

# E-Zec Medical Transport Services - Trading As EMED Group Limited

## E-Zec Hereford

### Inspection report

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

### Ratings

Overall rating for this location	Good	
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Are services safe?	Good	
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Are services effective?	Good	
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Are services caring?	Good	
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Are services responsive to people's needs?	Good	
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Are services well-led?	Good	
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# Summary of findings

## Overall summary

The service had not been rated before. We rated it as good because:


- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, and assessed patients' food and drink requirements. The service met agreed response times. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, and supported them to make decisions about their care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People did not have to wait too long for transport.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However

People could not always access the telephone booking provision in a timely way and risk controls and mitigations were not always clear.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Good 	The service had not been rated before. We rated it as good. See the summary above for details.

# Summary of findings

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# Summary of this inspection

## Background to E-Zec Hereford

E-Zec Hereford is an independent patient transport provider that provides non urgent, planned transport for medical patients to and from NHS services. It supports patients who are registered with a GP in Herefordshire, Worcestershire and surrounding areas, including parts of Wales.

The service had a fleet of 24 vehicles, including cars, vehicles for transporting people in stretchers, and vehicles with wheelchair access.

Between April and October 2023, the service completed 42,092 journeys. One hundred and fourteen were for children and young people under the age of 16, 1,155 were for bariatric patients and 11 were transfers from a mental health facility without a section.

The service has been registered since 2016 and a registered manager has been in place since registration. Registered managers have a legal responsibility for meeting the requirements of the Health and Social Care Act and associated regulations about how the service is run.

The service is registered to provide the following regulated activities:

Transport services, triage, and medical advice provided remotely.

In October 2020 the service was inspected but not rated however, multiple breaches of regulations were found included incident management, infection prevention and control, hygiene standards, storage of medical gases and maintenance of equipment. Since this inspection the service had worked to rectify these issues and at the time of the latest inspection met the required standards of regulation.

## How we carried out this inspection

One inspector and 1 specialist advisor carried out a short notice inspection of the service and were supported by an offsite operations manager. During the inspection we spoke with 6 members of staff including the registered manager. We spoke with 3 relatives and patients and reviewed several policies, procedures, patient report forms and audit results. We also reviewed governance meeting minutes and the risk register for the service along with, incident data, patient feedback and 5 staff recruitment files.

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

## Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

### Action the service **SHOULD** take to improve:

## Summary of this inspection

- The service should continue to improve access to telephone booking provision.
- The service should consider its risk controls and mitigations to ensure they are suitably determined.

# Our findings

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

## Patient transport services

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

### Is the service safe?

Good 

The service had not been rated before. We rated it as good.

### Mandatory training

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

Staff received and kept up-to-date with their mandatory training. There were 60 staff members eligible to complete mandatory training, all staff had completed the required training in 17 out of 18 modules. The remaining module, Oliver McGowan had been newly introduced to the service. Information provided by the service demonstrated that it has already been completed by 90% of the eligible members of staff.

The mandatory training was comprehensive and met the needs of patients and staff. This included moving and handling, health, safety and welfare, data security and conflict resolution.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. Modules included mental capacity act awareness, dementia awareness in ambulance services and Oliver McGowan training module on learning disability and autism awareness.

Managers monitored mandatory training and alerted staff when they needed to update their training. This was in line with the mandatory training policy in place within the service.

### Safeguarding

**Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.**

All staff had received training specific for their role on how to recognise and report abuse in both adults and children. All 60 clinical staff had completed level 3 adult and child safeguarding training whilst a training matrix set out in the safeguarding adults, young people and children policy demonstrated the requirement for other non-clinical staff.



# Patient transport services

Staff that we spoke with could give examples of how to identify adults and children at risk of, or suffering, significant harm. We saw during the inspection that 11 safeguarding referrals had been made between March and October 2023.

Staff knew how to make a safeguarding referral via their control room who in turn liaised with local authority safeguarding teams and police if a more urgent response was required. There was an on call manager available 24 hours a day who staff could contact if they had concerns and a compliance director for the service was trained in adult and children level 4 safeguarding.

