

St. John Ambulance

St John Ambulance West Midlands Region

Quality Report

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

Summary of findings

Letter from the Chief Inspector of Hospitals

St John Ambulance West Midlands Region is part of St John Ambulance, a national first aid charity. St John Ambulance provides a number of services including first aid at events, emergency and non-emergency patient transport services and first aid training. The objective of the organisation nationally is the relief of sickness and the protection and preservation of public health. Both volunteers and employed staff are involved with the services provided by St John Ambulance.

We inspected St John Ambulance West Midlands Region on 22 and 30 November 2016. This was an announced comprehensive inspection of the region's patient transport services. We visited the regional operations centre and the regional headquarters during the inspection. We have reported on patient transport service, although the organisation does undertake urgent and emergency care, we were not able to see this during the inspection.

We do not currently have a legal duty to rate independent ambulance services but we highlight good practice and issues that service providers need to improve.

We found the following areas of good practice:

- We saw a positive incident reporting culture. The national incident management framework had been implemented across the region. Staff knew how to report an incident and felt able to do escalate any concerns to management as required.
- The planning of patient transport services (PTS) was made in advance in order that sufficient resource could be allocated to each job, taking account of individual patient's needs.
- Following our previous inspection in which we raised concerns surrounding the infection prevention and control techniques the service has since upgraded their sluice facilities. Additional cleaning and decontamination of its vehicles was provided through a third party provider. Vehicles inspected were visibly clean and we saw vehicle fully completed decontamination audit results.
- Patients that we spoke to said that staff provided a compassionate, kind and considerate service.
- There was a national vision and strategy that had been embedded across the region. Staff that we spoke to were aware of the strategy and understood the values of the organisation.
- An external fleet management company maintained vehicles used by the service. Maintenance and servicing of vehicles was seen to be effective, timely and accurately documented.

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

- Safeguarding training was not in line with national safeguarding children standards. Staff were not trained to the required safeguarding level as set out in the Safeguarding Children and Young Peoples: Roles and Competencies for Health Care Staff Intercollegiate Document: March 2014. Following the inspection the provider has undertaken work to provide the correct levels of training to appropriate staff.

Information on our key findings and action we have asked the provider to take are listed at the end of the report.

Professor Sir Mike Richards

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 do not currently have a legal duty to rate independent ambulance services but we highlight good practice and issues that service providers need to improve.

- We saw a positive incident reporting culture. The national incident management framework had been implemented across the region. Staff knew how to report an incident and felt able to do escalate any concerns to management as required.
- The planning of PTS services was made in advance in order that sufficient resource could be allocated to each job, taking account of individual patient's needs.
- Following our previous inspection in which we raised concerns surrounding the infection prevention and control techniques employed within vehicles, the service has commissioned cleaning and decontamination of its vehicles through a third party provider. Vehicles inspected were visibly clean and we saw vehicle decontamination audit results.
- Patients that we spoke to said that staff provided a compassionate, kind and considerate service.
- There was a national vision and strategy that had been embedded across the region. Staff that we spoke to were aware of the strategy and understood the values of the organisation.
- An external fleet management company maintained vehicles used by the service. Maintenance and servicing of vehicles was seen to be effective, timely and accurately documented.

However:

- Safeguarding training was not in line with national safeguarding children standards. Staff were not trained to the required safeguarding level as set out in the Safeguarding Children and Young Peoples: Roles and Competencies for Health Care Staff Intercollegiate Document: March 2014.

St John Ambulance West Midlands Region

Detailed findings

Services we looked at

Patient transport services (PTS)

Detailed findings

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Background to St John Ambulance West Midlands Region

St John Ambulance West Midlands Region is part of St John Ambulance, a national first aid charity. St John Ambulance became a separate legal entity and subsidiary of The Priory of England and the Islands of the Order of St John in 1999. St John Ambulance nationally provides a number of services including patient transport services, events first aid and first aid training. The objective of the organisation is the relief of sickness and the protection and preservation of public health. Both volunteers and employed staff are involved with the services provided by St John Ambulance.

The West Midlands Region was formed in 2012 following a planned review of the organisational structure. This review included the introduction of a new regional management structure. There were further changes in 2015, resulting in the re-organisation of the management team for ambulance operations (patient transport).

Our inspection team

Our inspection team was led by

Care Quality Commission (CQC) Inspector: Paul Taylor

The inspection team consisted of two CQC inspectors and one specialist advisor with experience of patient transport services (PTS).

How we carried out this inspection

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Before visiting St John Ambulance West Midlands Region, we reviewed a range of information we held about the location, including data provided by the service.

During the inspection we spoke with 12 members of staff including managers, patient transport assistants and administrative staff. We inspected three vehicles used for patient transport services, spoke with 2 members of the public who had experience of using the provider's patient transport services and analysed written feedback received from members of the public.

