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Medical Response Services







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	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Insufficient evidence to rate	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

Overall summary

Our rating of this service improved. 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 and understood how to protect patients from abuse. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records.
- Staff provided good care and treatment. The service monitored 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.
- The service planned care to meet the needs of local people and made it easy for people to give feedback. People could access the service when they needed it.
- 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:

- Staff could not fully explain their understanding of the Mental Capacity Act and Deprivation of Liberty or duty of candour. Staff did not collect safety information or use it to improve the service. Staff did not advise service users on how to lead healthier lives.
- Care did not always take account of patients' individual needs.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Good 	Our rating of this service improved. We rated it as good. See the summary above for details

Summary of findings

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Summary of this inspection

Background to Medical Response Services

Medical Response Service is an independent ambulance provider that undertakes non-emergency patient transport journeys of patients aged 18 and above that are eligible for NHS funding and being discharged from an NHS trust. In addition, ad-hoc private patient transportation is also undertaken on a one to one basis.

Approximately 12000 end of life, bariatric and patient discharges home were undertaken between April 2021 and April 2022. And between June 2021 and March 2022 9 mental health transfers were undertaken.

The service employed 40 members of staff, 30 of which were clinical staff, two infection control practitioners, four office staff, two managers and two directors. At the time of our inspection there were five NHS contracted vehicles operating daily and up to 2 additional vehicles available for ad hoc work..

The service was previously inspected in December 2020.

How we carried out this inspection

We carried out a one-day short notice (less than 24 hours) announced inspection on the 5th April 2022. During this inspection we reviewed policies and procedures, three staff files, patient transport record forms and information technology systems, we spoke with three managers, five members of staff and one patient relative. We also inspected two ambulances.

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:

- The service should consider formally documenting environmental risk assessments in order to monitor and mitigate any risks relating the health, safety and welfare of people using services. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17, 1,2, (c)
- The service should ensure that staff understand duty of candour in order to assure itself it complies with the statutory duty of candour requirement. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20.
- The service should consider the evaluation of practice in respect of incident reports in order to drive improvement in the safety and quality of its services and mitigate risks relating to health, safety and welfare. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17, 1,2, (f)
- The service should ensure that staff who obtain consent have the necessary understanding of the care and/or treatment that they are asking consent for. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 11, 3.

Summary of this inspection

- The service should ensure that reasonable adjustments are made to the information that is provided such as large print, braille, multiple languages in order to provide support and ensure patients can make informed decisions about care and treatment options. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 9, 1.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Good	Good	Insufficient evidence to rate	Good	Good	Good
Overall	Good	Good	Insufficient evidence to rate	Good	Good	Good

Patient transport services

Safe	Good 
Effective	Good 
Caring	Insufficient evidence to rate 
Responsive	Good 
Well-led	Good 

Are Patient transport services safe?

Good 

Our rating of safe improved. We rated it as good.

Mandatory training

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

Care staff received and kept up to date with their mandatory training. During the inspection we saw that out of 28 care staff overall mandatory training compliance was 99%.

The mandatory training was comprehensive and met the needs of patients and staff. Mandatory training was aligned to the UK Core Skills Training Framework issued by Skills for Health.

Dementia, diabetes and epilepsy had been completed by all 28 of the clinical members of staff. Equality and diversity, infection prevention control and moving and handling had been completed by all members of both clinical and non-clinical members of staff.

Since the last inspection the service had introduced the safe use of oxygen training for all staff at induction and annually after this. During the inspection we saw that 27 out of 28 members of staff had completed this training.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism.

Managers monitored mandatory training and alerted staff when they needed to update their training. A colour coded electronic dashboard highlighted when mandatory training modules were due. This was broken down into 90 – 60 days' time, 30 to zero days' time and when out of date. This allowed the service to plan staff training accordingly and ensure that where possible modules did not become out of date.

Safeguarding

Staff understood how to protect patients from abuse however, the service did not always work well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Patient transport services

We heard of an example where a safeguarding concern had been discussed internally but not escalated to the relevant statutory bodies. This meant that there was a risk that harm to a service user may have gone unnoticed. A retrospective safeguarding referral was made to prevent further risk to the service user.