The safeguarding policy for the service set out how to report concerns of abuse. This policy was electronically available to all staff. All safeguarding incidents were recorded on the electronic incident reporting system which meant that managers could monitor and review accordingly..

The service had a robust system of recruitment which followed actions set out within its recruitment policy. Adverts for jobs were managed by the human resources (HR) team before an automated initial screening process took place to make sure the applicant met the job description and essential criteria. Following this, a manual screening process was undertaken between HR and the registered manager for the service. Face to face interviews were then held and provisional contracts offered until HR had completed all appropriate checks and vetting. We reviewed the recruitment files of 5 members of staff and found that all checks had been completed in line with statutory requirements. Managers told us that courses were not allocated to new employees until all checks had been completed.

Managers completed 3 yearly Disclosure and Barring Service (DBS) checks in conjunction with the HR team. Information provided by the service demonstrated that it had undertaken an individual DBS risk assessment when information of concern had been returned to the service. This was in line with the recruitment policy in use within the service which was in date.

## Cleanliness, infection control and hygiene

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

Clinical areas were visibly clean and had suitable furnishings, such as coverings for stretchers and wipe clean surfaces. During the inspection we saw that these were clean and well-maintained.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. This included a daily clean by staff using the vehicle and a monthly deep clean of each vehicle. This was in line with the vehicle cleaning schedule process and we saw that all vehicles had been cleaned within the correct timescales. In addition, a monthly vehicle check was undertaken by the ambulance fleet manager, which included vehicle cleanliness.

Staff followed infection control principles including the use of personal protective equipment which was plentifully available. Linen was disposed of at each hospital site when the patient was transferred, and staff uniforms were laundered at home by themselves. We saw that all members of staff were visibly clean and tidy and adhering to the uniform policy set out by the service.

We saw that staff cleaned equipment after patient contact with recognised cleaning materials before responding to the next patient. This was in line with the infection prevention and control policy of the service.

## Environment and equipment

# Patient transport services

## **The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe.**

The design of the vehicles followed national guidance and during the inspection we saw that staff carried out daily vehicle safety checks. An electronic fleet checking system was available on all smart phones in use by the service and enabled staff to upload photographs of the vehicles, as well as complete daily checks electronically.

A dedicated fleet manager co-ordinated the service and maintenance schedule of the vehicles and completed a monthly vehicle audit.

The service had enough suitable equipment to help them to safely care for patients. This included supplies to keep the vehicle running effectively, such as antifreeze and glass cleaner. Consumable supplies, such as vomit bowls and incontinence pads were readily available to staff. There was a stock of spare equipment in the event of a defect being found, for example a rip in a stretcher cover or a fault with a wheelchair.

## **Assessing and responding to patient risk**

### **Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff could identify and knew how to quickly act upon patients at risk of deterioration.**

Staff were able to describe how they would respond promptly to any sudden deterioration in a patient's health. This was in line with the deteriorating patient policy which set out actions including calling 999 for emergency assistance. All clinical staff were trained in basic first aid and so could administer lifesaving care, such as chest compressions if a patient's heart stopped beating until help arrived.

As initial risk assessments for each patient was completed at the time of telephone booking, this included challenges with access, egress and any additional needs, such as oxygen treatment. At the point of collecting the patient, staff undertook an individual risk assessment and escalated any concerns to the on-call manager of the service.

During the inspection we saw that staff shared key information, such as transfer and discharge letters to keep patients safe when handing over their care to others. Staff told us that if a patient was discharged home and they had concerns around the safety of the patient they would convey the patient back to the original location and make a safeguarding referral. This was in line with the service's safeguarding policy.

Staff had completed training on caring for children in both in recognising harm and abuse but also in basic first aid as part of the first aid at work course they completed. Children transported were accompanied by an adult, and specialist paediatric safety seatbelts were used to ensure they were transported safely.

Staff were trained in conflict resolution, and a managing aggression and violence policy was in place within the service. This was available electronically to all staff.

## **Staffing**

### **The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank staff a full induction.**

# Patient transport services

The service had enough staff to keep patients safe. There were 60 staff in total, of this, 42 were employed and the remainder were bank staff. The service had a requirement that all bank staff completed at least 1 shift per month and the registered manager monitored this. The service did not use agency staff.