Detailed findings

We carried out an announced visit on 22 November 2016 and an unannounced visit on 30 November 2016. We visited the Regional Ambulance Operations Depot and the Regional Headquarters.

The Care Quality Commission (CQC) does not currently have the power to rate independent ambulance services. Therefore, the report will not contain any ratings.

Facts and data about St John Ambulance West Midlands Region

Between August 2015 and August 2016 there were 76 incidents reported aligned to ambulance operations.

- 5 were classified as insignificant
- 51 were classified as minor
- 19 were classified as moderate
- 1 was classified as major

Staff roles included Patient Transport Attendants (PTA), Ambulance Care Assistants (ACA) and Emergency Transport Attendants (ETA)

Between 21 October 2015 and 20 October 2016 staff turnover was as follows:

- Paid ETA starters = 20
- Paid ETA - leavers = 17

- Volunteers – the service were unable to provide volunteer turnover rates

Between 21 September 2015 and 20 September 2016 sickness rates were as follows:

- Paid ETA sickness = 586 days lost
- Sickness rates are not applicable for volunteer ambulance crew

The service were commissioned in July 2016 to support the Regional Neonatal Transfer Service and Paediatric Retrieval Service. Between July 2016 and September 2016 there were 426 journeys completed for this service.

Notes

We do not currently have a legal duty to rate independent ambulance services but we highlight good practice and issues that service providers need to improve.

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

St John Ambulance West Midlands Region provides a patient transport service which operates from offices and a regional operations centre in Birmingham.. The service supports the local NHS ambulance service and other NHS organisations, County Council Public Health services, Hospices and other private customers. It also provides emergency care provision at public events. St John Ambulance uses both employees and trained volunteers to provide its services.

Summary of findings

We do not currently have a legal duty to rate independent ambulance services but we highlight good practice and issues that service providers need to improve.

- We saw a positive incident reporting culture. The national incident management framework had been implemented across the region. Staff knew how to report an incident and felt able to do escalate any concerns to management as required.
- The planning of PTS services was made in advance in order that sufficient resource could be allocated to each job, taking account of individual patient's needs.
- Following our previous inspection in which we raised concerns surrounding the infection prevention and control techniques employed within vehicles, the service has commissioned cleaning and decontamination of its vehicles through a third party provider. Vehicles inspected were visibly clean and we saw vehicle decontamination audit results.
- Patients that we spoke to said that staff provided a compassionate, kind and considerate service.
- There was a national vision and strategy that had been embedded across the region. Staff that we spoke to were aware of the strategy and understood the values of the organisation.
- An external fleet management company maintained vehicles used by the service. Maintenance and servicing of vehicles was seen to be effective, timely and accurately documented.

However:

Patient transport services (PTS)

- Safeguarding training was not in line with national safeguarding children standards. Staff were not trained to the required safeguarding level as set out in the Safeguarding Children and Young Peoples: Roles and Competencies for Health Care Staff Intercollegiate Document: March 2014.

Are patient transport services safe?

Summary

By safe, we mean people are protected from abuse and avoidable harm.

- We saw that the national incident management framework policy had been implemented across the region and was accessible to all staff using the provider's intranet. Staff that we spoke to during the inspection were aware of the policy and were able to demonstrate how they would access it if required.
- We saw evidence that all risks reported were risk rated and the progress updates, actions and lessons learnt were logged by the Risk Assurance Team.
- All staff completed infection control training on induction and had an assessment of their infection prevention and control knowledge and skills as part of their annual revalidation.
- When we inspected the service in 2014 we raised concerns over the cleaning arrangements for vehicles and equipment. A deep cleaning contract had been commissioned in 2013. Since then the service had upgraded its sluice facilities to address our concerns.
- The service had a service level agreement with an external provider for the management of its fleet. We saw completed and up to date vehicle maintenance schedules. All vehicles had an up-to-date MOT, annual service and were insured. Contract vehicles had a safety inspection every three months or 10,000 miles.
- Staff were trained during their induction to provide the skills and knowledge required for their role. Staff told us they knew their limitations within their role and there was a good system to get assistance from specialist clinical advisors.

However:

- The provider's safeguarding children training did not align with the, "Safeguarding children and young people: roles and competencies for healthcare staff – Intercollegiate document: March 2014."

Incidents

- The provider had an Incident Management Framework Policy that set out how the organisation would learn from and act on incident reports from all personnel to improve the quality and safety of its service delivery.

Patient transport services (PTS)

The policy set out the accountability, responsibility and reporting arrangements for all staff in relation to incidents. We saw that the policy had been implemented across the region and was accessible to all staff using the provider's intranet. Staff that we spoke to during the inspection were aware of the policy and were able to demonstrate how they would access it if required. We saw that incidents reported were escalated according to the Incident Management Framework Policy.