Staff knew how to identify adults and children at risk or suffering from significant harm. Staff also knew how to make a safeguarding referral and who to inform if they had concerns. During our inspection we saw there was a policy in place and a clear process for staff to follow when raising safeguarding concerns which included the provision for out of hours escalation.

Staff received training specific for their role on how to recognise and report abuse. We saw that 100% of staff had undertaken both adult and child level two safeguarding training and that in the last twelve months 13 safeguarding referrals had been made.

Pocket cards on the safeguarding process had been issued to all staff as an aide memoir and the up to date safeguarding policy was accessible to all staff through the electronic application system. Managers told us they planned to introduce a second level four trained safeguarding point of contact for the service to cover absence. At the time of our inspection this was not yet in place.

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 clean and had suitable furnishings which were clean and well-maintained. Two dedicated infection prevention and control practitioners undertook deep cleaning of vehicles on a three-weekly rotation and cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. During the inspection we saw that the target for the service was to deep clean 15 vehicles a month. 15 were cleaned in February 2022, 13 in January 2022 and 11 December 2021.

The service had implemented a new cleaning charter which included commitments such as touch point cleaning after every patient. We saw this charter displayed on the wall in the crew room of the base station and displayed on each vehicle.

Hand cleaning facilities were widely available throughout the premises and alco-gel was available on each vehicle that we inspected. This was in line with The National Institute for Health and Care Excellence quality standard 61, quality statement 3: Hand decontamination which states “*healthcare workers decontaminate their hands immediately before and after every episode of direct contact or care.*”

Personal protective equipment was available on each vehicle. This included masks, aprons, gloves and face visors and staff could go to the operations manager for advice and support in infection control matters.

Environment and equipment

The design, maintenance and use of vehicles and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The design of the environment followed national guidance and there was enough suitable equipment to help staff to safely care for patients. We saw that appropriate manual handling equipment was located on each vehicle such as pat slide, wheelchair and winch.

Patient transport services

Staff carried out daily safety checks of specialist equipment such as personal protective equipment, oxygen cylinders and mobility aids at the beginning of their shift.

Each vehicle was equipped with an automated defibrillator, satellite navigation system and fuel card and featured as part of a service schedule which allowed the provider to ensure the vehicles were up to date with tax and MOT.

Oxygen gas piping had been serviced in line with the Medicines and Healthcare Products Regulatory Agency guidance on managing medical devices.

Vehicle keys were stored securely with limited access to the safe using an electronic fob.

Staff disposed of clinical waste safely. We saw that clinical waste was stored and disposed of from the premises appropriately by an annual collection of clinical waste.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration

The service had a deteriorating patient policy and staff had been trained in basic life support and basic first aid to help them to respond promptly to any sudden deterioration in a patient's health. We saw that 100% of staff had completed the first aid level two qualification which included basic life support. Managers told us that staff would call 999 for assistance in the event of a patient deteriorating whilst being conveyed.

Staff completed a patient transport record form for each patient which included a risk assessment of behaviours (such as risk of self-harm), level of responsiveness and condition of patient (such as checking cannulas had been removed prior to travel), whether they were a bariatric or end of life patient and which resources were required such as stretcher or oxygen. This enabled the crew to seek additional support if required.

Staff shared key information to keep patients safe when handing over their care to others.

Staff knew about and dealt with any specific risk issues, this included ligature risk assessments which were undertaken prior to the transportation of patients suffering from mental health illness. We saw an example of a completed risk assessment where upper stretcher straps had been removed from the vehicle prior to a journey to prevent harm occurring to a patient. There was an in-date ligature risk assessment policy.

The service no longer transported acutely unwell mental health patients such as those on a section 136 (where police used emergency powers to detain a person) or section two (where a patient was being admitted for assessment) this meant that all mental health transfers could be risk assessed and planned in a timely way prior to being undertaken and appropriate staff used to undertake the journey. Staff told us that an escort would always accompany a patient being transported who would provide specialist mental health support to the patient.

Managers told us they undertook individual environmental risk assessments for transport journey's which may have added complications such as steps into a property. However, we did not see any evidence of this as at the time of our inspection this was not formally documented.

Patient transport services

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 staff a full induction.