All staff, were trained in first aid at work, attending a 3-day practical training course. Additionally, staff were trained in the use of specialised equipment, such as chairs used to manoeuvre people onto the vehicle and manual handling aids. This was in line with national expectations.

Managers made sure all bank staff had a full induction and understood the service. Bank staff were also required to complete the same training, appraisals and disclosure barring checks as the employed staff.

Managers could adjust staffing levels daily according to the needs of patients and demand on the service.

At the time of the inspection there was 1 full time vacancy and the sickness rate for September 2023 was 2.2%.

## Records

### **Staff kept a log of patients journeys, these were clear, up-to-date, stored securely.**

The service kept a log of patient journeys. Staff did not complete patient report forms which is the accepted practice given no clinical care and treatment was provided. Staff had an electronic device which logged calls and provided key information about each call, such as where patients were to be collected from, drop off destination and mobility status. Any additional information such as important paperwork like recommended summary plan for emergency care and treatment and difficulty with property access and egress was also recorded having been assessed at the time of the transport booking.

As information was electronically stored, it could be readily accessed by managers when required for audit or retrospective reviews, for example.

## Medicines

### **The service followed best practice when storing oxygen.**

The service carried oxygen for those patients needing it during their journey. All 60 staff had completed an annual mandatory training module in oxygen therapy. During the inspection we saw that oxygen was stored securely and in line with national standards on base, and also safely stowed on the vehicles. Staff and managers told us how the patient would only be offered the oxygen if medical staff had indicated the need, staff from the service would not autonomously decide to administer oxygen to a patient. This was set out in the oxygen policy in use within the service which all staff could access electronically via the vehicle smart phone.

The service did not carry any medicines and conveyed patients with the expectation that if a patient needed to take any of their own medicines they would do so by themselves. If that patient was unable to do this then an external professional, such as a nursing home or hospital staff member would be required to travel with the patient.

## Incidents

# Patient transport services

**The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team. When things went wrong staff knew how to apologise and give patients honest information and suitable support.**

During the inspection, we spoke with staff who demonstrated they knew what incidents to report and how to report them. Between September 2022 and 2023 the service had 22 recorded incidents. Information provided by the service demonstrated that incidents had been reviewed, lessons learnt and shared with all staff.

Managers and staff were able to tell us about duty of candour. There had not been any duty of candour incidents between September 2022 and 2023 however, there was an electronic mandatory prompt on the electronic incident reporting system and a duty of candour policy.

## Is the service effective?

Good 

The service had not been rated before. We rated it as good.

## Evidence-based care and treatment

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

The service had a system for monitoring national guidance and evidenced based practice. Information and changes related to this were cascaded to the service by the national provider. Regular audits were undertaken by the service to ensure that practice was in line with these guidelines. This included weekly water, fire and security checks, monthly consumable, control of substances hazardous to health, and ladder checks, as well as weekly and monthly base and health and safety audits.

## Nutrition and hydration

**Staff supported patients' food and drink requirements to meet their needs during a journey.**

The service carried bottles of water for patients to drink and liaised with hospital trusts so that patients travelling longer distances were provided with packed meals.

## Response times

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

The service monitored response times. Between January and October 2023, 98% of the 386 patients who were at the end of their life were conveyed within 2 hours of transport being booked. Eighty three percent of 24,758 prebooked outpatients were collected within 60 minutes of being ready to collect.

# Patient transport services

Please see access and flow section of responsive domain for further details of improvements the service was making.

## Competent staff

**The service made sure staff were competent for their roles. Managers appraised staff's work performance.**

Managers gave all new staff a full 2 week induction tailored to their role before they started work. This included discussions and learning about complex conditions, driver training and health and safety as well as shadowing shifts followed by a management review at the end of the 2 week period. A mentor was provided to each new started for a minimum of 5 months who completed a portfolio of evidence with the new employee. A skill mix matrix was in use within the service which meant that new staff did not work together until they had successfully passed their probationary (3 month) period. This supported new staff and meant they always worked with an experienced member of staff.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Staff completed an annual first aid at work in house refresher and then every third year completed the external full 3 day course.