- Staff that we spoke to during the inspection were aware of the procedure and could describe how they would report an incident. Staff also told us that they were encouraged to report incidents as they arose.
- All incidents were reported using incident report forms which were available to all staff both on premises in and in vehicles. During inspection, we saw examples of completed incident report forms that were seen to be comprehensive and legible. Incidents were then logged by the Risk Assurance Team onto the provider's incident report spread sheet for analysis and tracking completion of actions.
- PTS were aligned to the Ambulance Operations service area. Between August 2015 and August 2016 there were 76 incidents reported which were assigned to Ambulance Operations. The majority of incidents reported were minor incidents relating to vehicle defects and non-medical equipment.
- We saw evidence that all risks reported were risk rated and the progress updates, actions and lessons learnt were logged by the Risk Assurance Team.
- Incidents were reported to, and reviewed by the Regional Quality Risk and Assurance Group on a monthly basis. Exceptions were reported to the National Quality Risk and Assurance Group on a quarterly basis in order that the effectiveness of the incident management framework could be monitored.
- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person. The majority of staff that we spoke to were aware of the duty of candour and felt supported by their managers to be open and transparent.

Mandatory training

- Staff completed mandatory training which was a mix of e-learning and practical assessed courses. Both employed and volunteer staff completed mandatory training. Examples of training courses included Equality and Diversity, Introduction to Safeguarding, Medicines Management, Information Governance and Conflict Management.
- Staff told us and we saw that they were given time at work to complete their training. Staff were also able to access online training from home if they chose to do so.
- We requested data to show current compliance with mandatory training. The service provided spread sheets but these only indicated which staff had completed which training, rather than a current compliance rate for each mandatory training course. Information shared with us following the inspection identified a 100% mandatory target rate. If not completed within the specified time period employees and volunteers are made non-operational until such time as they complete the training.
- Driving level qualifications and revalidation dates of driving level training was recorded on the provider's training spread sheet.

Safeguarding

- The provider's safeguarding children training did not align with the, "Safeguarding children and young people: roles and competencies for healthcare staff – Intercollegiate document: March 2014." However, safeguarding training was provided.
- During induction, staff completed an introduction to safeguarding training course that they attended in person.
- As part of the provider's safeguarding awareness programme, there were an additional five levels of safeguarding training modules that staff accessed online. The level of training completed was dependent on staff role.
- The organisation's, "National Safeguarding Policy," was published in 2016. The policy was accessible to all staff and clearly described the mandatory level of safeguarding training required for each role. The policy contained a section outlining the additional requirements for working safely with children.

Patient transport services (PTS)

- Additional safeguarding training outside of the safeguarding awareness programme, such as working safely with children and adults at risk of harm, child sexual exploitation and prevention of radicalisation was available, however, was not mandatory.
- Staff that we spoke to during the inspection could describe how they would make a safeguarding referral and were aware of the situations when they would be required to do so.

Cleanliness, infection control and hygiene

- A national St John Ambulance infection control policy was in use, supported by procedures for staff to follow and annual training.
- All staff completed infection control training on induction and had an assessment of their infection prevention and control knowledge and skills as part of their annual revalidation.
- When we inspected the service in 2014 we raised concerns over the cleaning arrangements for vehicles and equipment. The service had implemented a cleaning contracts with external providers. Since then the service had upgraded of the sluice facilities in line with our previous concerns.
- During the inspection we saw that vehicles were visibly clean, equipped with appropriate equipment including spillage kits, antibacterial wipes and personal protective equipment for staff. We also saw cleaning schedules which were fully completed and up to date for the vehicles inspected.
- The company providing the external cleaning contract completed a deep clean of all vehicles on a twelve weekly basis which included steam cleaning a vehicle to reduce the presence of bacteria. Set locations on the vehicle, were swabbed pre and post deep clean, to confirm the clean had been effective and the results reported to the service. We saw records confirming the deep cleans had been effective. The regional fleet services team also kept a record and monitored compliance with the deep clean programme. In the event of a significant contamination, the company provided a deep clean at short notice. Staff told us they responded promptly. The vehicle was taken off the road whilst the deep clean took place.
- There was an updated national audit programme introduced in 2016, which included infection control

audits, such as hand hygiene. Regional assurance managers reported quarterly and there was a monthly national meeting with the infection control leads to discuss any concerns.

- In both the regional operations centre and headquarters there were posters providing information on effective hand hygiene technique above all hand basins seen during the inspection, in addition alcohol gel was readily available.