The service had enough ambulance care assistants to keep patients safe. Each vehicle was staffed with two members of staff.

Shift patterns were aligned to demand upon the service. We saw the service monitored performance data which informed decision making on staffing levels. At the time of our inspection new staff members were undertaking induction so that an additional night vehicle could be deployed due to increased demand.

We reviewed three induction packs and found that all staff undertook three supernumerary shifts before being aligned to a mentor as part of their preceptor shift. Competencies were recorded within the induction pack before the inductee was signed off as competent. In addition, the operational manager met on a monthly basis for three months for a one to one discussion with the new member of staff to ensure they were transitioning smoothly into the service. Staff also undertook a two-hour driving assessment as part of their induction process.

We reviewed three recruitment packs during the inspection and found that all were in line with the updated recruitment policy and requirements of the Health and Social Care Act 2008 including obtaining two references and completing an enhanced Disclosure and Barring Service (DBS) Check. Out of 37 eligible staff members for a data barring check we saw that 37 were in date and one had been requested and was pending return.

There was an effective process for individual risk assessments to be undertaken during the recruitment stage if staff had spent convictions.

We saw that managers had promoted vaccine uptake using an internal electronic social media system in line with the third phase of NHS response to COVID-19:

The service did not use agency staff. Where sickness levels were increased throughout the pandemic, we saw the senior management team supported the frontline crews in conveying patients. An 'on call' crew were also rostered on duty in daytime hours to pick up additional work and cover short notice absence when required.

Staff were supported out of hours by an on-call rota system of the management team.

The service did not use sub-contractors.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and stored securely.

Patient notes were comprehensive, we reviewed three patient transport record forms and found them to be completed appropriately including date, time and person completing form.

Records were stored securely in a zip folder within each vehicle and then in a locked post-box located in the base station. Patient transport record forms were scanned onto an electronic system and then shredded.

Patient transport services

A prompt on the patient transport record form detailed that any DNACPR forms must be conveyed along with the patient.

Medicines

The service followed best practice when administering, recording and storing oxygen.

Oxygen was stored appropriately on each vehicle we inspected and kept in a secure cage at the base station. This was in line with the Health and Safety Executive Safe Use of Oxygen in the Workplace document. No medications were administered by staff members.

No medicines other than oxygen were carried for emergency purposes on any of the vehicles. Patients were conveyed with their own medications which were logged on the patient transport record form.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team. Managers ensured that actions from patient safety alerts were implemented and monitored.

Crews completed a paper incident report form which was then transferred to an electronic system. In the last twelve months we saw that 14 incident reports had been completed all were in line with the incident reporting policy. No never events had occurred.

During our inspection all staff members which we spoke to were unclear about the meaning and use of duty of candour despite 33 out of 36 members of staff having completed biannual duty of candour training. This meant there was a risk duty of candour may have been missed and a full explanation if something went wrong may not have been given to patients and families.

Near miss forms had been created and work was underway with staff members to support them in completing those forms. Generally near misses we saw included areas involving equipment, slips, trips and falls.

At the time of the inspection there was no monitoring of incidents which meant themes and trends may not be identified. This was important because additional actions may be required to prevent a recurring type of incident and learning cannot be taken.

Action plan from incident investigations were added to an electronic system and monitored as a standing agenda at senior management meetings.

Feedback was shared with staff individually face to face if required and collectively as a group using an electronic application system shared by all staff members. An incident policy was also available to all staff on the same electronic application.

A compliance manager monitored and shared any patient safety alerts with staff members electronically meaning staff could access the information in real time both on and off duty.

Are Patient transport services effective?

Patient transport services

Good 

Our rating of effective improved. We rated it as good.

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. A compliance manager monitored updates such as patient safety alerts, Health and Safety Executive directives and national COVID-19 guidance as well as updated MOT and services scheduling rules. Relevant guidelines and protocols were shared with staff using an electronic application to enable the quick dissemination of information to all staff including those working out of office hours.

Managers were able to access a remote national health library meaning they had access to the most up to date journals, eBooks and academic articles.

Nutrition and hydration

Bottled water was available for patients if they wanted a drink during their journey. Routinely food was not required for patients as journeys were short however, food could be sourced if patients were undertaking longer journeys.