Staff had the opportunity to develop and enhance their skills, an accredited first response emergency care course was available to staff. At the time of the inspection, 5 members of staff were enrolled on the course.

Managers supported staff to develop through yearly, constructive appraisals of their work. At the time of the inspection, we saw that all members of staff had completed an appraisal within the last 12-month period.

Managers identified poor staff performance promptly and supported staff to improve. This included driving of vehicles. A weekly report was produced which highlighted vehicle speed to managers. If a member of staff drove above the speed limit 3 weeks in a row then a driver assessment was required. The service used both internal and external driving assessors. Staff did not undertake any emergency blue light driving.

## Multidisciplinary working

**All those responsible for delivering care worked together as a team to benefit patients.**

The service liaised with staff making patient bookings, as well as clinical staff within healthcare facilities at the point of collection.

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

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

All staff received training in human rights, mental capacity act and mental health awareness.

For patients experiencing mental ill health, such as those being transferred from a mental health unit to the hospital for an outpatient appointment, there was a mental health risk assessment completed at the time of telephone booking. The risk assessment considered the safety and suitability of the requested journey and whether transport with a mental

# Patient transport services

health transport service was required. If this was the case, the service did not take the booking. The service had conveyed 3 patients between January and October 2023 under a mental health section. These patients were identified as low risk, and travelled with a member of staff from the booking organisation. Restraint was not used within the service.

Verbal consent was obtained from patients by crews before they conveyed a patient. This was in addition to confirmation at the time of booking that the patient had consented to the transport. If a patient refused transport when crews arrived, a capacity to consent assessment form was available and contained a flow chart for crews to follow setting out next step actions.

## Is the service caring?

Good 

The service had not been rated before. We rated it as good.

### Compassionate care

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

During the inspection we saw that staff were discreet and responsive when caring for patients. They took the time to interact with patients and those close to them in a respectful and considerate way. Staff introduced themselves by name and confirmed the details of the journey before engaging in conversation throughout the journey which the patient clearly enjoyed.

Patients that we spoke with during the inspection found the crews to be "respectful, warm and friendly".

Staff followed policy to keep patient care and treatment confidential including keeping the written patient logs out of sight on the vehicle and the smart phone containing patient journey details locked.

The service worked with external organisations and providers to make sure that important patient documentation such as do not attempt resuscitation orders and advanced care plans were transported with the patient and at the point of transport booking, call takers asked a list of standardised questions, such as whether the forms had been signed and was available with the patient.

### Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. We saw this during the inspection when a patient talked to a crew about their medical condition and how it had affected them. On talking to staff after the journey it was clear that the staff understood the emotional and social impact that a person's care, treatment or condition had on patients' wellbeing and also those close to them.

## Patient transport services

Staff supported patients and helped them to maintain their privacy and dignity including using blankets to preserve modesty and where possible would observe cultural and religious needs, such as assigning only male or female crew members and removing shoes, or wearing shoe covers when asked to do so.

### Understanding and involvement of patients and those close to them

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

During the inspection we saw that staff took into consideration patient's wishes. One patient preferred to walk rather than use a wheelchair and staff took time to support the patient with this request in an unhurried and kind way. As well as this, we saw during the inspection that each time a member of staff spoke with a patient, family or carer they talked in a way that they could understand. Communication aids, such as picture cards were also available to staff.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Leaflets were available on each vehicle and given to patients and their families. Each month the service reviewed the feedback received and used it to improve, for example, ensuring there were additional blankets stored and available for patients to use.

### Is the service responsive?

Good 

The service had not been rated before. We rated it as good.

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

#### **The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.**

Managers planned and organised services, so they met the changing needs of the local population. We saw an example of this when managers showed us how they had been working closely with the local integrated care board to support patients during a recent strike of healthcare workers. The need had changed and so the service had responded by provided a 'block booking' of multiple patients and increased its provision during the strike.