Environment and equipment

- We checked three vehicles of the 22 vehicles within the Ambulance Operations fleet, all were in good condition and well maintained.
- The service had a service level agreement with an external provider for the management of its fleet. We saw completed and up to date vehicle maintenance schedules. All vehicles had an up-to-date MOT, annual service and were insured. Contract vehicles had a safety inspection every three months or 10,000 miles.
- Personal protective equipment, hand cleansing gel and decontamination wipes were available in all vehicles inspected. Each vehicle also had secure sharps bins for the safe disposal of clinical waste.
- Essential emergency equipment was available on all vehicles inspected and was seen to be fully serviced and tested. Packages containing sterile supplies were intact and in date. Medical gases on vehicles were seen to be in date stored securely.
- A health and safety property audit was undertaken at each property in the region every six months in which the Regional Health and Safety Officer was responsible for ensuring that each property within the region had been audited against the nationally approved Health and Safety Audit. The outcomes of the audits and compliance with the schedule was seen to be reported quarterly to the Regional, Quality, Risk and Assurance Group.

Medicines

- There was a 'Medicines management policy' (June 2015) and local operating procedures in place for staff to follow for the order, receipt, storage, administration and disposal of medicines.
- All medicines except for emergency drug bags, cardiac arrest drugs, intravenous fluids, irrigation solutions and sterile topical fluids were stored in SJA buildings and vehicles in separate locked cupboards.

Patient transport services (PTS)

- Controlled drugs were not carried on any Ambulance Operations vehicles.

Records

- Ambulance crew completed patient report forms (PRF), which were based on the Joint Royal Colleges Ambulances Liaison Committee (JRCALC) guidelines.
- Standard operating procedures were used for the management of records covering such areas as storage, security, and destruction.
- Staff described how PRF forms stored securely on vehicles. Vehicles were kept locked when they were unattended. We saw that upon return to the regional operations centre, staff placed completed PRF forms in a locked container, the completed forms were then checked against the daily call sheet to ensure that there was a form for each activity.
- The submission of PRF forms and the standard of their completion was audited monthly and reported to the Quality Risk and Assurance Group by the Regional Assurance Team. Audit results were reported at a national level, no concerns were raised at a national level about the quality of records.
- When booking patient transfers, details of any patients with do not attempt resuscitation documentation in place would be recorded against the job if this information was available at the time of booking.

Assessing and responding to patient risk

- Staff were trained during their induction to provide the skills and knowledge required for their role. Staff told us they knew their limitations within their role and there was a good system to get assistance from specialist clinical advisors. This ensured crews and volunteers knew when to seek help, to ensure patients were safely treated. If they needed specialist clinical advice, they contacted the trust they were working for as well as following the SJA escalation process.
- Staff received training at their induction to manage challenging behaviour. Police travelled with patients detained under the Mental Health Act and carers travelled and were responsible for those more vulnerable patients.
- There were policies to manage disturbed behaviour and clear guidelines for staff to follow.
- Staff we spoke with were clear on the protocols they would follow to meet the demands of challenging behaviour.

- Staff that we spoke to were aware of the escalation process should a patient's condition deteriorate during transport.

Staffing

- Managers told us that due to the nature of the commercial ambulance contracts, there were not always sufficient long term guarantees of work, therefore predicting long term staffing requirements was challenging.
- Managers advised that if the service did not have sufficient personnel to deliver a service safely, then the contract would not be accepted.
- PTS utilised both casual ambulance crew and volunteer ambulance crew alongside permanent staff to help them address any capacity issues as required.
- Issues relating to staff retention leading to the inability of the service to meet the demands of contracts were recorded on the service's risk register. The service had put in place actions to address this, including a reviewed recruitment process and increased marketing to raise awareness of the service amongst potential staff and volunteers. In addition, managers completed exit interviews to determine the reasons for staff turnover. Managers told us that many staff used SJA as a, "stepping stone," to other ambulance services; To reduce the occurrence of this happening, the service were implementing a career progression pathway to aid in the retention of staff.
- Staff roles included Patient Transport Attendants, Ambulance Care Assistants, Emergency Transport Attendants (ETA).
- Between 21 October 2015 and 20 October 2016 staff turnover was as follows:
 - Paid ETA starters = 20
 - Paid ETA leavers = 17
 - Volunteers – the service were unable to provide volunteer turnover rates

Anticipated resource and capacity risks

- SJA West Midlands Region had a current Business Continuity Plan embedded across its services. The plan provided operational procedures to be followed to enable essential core business to continue during a period of disruption to regional resources. The plan covered disruption to personnel, buildings, communications and equipment.

Patient transport services (PTS)

- We saw completed business impact assessments for each of the region's core activities which were used to inform actions required to be taken to ensure business resilience in the event of unforeseeable disruption. Managers that we spoke to were aware of the actions to be taken for events outlined within the business impact assessments.