Response times

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

Response times featured as part of the services patient quality dashboard and considered important data such as travel time efficiency; timeliness of patient drop off and telephone system availability. Between September 2021 and March 2022 6153 transport bookings were taken, in this time telephone system availability stayed above 98% whilst timeliness of patient drop off ranged from 91% to 98% across the same time period.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Staff were selected from care backgrounds and completed first aid level two training upon recruitment.

Managers gave all new staff a full induction tailored to their role before they started work. This included a supernumerary period and regular contact shifts with the operational manager. All other staff had three monthly supervision meetings with the operational manager.

Managers supported staff to develop through yearly, constructive appraisals of their work. During our inspection we saw that at February 2022, 93% of staff had an up to date appraisal completed.

Patient transport services

Managers made sure staff had access to team meeting notes, guidance updates, policies and procedures using an electronic application.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. During the inspection we observed there were opportunities for development, one example being an opportunity for a member of staff to undertake a level 3 apprenticeship in business administration.

Managers made sure staff received any specialist training for their role. This included prevention management of violence and aggression training and Mental Health Act training.

Managers identified poor staff performance promptly and supported staff to improve. During our inspection we reviewed three crew performance improvement plans which were used to support staff in improving practice.

Multidisciplinary working

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

Staff attempted to hold regular multidisciplinary meetings to improve their care however at the time of our inspection managers told us such meetings had not taken place due to poor uptake.

The service worked closely with discharge co-ordinators ensuring that DNACPR orders and advanced care plans were correctly taken in to account.

Health promotion

patients did not receive practical support or advice to lead healthier lives.

At the time of our inspection health promotion was not offered

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. However, they did not always know how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Each member of staff we spoke to was unable to describe the Mental Capacity Act and Deprivation of Liberty Safeguards despite receiving and being kept up to date with training in this area. This meant the service could not be assured that staff implemented Deprivation of Liberty Safeguards in line with approved documentation nor consider best interest decisions appropriately. In a bid to counteract this the service had produced Mental Capacity Act pocket cards for crews to refer to.

However, managers monitored how well the service followed the Mental Capacity Act. During our inspection we reviewed a capacity audit which identified out of 24 patient transport record forms capacity had not been documented on four occasions. The service implemented crew performance improvement plans to change practice when necessary.

Patient transport services

Staff gained consent from patients for their care and treatment in line with legislation and guidance. An audit of 30 patient transport record forms for the week commencing the 28th February 2022 showed that consent was gained and clearly recorded in 100% of cases.

The service had created a restraint reduction pledge to promote practice which avoids the need for restraint. This included a risk assessment by telephone at the point of booking and again on arrival. There was a requirement for an escort to travel with any patient suffering mental health illness. Staff undertook mental health awareness training which included those with fluctuating capacity. Each journey was reviewed so that lessons could be learnt.

All 28 staff had completed training in mental health awareness and specific crews had been selected to undertake the transfer of mental health patients. All 24 of these staff members had completed additional training in the Mental Health Act and prevention and management of violence and aggression (PMVA). We saw that only staff who had completed this training carried out mental health transfers.

Are Patient transport services caring?

Insufficient evidence to rate 

We did not rate this domain

We did not have enough evidence to rate the caring domain.

During the inspection we spoke to the relative of one patient and we reviewed five pieces of information which had been submitted to the Care Quality Commission over the last twelve months. All spoke positively about the service however, we did not get the opportunity to observe interaction with patients, compassionate care, emotional support or involvement of patients and those close to them and managers were unable to provide us with contact details of patients as this information was not held.

Are Patient transport services responsive?

Good 

Our rating of responsive stayed the same. 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. This included the ability of the service to respond to ad hoc transport requests and differing natures of demand across the various locality trusts covered under the service level agreements. Daily contact with hospital managers meant that capacity issues within the hospitals could be supported by the service.

Vehicles in use were appropriate for the services being delivered.

Patient transport services

Meeting people's individual needs

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

At the time of our inspection an internet translation service was used to communicate with patients and relatives whose primary language was different from English. The service did not routinely print information leaflets in different languages for those who could not speak English however managers gave an example of when one had been produced in an alternative language for a patient who could not speak English. Braille or large print versions of leaflets or feedback forms for those partially sighted or blind were not available.

