional ambulance service model but rather the fire and rescue service model. This decision was made to ensure the effective management and supervision of staff.
- Staff were in the process of electing a staff representative.
- The management team told us that they were proud that the service had worked with the local NHS Trust to provide additional services. Patients with wheelchairs that were previously transported in a taxi were transported in an adapted vehicle. This promoted patient independence and several of these patients had started using a walker as they were accompanied by crew on the journey.
- The service had a compliance and audit tool that could be accessed by a mobile phone or a palmtop computer. This allowed the management team to access real time information. The analytics of the system allows trends to be monitored and a full service health check can be performed at any time. This data is analysed and discussed in the quarterly reports.

Innovation, improvement and sustainability (local and service level if this is the main core service)

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital **SHOULD** take to improve

- The provider should take actions to maintain an internal record of safeguarding incident referrals made through the NHS Trust.