Are patient transport services effective?

Summary

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.
- All St John Ambulance (SJA) staff complied with and followed current SJA regulations, policies, standards and procedures that met the standards of law, regulation and best practice including those incorporated by the Department of Health, National Institute of Health and Clinical Excellence (NICE) and other appropriate bodies.
- Staff, teams and services worked well together effectively to deliver an effective PTS service.
- St John Ambulance operated an ambulance operations function nationally. The West Midlands region could call upon any of its seven counterpart regions to seek mutual aid when required.

Evidence-based care and treatment

- All St John Ambulance (SJA) staff complied with and followed current SJA regulations, policies, standards and procedures that met the standards of law, regulation and best practice including those incorporated by the Department of Health, National Institute of Health and Clinical Excellence (NICE) and other appropriate bodies. For example, in January 2016 National Head Quarters (NHQ) issued a document titled 'Withholding or withdrawing resuscitation or treatment' that supplemented SJA's policy 'Management of the legal aspects of care, treatment and support'. The West

Midlands Region (WMR) issued the document to all team members. Management followed this up as a module in the yearly continuing professional development (CPD) and reassessment for role.

- SJA also had a clinical alert procedure that ensured that management effectively communicated and shared any updates to guidelines, policies and regulations to all staff.
- The National Health Trusts and Clinical Commissioning Groups (CCG's) had their own eligibility criteria for patient transport services. As SJA did not operate any PTS contracts it was not their responsibility to screen patients as to their eligibility. The CCG commissioned SJA once they had established a need for ambulance transport. SJA set no eligibility criteria for private self-funded ambulance transfers.
- The majority of SJA's services were not driven by national targets therefor making it difficult for them to benchmark against other services. However, SJA had a positive approach to obtaining patient feedback in the form of the 'Help us to get the important things right' leaflet available on every vehicle; pre-addressed confidential feedback mechanisms and the sja.org.uk/patient-feedback web link. All communications were received and recorded by the Regional Assurance team. SJA committed to acknowledge complaints within three-working days and the complaint would be investigated by one of the Directors who would provide a response within 20-days.

Assessment and planning of care

- All staff were trained to ensure that they gave a full handover of the patient's medical care needs to the receiving party. This meant that systems were in place to enable the continuity of care and treatment.
- Upon notification of a patient transport request, the call taker completed a 'patient transfer request form'. Information collected included areas such as; known infections, mobility problems and whether a valid 'do not resuscitate' form was in place. The call taker would then confirm this information in writing via email which formed the basis of the quotation. Once the quote was accepted, the call taker logged the information on the patient journey log sheet which the crew were given to record patient pick up and drop off times. The call taker

Patient transport services (PTS)

did not check mental capacity at time of call due to the capacity of somebody changing however crew members addressed this on arrival as part of their assessment of patient.

- Staff we spoke to knew how to identify patients experiencing mental health problems. Staff demonstrated an awareness of how to assess mental capacity. Staff told us they would call the paramedics or police if they felt they needed additional support with mental health patients. SJA were planning to adopt a capacity assessment protocol to assess mental capacity which staff were using effectively in the North West region. This would also provide consistency in how staff assesses capacity across the organisation.

Nutrition and hydration

- All ambulances stored bottled water for patient use. Staff also liaised with partner agencies prior to transfer to ensure that SJA staff did not interfere with protected meal times. For long distance transfers, staff arranged with the commissioner for them to provide pre-packed lunches.
- Management issued ambulance crews with a procurement card whereby staff could purchase refreshments for the individual nutritional needs of the patient as required throughout the journey.

Patient outcomes

- St John Ambulance did not complete any formal benchmarking. They reported that they measured patient outcomes on an informal basis through discussions with their customers and measured their performance through the feedback they received. There were no indications that the key performance indicators within contracts were not being met.
- St John Ambulance in the West Midlands region provided vehicles to the local NHS ambulance service and other NHS organisations, County Council Public Health services, Hospices and other private customers, who decided and planned the work and patient journeys for the SJA crews. As SJA's service was primarily discharge based they did not routinely schedule work for their crews. Any requests for journeys for appointments that required a return journey were allocated to the same crew member on a wait and return basis. As such, there were never waiting times for the return journey.

- Patient journeys with SJA were single drop journeys only. As such, the route was direct from pick up to drop off. This avoided unnecessary time their patients were in transit.
- The only journeys that had an 'on time' key performance indicator (KPI) attached were for ad-hoc journeys. All journeys for the time specified were on time.
- Due to the nature of contracted work undertaken by SJA in the West Midlands area, their partners in the NHS organisations coordinated all transport. As such, SJA considered all bookings to be same day bookings and all were accepted and delivered.