Staff had access to communication aids to help patients become partners in their care and treatment. Picture card communication booklets containing phrases in 5 of the most common languages based on demographic data had been created and placed on each vehicle to ensure that patients who could not communicate verbally could still share important information such as level of pain.

Staff supported patients living with dementia and learning disabilities by using 'This is me' documents and patient passports. We heard that these documents would only be transported with patients when given to staff by those caring for patients with disabilities such as dementia.

Each vehicle was equipped to safely care for bariatric patients including appropriate stretchers and wheelchairs.

We saw continuity of staff for patients accessing the service regularly, for example certain crews were allocated to vehicles, NHS trusts and shifts such as day and night shifts. This meant that staff were aware of people who had complex needs.

All staff completed training on equality, diversity and human rights every three years which included protected characteristics under the Equality Act.

Patients experiencing mental illness were escorted by specialist staff from the NHS trust to ensure there was immediate support available if required. We saw during the inspection that 100% of the 28 members of staff eligible had completed training on learning difficulties and dementia.

Access and flow

People could access the service when they needed it, in line with national standards, and received the right care in a timely way.

Managers monitored waiting times and made sure patients could access services when needed within agreed timeframes. This included minimising the length of time people had to wait for care, treatment, or advice by monitoring transportation and travel time efficiency. This included timeliness of patient drop off, telephone system availability and time of arrival for patient collection.

We saw that between September 2021 and February 2022 the percentage of patients the service supported to discharge in line with the COVID-19 Hospital discharge requirements ranged between 95 and 97%. This was designed to support a more rapid discharge of patients from hospitals during the pandemic.

Patient transport services

Managers monitored the number of cancelled appointments; we saw that in February 2022 six percent of the 973 bookings were cancelled. The service made this information available to the relevant NHS Trusts using the electronic portal and liaised with managers from the discharging teams.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service had not received any complaints or concerns within the last twelve months.

During our inspection we saw that no complaints had been received by the service in the last twelve months.

Tell Us forms were handed to patients at the end of each journey. This was included as part of the patient transport record form which meant that each member of staff ticked to confirm they had been correctly distributed. This meant that patients and relatives knew how and where to raise complaints and concerns.

A complaints policy was available for all staff to access using an electronic application system available for all staff. Policy updates were listed at the beginning of the document meaning crews could quickly be made aware of any updates or changes to the policy.

Are Patient transport services well-led?

Good 

Our rating of well-led improved. 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.

All staff members we spoke to during the inspection were able to identify leaders and understood their individual roles. Staff told us that leaders were both visible and approachable.

Leaders we spoke to understood the importance of quality and sustainability and were working hard to manage challenges related to them. We saw examples of the quality standards and performance measures which had been developed as well as the sustainability charter which was also newly created.

However, at the time of our inspection the service had not implemented any formal succession planning or support. We saw there was one operations manager responsible for a large portfolio of work including short notice site visits without any deputy or team leader role to support the function. This meant that key areas of work such as analysis of incidents for themes and trends did not take place.

Vision and Strategy

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

Patient transport services

The service had defined values which we saw displayed throughout its station during our inspection as well as an overall vision.

To support its vision, two strategies had been implemented. An environmental and sustainability strategy and an overall business strategy which contained both business objectives and strategic priorities.

A restraint reduction pledge had also been created. This included detail around policy, service level agreements with only one provider, staff training and risk assessments.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff we spoke to said they felt supported by managers, they felt they were able to approach and raise concerns with them. There was a whistleblowing policy which was due for review in 2024 and included anonymously raising concerns with a different manager if appropriate.

There was an emphasis on patient care from both staff and managers we spoke to, examples of this were the dementia, diabetes and epilepsy awareness training staff received and the curtailment of transportation for patients experiencing acute mental health episodes such as those under a section 136.

During our inspection we saw there were rest facilities for staff members to take a break, these included a vending machine and a change machine, a microwave, snooker table and access to hot and cold drinks meaning staff could rest, eat and hydrate appropriately during their breaks.

During the inspection we did not see any evidence of opportunities for career development within the service however, opportunities would be limited due to the nature of the service.

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.