In normal times, the service modelled demand based on previous activity. This information was used at commissioning meetings to help determine the needs of the population. At the time of the inspection, the needs of the population were best met between the hours of 7am and 10pm when the majority of patients required transport.

Managers reviewed the planned service daily to ensure there was adequate capacity for the following day taking into account time and distance of journeys as well as specialised needs such as long distance and end of life journeys.

### Meeting people's individual needs

# Patient transport services

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

Vehicles were designed to meet the needs of patients with disabilities. There were 2 dedicated small vehicles which could care for 2 patients in wheelchairs whilst larger ambulances could accommodate wheelchairs, seated patients and stretchers.

Managers carried out individual site visits and risk assessments for calls where access and egress was difficult. This supported staff by making sure there were the correct amount of people to help with the correct equipment and so helped to prevent patients from failed or delayed discharges if a crew arrived and was unable to get the patient into their house.

All ambulances used by the service were suitable for bariatric patients and spare wheelchairs and stretchers were stored by the service.

There was a dim blue light inside the ambulance which could be used instead of the brighter white lights in daily use. This was an important feature and meant that patients who may be at the end of their life, those with anxieties or dementia could benefit from the more calming less intense lights.

Bed pans and incontinence pads were available, and staff told us that they would routinely plan allocated stops for long distance transfers so that patients could use toilet facilities.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers through a translation smart phone application. This meant that face to face videos could be used if required.

Where possible, regular patients were scheduled to the same group of staff to provide continuity of care, and support staff knowledge of requirements.

Staff had received training in end of life transportation and staff were selected specifically for end of life journey based on experience.

## Access and flow

People could not always access the telephone booking provision in a timely way.

Managers monitored waiting times to make sure that patients could access services when needed and received treatment within agreed timeframes. Between January and October 2023, 68% of 108,608 calls were answered within 120 seconds. The service had identified that this was below what it considered an acceptable threshold (85%), and in response had started an executive sponsored project to improve. At the time of the inspection, the project was at the review of data stage which included a deep dive into information such as call aborts, cancelled and dropped demand parts of call pickup. The service met its target for collecting patients, with 97% of the 42092 journeys collected within the required time.

Managers held daily meetings to review demand and escalate any concerns, such as long distance journeys, out of hours bookings and demand greater than the number of allocated vehicles. Additional resources could then be allocated to support. Information provided by the service demonstrated that 25% of the total journeys completed between January and October 2023 (42,092), were booked on the day of the journey.



# Patient transport services

## Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.**

Patients, relatives and carers knew how to complain or raise concerns. Feedback cards were given to patients during their journey and the service clearly displayed information in the form of posters about how to raise a concern within its vehicles.

Managers investigated complaints and identified themes. Between May and October 2023, 12 complaints had been made to the service. At the time of the inspection, no complaints were outstanding. Managers had identified that delays in patients' being collected was the dominating theme. The service had listed this on its risk register and in September 2023 introduced a new electronic patient monitoring system which highlighted to both control and managers any patient waiting over 55 minutes. This meant that managers had greater oversight of real time delays and could act accordingly. At the time of the inspection, the system was too new for the service to have evaluated. Feedback from complaints as well as the new electronic monitoring introduction had been shared with staff through email and also newsletter.

## Is the service well-led?

Good 

The service had not been rated before. We rated it as good.

## Leadership

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

Staff that we spoke with during the inspection, told us that leaders were both visible and approachable both to staff and to patients. An initiative called 'back to green' had recently been introduced where managers worked a shift as part of the road crew. This helped managers to understand the challenges faced by the service, chat to patients and to be accessible to staff.

The service had a succession plan in place which involved staff stepping up to provide cover for absences. This supported staff in gaining exposure to decision making at higher levels, and meant there was resilience in the service in the event of unplanned absence. Managers could access first line management training and a new apprentice role had been developed to support staff in progressing from first aid at work level to first response level 3.

Managers undertook annual appraisals with both compliance and operational leads within the wider organisation.

## Vision and Strategy

# Patient transport services

**The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.**

The service had a vision for what it wanted to achieve which aligned to the wider organisation vision. The vision was underpinned by values throughout the wider service, which included committed to care to communities, clients, and planet. An environmental strategy was in place to underpin this value. Pride in service and people first were also values.