Competent staff

- We found that SJA had provided staff with the training to enable them to work in a knowledgeable and effective way. Staff completed training that equipped them with the right skills to carry out their roles.
- All staff undertook a comprehensive induction programme which included 'Equality, Inclusion and Diversity', 'Information Governance' 'Duty of candour' and 'Introduction to Safeguarding'.
- Staff completed a managed probationary period of at least six months, during which all staff were required to demonstrate their suitability.
- Line managers carried out clinical observations of crew 'on the road'
- Staff received two face to face study days a year.
- SJA were planning to introduce an accreditation process for ambulance crew in 2017. Crew who fail to provide suitable assurance through the continuing professional development (CPD) portfolio route will be graded 'improvement required'.
- The accreditation process will follow a portfolio route and will include elements of online learning; written papers to test underpinning knowledge and skills based scenarios, clinical observations, clinical reflective practices and a final sign off by the station manager.
- Papers will include questions on areas such as; Anatomy and physiology, SJA procedures / clinical scope of practice, medical / trauma scenarios and treatment given. Crew will need to complete an online medicines management assessment in 2017, which includes SJA policies, such as occupational health policy and medicines management.

Patient transport services (PTS)

- Topics that will have a particular focus next year will include, 'Patient assessment – a holistic approach', 'Patient observations', 'Anatomy and physiology', 'Moving and handling', 'Dementia / person centred care' and, 'Capacity & Consent'.
- Staff will need to add a current safeguarding certificate to the evidence in their portfolios.
- Management provided local training which included bariatric updates.
- All operational staff were trained in areas such as safe manual handling techniques, how to use ambulance carry chairs, pole and canvas stretchers and carry sheets.
- The service provided data showing that at the time of inspection the appraisal rate for employed ambulance crew was 100%, however, for volunteer ambulance crew, the appraisal rate was 43.4%.

Coordination with other providers

- When SJA transferred a patient's care to another healthcare provider such as a hospital or the statutory ambulance service they gave the patient a copy of their patient report form so that they had details of their condition and the treatment SJA had provided.

Multidisciplinary working

- Operational staff undertook patient/clinical handovers on arrival at destination. Staff shared special notes, 'do not resuscitate' orders and other information with the receiving providers.
- St John Ambulance operated an ambulance operations function nationally. The West Midlands region could call upon any of its seven counterpart regions to seek mutual aid when required. In addition to this management would send a message to all West Midland region employees and volunteers when seeking assistance. All requests for mutual aid were escalated to sector managers who were able to escalate to the Director of Ambulance Operations to provide strategic direction if needed.

Access to information

- Operational staff received full patient handovers when picking patients up from providers. This alerted them to patients who had special requirements such as diabetes or dementia.
- The service advised the inspection team that people with a current, "Do Not Attempt Cardiopulmonary

Resuscitation (DNACPR)," notice were identified at the point of handover prior to the transport. The service advised that the onus for ensuring currency of the DNACPR information rested with the NHS provider and would be passed to the PTS crew as part of the job booking data.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff completed training on the Mental Capacity Act (MCA) 2005 and Mental Health Act as part of their initial training. MCA was not part of mandatory training. However, we were told staff completed training assessments as part of their annual competency assessments development.

Are patient transport services caring?

Summary

By caring we mean that staff involve and treat people with compassion, kindness, dignity and respect.

- Staff treated patients with kindness, compassion, dignity and respect.
- Staff that we spoke to were aware and supportive of patient's psychological support needs.
- Patients that we spoke to were positive about the service they had received.

Compassionate care

- Patients and providers we spoke with told us: "Staff were absolutely brilliant.", "The team go above what is expected and took the time to understand the requirements of the patient who was tetraplegic", "The service that was provided really added to the patient's holiday experience." "Very good service, it was difficult to get in touch with the right people to start with, however this was not a fault of SJA. Once in touch, the communication was good throughout."
- Patients we spoke with confirmed that staff treated them with kindness, compassion, dignity and respect.

Understanding and involvement of patients and those close to them

- A relative of a patient told us, "Staff on the ambulance were very competent, there were no issues with lifting

Patient transport services (PTS)

my mother in law and she was pleased with the service” This demonstrated that SJA took time to understand and involve patients and those close to them when providing transport services.

Emotional support

- SJA had a policy which provided guidance to staff on the management of the legal aspects of care, treatment and support.
- Staff that we spoke to were aware that transportation of patients may be a stressful time for them and described how they engaged with patients to ensure that they remained calm during this period.
- A patient told us of how SJA staff gave him a blanket in the cold weather to keep him warm on the journey. Another told of how the driver engaged her in conversation throughout the journey to keep her calm.