Quarterly senior management team meetings took place and included action review, compliance, feedback, incidents and safeguarding as standing agenda items. Meetings took place in November 2021 and March 2022. Managers told us there was a delay between these meetings due to an increased sickness rate of 14% which meant managers were deployed to support road crews. Any information needing to be cascaded to staff would be shared using the electronic application system.

An informal face to face daily management 'catch up' also took place.

Service level agreements were in place with each NHS trust and renewed annually. Agreements were also generated for any ad-hoc business arrangements which were undertaken. We reviewed five service level agreements and found they contained detail about description of service and performance standards.

A toolbox talk on governance was undertaken as part of the onboarding process which meant staff knew how the organisation operated.

Patient transport services

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

Managers understood areas of risk it held and escalated these accordingly. The risk register for the service contained 50 risks to service provision all created in March 2021. Each risk was assigned an owner, had a likelihood, impact and overall score and contained mitigating actions. We saw that documented changes were included such as a lowering or increasing of score upon review. Risks included the provision of mental health services, disruption of service due to staff absence, COVID-19, IT failure and extreme weather.

A biannual risk register review meeting took place, minutes from the November 2021 meeting demonstrated that all risks were reviewed and altered accordingly,

An in-date business continuity policy was in place within the service to support the management of foreseeable risk such as extreme weather.

A quality dashboard enabled managers to review and improve current and future performance. Using audit of both clinical and operational data the service was able to inform the dashboard. This generated information about quality of care, demand, capacity, finance and performance. This was used as part of the governance process to act when required.

Staff told us of an initiative which had been developed called 'Hear us' which was designed for staff to provide improvement suggestions and feedback. This also enabled potentials risks to be identified and escalated by staff other than management.

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 created a quality scoring dashboard which collated data from the patient transport record forms. This information included response times, times of demand, collection times and was broken down by each client. This enabled the monitoring of themes and trends and could be used to improve efficiency of service. An example of this was the cancelled booking metric which identified the number of cancelled booking per month by each client. The target for this was less than five percent. In September 2021 we saw this was eight percent however by February 2022 had reduced to six percent

The service integrated people's views with its information on quality, operations and performance. For example, the monthly quality standards included data on means of feedback given to each patient, feedback received, and complaints received. We saw that in September 2021 49% of patients received means of feedback of which 13% fed back to the service however in February 2022 only 35% of patients received means of feedback of which 7% fed back to the service. This was reflected in the 'fully complete and accurate patient transport record form' metric which demonstrated that compliance was 92% in September 2021 and 79% in February 2022.

Patient transport services

During our inspection we reviewed three electronic analyses of patient transport record forms. These monitored the number of conformities/compliances, percentage of total errors, specific number of occurrences against specific categories such as date of birth, pick up time and tell us forms and then generated a red, amber, green status. This in turn was used to develop a crew performance improvement plan if required.

A data protection and an information governance policy were in place and the base station was monitored by CCTV with secure fob access only. During our inspection we saw that the fob access could be altered to allow different access to different locations. For example, only office staff had access to the office and the senior management team had access to managers offices.

An electronic training matrix enabled regular monitoring and review of mandatory training compliance and appraisal levels.

Engagement

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

The service had created a client portal for each trust so that they can access information about monthly performance metrics, service level agreements, quality standard and policies and procedures of the service. It enabled NHS trusts using the service to monitor and review real time data relating to their specific requirements. Examples of this were which ward the patient was collected from, the number of calls made to service broken down by hour and the mobility of each patient. This information could be used by the trusts to tailor services to specific requirements however staff told us this was rarely used by the receiving trusts.

At the time of our inspection the service was creating a staff forum. Terms of reference had been drawn up however the meetings had not yet begun.

The service had a 'named' local charity partner which it regularly supported. This charity had been selected because it related to the service in terms of its mission and vision.

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.

At the time of our inspection we saw that managers and staff were working hard to drive improvements in the quality of the service and had implemented positive changes since the service was last inspected. This included creating the quality standards dashboard, improving appraisal figures, strengthening staff training such as the epilepsy and oxygen awareness and effectively monitoring risks. Systems to support this improvement work had been put in place including business objectives, data systems, and processes for evaluating and sharing the results of improvement work.