At the time of the service managers told us this was aspirational and under constant review as the business evolved.

## Culture

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

Staff within the service felt happy and proud to work where they did. They felt respected and part of a team and all spoke highly about the team of managers.

Staff that we spoke to demonstrated that they were focused on patients' needs for example did they have enough food and drink at home when they were transported there, and information, such as the number of safeguarding referrals made by the service supported this.

A whistle blowing policy was available and accessible electronically to all staff. A secure letterbox was available on the station which allowed staff to raise concerns discreetly. Managers operated an 'open door' policy to all staff members.

Staff completed training in equality and diversity, and an equality and diversity policy set out responsibilities and expectations. Each policy within the service contained an equality impact assessment.

## Governance

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

The structure of governance within the service included regular internal local and regional meetings between managers. Email and newsletter correspondence with staff members and external integrated care board and NHS trust monthly meetings.

A monthly workforce, quality and key performance indicator report was generated and provided key information for managers as well as standing agenda meeting items such as serious incidents, concerns and complaints, performance monitoring, contract documents training compliance.

At the time of the inspection a whole team meeting was scheduled for October 2023.

# Patient transport services

An electronic performance dashboard allowed managers to review key performance indicator levels in real time whilst an electronic information board was located on the service base and enable managers to share key information with all staff. Seatbelt exceptions was the last information piece shared with staff, this was in response to a national incident not involving the service.

Managers completed spot check audits to support the information provided by regular auditing within the service.

## Management of risk, issues and performance

**Leaders and teams used systems to identify performance issues. They identified and escalated relevant risks and issues however did not always identify actions to reduce their impact. They had plans to cope with unexpected events.**

The service had an electronic incident reporting and risk management system which meant that managers could identify severity, themes and actions of incidents and risks as part of its approach to risk management.

Information provided by the service demonstrated that there were 8 risks listed on the service risk register. These included risks to stock and fleet, as well as the pool of experience and winter pressures. Each risk listed had a unique identifier as well as a risk owner, risk score and risk response. Some of the risks had control measures however, others such as winter pressure and increased activity did not, meaning, it was difficult to see what if any controls measures had been taken. The risk response set who was responsible for those actions and when they would be reviewed.

The service risk management policy set out impact and severity scorings, responsibilities, actions of risk analysis and monitoring, planning and review of risk.

A business continuity plan, winter framework and emergency preparedness, resilience and response plan were in place within the service. These set out actions for unplanned events and were produced in conjunction with leaders from the wider organisation.

The operational lead for the service reviewed all service level agreements and indemnity insurance was clearly displayed for all staff to see.

## Information Management

**The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.**

The service had progressed to an electronic model which included smart phones for all vehicles and electronic incident and risk reporting and electronic dashboards. This staff told us had made information, such as policies and procedures more easily available to all staff and had helped managers to understand challenges in real time.

Systems were secure with firewall and password protections and in line with the service information technology policy, there was a designated Caldicott Guardian who managed the service's data sharing agreements.

## Engagement

# Patient transport services

**Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.**

Communication leaflets were available on each vehicle for patients and managers engaged with a local charity who supported patient discharge by delivering medicines after discharge. A patient transport liaison officer was based at the local NHS trust between Monday and Friday for patients, relatives and staff to access.

An online transport booking portal for patients, hospitals and general practitioners had been set up in collaboration with commissioners. Members of the service (managers?) met with commissioner) twice a month to discuss challenges, issues, key performance indicators and contract arrangements.

Managers engaged with staff daily face to face, as well as by email, monthly newsletter and quarterly team meetings.

## **Learning, continuous improvement and innovation**

**All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.**

The service worked hard to continually improve and better itself. Project resolve, a call quality and control improvement plan, had been created and external specialists had been commissioned by the wider organisation to review information and data prior to this.

Monitoring and review of equipment and consumables as well as suppliers demonstrated that the service was actively trying to drive quality and improvement by not only finding the most suitable suppliers, the best value for money, as well as most up to date in terms of evidence.