Supporting people to manage their own health

- Crew members referred any transport enquires to the office or on-call number. As a rule SJA did not recommend third party transport providers, however if necessary they would suggest patient's contact the Red Cross or Help the Aged, dependant on requirement.
- SJA also suggested patients contact their general practitioner, social services contact or hospital consultant to request confirmation of their 'eligibility criteria' as the hospital PTS provider provided transport for some conditions. If not covered, SJA would take all details and provide them a quotation.

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

Summary

By responsive, we mean that services are organised so that they meet people's needs.

- Monthly and quarterly activity reporting took place which enabled the service to identify areas in which there was opportunity for improvement to better meet the needs of patients.
- Staff completed Equality, Inclusion and Diversity training as part of the mandatory training programme.

- Staff took the needs of different people into account when providing transport services. There was shared understanding between staff that every patient had individual needs.
- People who used SJA services were able to provide feedback via their website, by telephone or by letter.

However:

- We were unable to see a link between complaints and incidents. The provider had the ability to review this information but at the time of the inspection a new process was in place and no complaints related to incidents had been raised.

Service planning and delivery to meet the needs of local people

- The service had contracts with three NHS trusts, a local hospice and an alcohol triage service.
- Regular meetings took place on a monthly and quarterly basis between St John Ambulance and the NHS trusts to discuss demand and plan their service.
- Monthly and quarterly activity reporting took place which enabled the service to identify areas in which there was opportunity for improvement to better meet the needs of patients.
- St John Ambulance management staff provided staff to cover additional shifts during times of peak demand for contract providers, such as during the winter and when out of hours provision was required. This ensured that the service supported planning and delivery to meet the needs of the local population. However, there was fluctuation in demand from the contract providers that made service planning difficult for St John Ambulance teams.

Meeting people's individual needs

- Staff completed Equality, Inclusion and Diversity training as part of the mandatory training programme.
- Staff took the needs of different people into account when providing transport services. There was shared understanding between staff that every patient had individual needs.
- St John Ambulance provided bariatric ambulances. These ambulances were equipped with the necessary equipment to accommodate patients. Drivers had undertaken special licenses to drive the vehicles equipped to carry bariatric patients.

Patient transport services (PTS)

- SJA had bariatric vehicles which were designed to provide a safe and dignified transport solution to those whose weight, or condition, required specialist transport.
- SJA trained patient transport attendants in safe moving and handling of patients. This ensured SJA staff maintained patient dignity during patient transport.
- Staff could access an interpreting service by telephone. The service could be accessed as required, including in emergencies. The service allowed staff to communicate across different languages quickly and easily. Information on how to access the interpreting service was available on SJA's intranet and staff that we spoke to were able to describe how they would access the service.
- The identification of patients with complex needs, such as those living with dementia, learning disabilities or physical disabilities were identified both at the job booking stage and via crew interaction with their patient. Client and patient requirements and preferences were discussed and where practicable adjustments were made to meet the patient's needs whilst ensuring the safety of patients and the ambulance crews. For example, staff told us of occasions where arrangements had been made for a carer or relative to also travel with the patient, ensuring that an appropriate vehicle was allocated to ensure seating arrangements were suitable.
- The service had identified the need for additional training courses specifically focussing on learning disabilities. These courses had been planned into the 2017 training schedule, and managers advised that they would be implemented across all of the ambulance operations services.

Access and flow

- The service employed an Ambulance Operations Operational Delivery Co-ordinator who liaised directly with the clients and patients to schedule and book patient transfer jobs. The job details were recorded electronically and were used to inform the resource required in order to effectively fulfil the booking.
- The Ambulance Operations Operational Delivery Co-ordinator notified both patients and the patients' destinations in the event of any delays to transport occurring.

- Data was collected to allow monthly and quarterly service activity reporting which was used internally to inform resource planning and shared externally with clients to demonstrate performance against contract.

Learning from complaints and concerns

- The service had a management of patient complaints framework and feedback policy, which gave detailed directions on the pathway, followed with patient complaints. For example, the policy stated an acknowledgement would be sent to patients within three working days of receiving the complaint. A root cause analysis investigation would be completed by a director and a full response was provided to patients within 20 working days.
- People who used SJA services were able to provide feedback via their website, by telephone or by letter. The website gave guidance on how the complaint process worked, with response times and acknowledgement of complaint.
- Complaints received formally, were forwarded to the regional assurance manager. An acknowledgement would be sent within three working days of when the complaint was received and provided with a written response within 20 days.
- A manager was allocated and oversaw the complaint, whereby a root cause analysis investigation was completed with actions taken.
- We were told learning from complaints was shared at local and regional meetings and saw evidence that this was discussed in meeting minutes. Complaints were discussed on a national level to identify trends and allow organisation wide learning to take place.
- Managers acknowledged that no analysis took place to link complaints with incidents. We fed-back during the inspection that the lack of analysis to compare complaints with incidents may mean that opportunities for learning were not always fully identified. However following the inspection the provider shared that they had the ability to review this information but at the time of the inspection a new process was in place and no complaints related to incidents had been raised.

Are patient transport services well-led?

Summary

Patient transport services (PTS)

By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high- quality person-centred care, supports learning and innovation and promotes an open and fair culture.

- There was a national vision and strategy for the service, which reflected the values of the organisation. Staff knew and understood the vision and values of the organisation.
- The service encouraged feedback from patients through satisfaction surveys and from volunteers and staff, through debriefing sessions, surveys and staff forums.
- Staff told us that managers were both visible and accessible and that they would have no concerns in raising any issues directly with them should the need occur.
- A national action plan was in place to drive improvements in staff and volunteer engagement.

However:

- Public engagement through the on-line patient experience survey was low, although ways to improve patient and customer feedback were being considered as part of a national review of the feedback policy.
- There was opportunity for audit results reported via the national yearly audit programme to be used at a regional level to support and secure local service improvements.

Leadership of service

- Within the West Midlands Region there is a Sector Manager who reported to the Director of Ambulance Operations. The West Midlands Station Manager reported to the Sector Manager. In addition there is an Operational Delivery Coordinator and Station Team Leader.
- Staff we spoke to were able to tell us who the senior management team were within ambulance operations.
- Staff told us that managers were both visible and accessible and that they would have no concerns in raising any issues directly with them should the need occur.
- During the inspection we viewed employment documentation for staff at director level. We saw evidence that robust pre-employment checks were completed and recorded appropriately.

Vision and strategy for this service

- There was a national vision in place for the service, “No one should suffer for lack of trained first aiders.” This was supported by the five organisational values of humanity, excellence, accountability, responsiveness and teamwork (HEART).
- Staff were aware of the vision and values of the organisation and described how they would apply them in their role.

Governance, risk management and quality measurement

- The corporate strategy for the organisation had identified the need to improve how the service collected and used data to monitor the quality and performance of the service.
- The organisation had moved to centralised reporting to help with the identification of trends, with access to regional results to help areas make specific improvements to benefit patient care.
- During inspection, we viewed the national and the regional risk registers. Both registers were up to date and included actions assigned to staff members to mitigate the risks highlighted. Progress against the actions to mitigate risks was seen to be recorded and up to date.
- A national yearly audit programme was implemented in April 2016. The regional assurance manager was responsible for reporting to the national regional assurance meeting and the regional quality, risk and assurance group.
- There was a national quality dashboard for ambulance operations, which include information such as number of incidents, complaints and safeguarding referrals. This information was also provided at regional level for comparison and monthly trend analysis.

Culture within the service

- We observed a positive culture throughout the service. Staff we spoke to were proud of the work that they carried out.
- Staff told us that their line managers were supportive and approachable.
- Volunteers were seen as an integral part of the service and worked well with employed staff.

Public and staff engagement

Patient transport services (PTS)

- The service's publicly accessible website contained information for the public in relation to what the service was able to offer.
- Information relating to how a member of public could make a complaint was also available on the service's website. In addition, an on-line patient experience survey could be accessed to enable users of the service to rate their experience and provide feedback.
- The Assurance Team produced monthly reports on feedback received via the on-line patient experience survey. The service acknowledged that engagement levels were low, however, ways to improve patient and customer feedback were being considered as part of a national review of the feedback policy.
- A national action plan was in place to drive improvements in staff and volunteer engagement. The plan was based around four main themes; Supporting and management of effectiveness, communications, involvement and recognition. The action plan was derived from the results of the national staff survey 2016. Actions that had been implemented at a regional level included but were not limited to; Staff and

volunteers receiving regular one to one meetings with their manager, a focus on development opportunities available to staff and volunteers and improving internal communications.

- SJA encouraged feedback from customers by stocking all of their vehicles with 'Help us to get the important things right' leaflets.
- There were pre-addressed confidential feedback mechanisms and the sja.org.uk/patient-feedback web link, All communications were received and recorded by the Regional Assurance Team.

Innovation, improvement and sustainability

- The service had reviewed ambulance crew roles to meet the changing requirements of their clients.
- The introduction of a career pathway for staff at all levels was hoped to assist the service in addressing the challenges faced in relation to staff retention. At the time of inspection, the pathways were not fully embedded; therefore, the success of this initiative could not be measured.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital SHOULD take to improve

Action the location SHOULD take to improve

- Review the safeguarding awareness training programme to ensure that it meets all national recommendations as set out within the intercollegiate document.
- Ensure that audit results reported via the national yearly audit programme are used at a regional level to support and secure local service improvements.