

G4S Facilities Management (UK) Limited - Chelmsford







Quality Report

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

Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive?	Good	
Are services well-led?	Outstanding	

Summary of findings

Letter from the Chief Inspector of Hospitals

G4S Facilities Management (UK) Limited - Chelmsford is operated by G4S Facilities Management (UK) Limited . The service provides a patient transport service for adults and children.

We inspected this service using our comprehensive inspection methodology. We carried out the short notice announced inspection on 28 and 29 January 2020.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

The main service provided by this service was patient transport services.

This is the first time we have rated this service. We rated it as **Good** overall.

- 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 collected safety information and used it to improve the service.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However we also found:

- They mostly managed medicines (oxygen) well. However, on one ambulance we found some out of date consumable items and an external oxygen storage area lacked warning signage.
- However, we found two out of date paper policies at one site.

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

Heidi Smoult

Deputy Chief Inspector of Hospitals, on behalf of the Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Patient transport services

Rating Summary of each main service

Good



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Summary of findings

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Good 

G4S Facilities Management (UK) Limited - Chelmsford

Services we looked at

Patient transport services;

Summary of this inspection

Background to G4S Facilities Management (UK) Limited - Chelmsford

G4S Facilities Management (UK) Limited - Chelmsford is operated by G4S Facilities Management (UK) Limited. The service opened in 2007. It is an independent ambulance service with headquarters located in Chelmsford, Essex. The service transports patients to and from hospitals in Barking, Havering, Redbridge and London. areas and also transports patient to and from a

number of London hospitals. The service operated 24 hours a day, seven days a week from two sites and between the hours of 7am to 6pm/7pm at the remainder of sites.

The current CQC registered manager has been in post since November 2017.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and five other CQC inspectors. The inspection team was overseen by Mark Heath, Head of Hospital Inspection.

Information about G4S Facilities Management (UK) Limited - Chelmsford

G4S Facilities Management (UK) Limited – Chelmsford has five contracts covering areas in and around London. Contracts are with individual NHS hospitals and provide patient transport services for routine outpatient appointments and in some cases, transportation from specialised hospitals to other healthcare providers over longer distances.

The service provided non-emergency patient transport services (PTS). At the time of inspection, the service had five contracts in place to provide PTS transportation covering the areas of Stanmore, Lewisham, Romford and Bloomsbury. All governance processes and procedures for G4S Facilities Management (UK) Limited – Chelmsford were overseen by the G4S head office in Essex.

The service was managed from the headquarters in Chelmsford, Essex

The service is registered to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely

During the inspection, we visited two addresses from which staff and vehicles were based and the service's head office. We spoke with 24 staff including; patient

transport drivers, control room, booking staff and management. We spoke with six patients and their relatives. During our inspection, we reviewed how patient records were created, stored and handled.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service has been inspected once. The most recent inspection took place in October 2017 however the service's legal entity had changed since our last inspection.

Activity (January 2019 to December 2019)

- In the reporting period January 2019 to December 2019, there were 163,792 patient transport journeys undertaken.

There were 247 staff including patient transport drivers, control room staff and managers working at the service. The service did not store or administer controlled drugs.

Track record on safety

- Zero Never events
- 318 incidents
- No serious injuries

Summary of this inspection

- 173 complaints

The service also used a third party CQC registered ambulance service to provide support on both an ad-hoc and pre-planned basis.






Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Patient transport services

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

Information about the service

G4S Facilities Management (UK) Limited - Chelmsford is operated by G4S Facilities Management (UK) Limited. The service opened in 2007. It is an independent ambulance service with headquarters located in Chelmsford, Essex. The service transports patients to and from Barking, Havering and Redbridge areas and also transports patients to and from a number of other London hospitals.

Summary of findings

We found the following areas of good practice:

- 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 and acted on them.
- The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Managers monitored the effectiveness of the service and made sure staff were competent.
- Staff worked well together for the benefit of patients and services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.
- People could access the service when they needed it and did not have to wait too long for transportation.

Patient transport services

- Leaders ran services well using reliable information systems and supported staff to develop their skills.
- The service had a clear governance structure in place and systems to monitor, mitigate and manage risks.
- Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued.
- The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

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

- Not all consumable equipment on vehicles was within expiry dates.
- One area containing medical gases did not have adequate warning signage in place.
- There was limited visibility of lone workers (based at the Stanmore site).
- We found two out of date paper polices which staff could access.

Are patient transport services safe?

Good 

This is the first time we have rated this service. We rated it as **good**.

Mandatory training

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

Mandatory training included but was not limited to: basic life support, first aid at work, infection control, dementia awareness and oxygen therapy training.

Mandatory training was a mixture of face to face training and e-Learning. Senior staff described how feedback from staff was useful in tailoring training to ensure this was relevant and suitable for the role being carried out.

Service leaders monitored incident themes and trends to identify if potential areas of focus for training were required, such as manual handling course improvements.

Staff accessed computer terminals to complete e-Learning at base locations or they could complete training at home if preferred. Face to face training took place on a pre-planned basis with staff being given time away from operational duties to complete this. Staff told us they were given protected time to complete training.

The majority of training was provided by the service however some courses were outsourced to a third party.

Data provided after our inspection demonstrated that overall, as of November 2019, 90% of operational and 91% managerial/control had received mandatory training at required intervals.

Mandatory training compliance was overseen through electronic monitoring of records. Systems identified when staff were nearing expiry of training and requiring update courses.

The service had a training manager in place who reported to the clinical governance manager. Locally, staff compliance with mandatory training was overseen on a regular basis by the business support manger. They analysed data and where required put a recovery plan in place to address any shortfalls in compliance.

Patient transport services

The business support manager fed mandatory training compliance data to local base managers to ensure staff remained up to date with training.

Senior leaders told us of previous challenges around mandatory training compliance. This had been a focus for leaders. As compliance had been above target for a sustained period, the service was looking to raise the internal target above the current target of 85%. This was being reviewed at the time of our inspection and no formal proposal had been made at this time.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training on how to protect patients from abuse, identify and report concerns. All patient facing staff completed safeguarding adults and children level one and two training. This was in line with the intercollegiate document 'Safeguarding children – roles and competencies for healthcare staff' 2014 published by the Royal College of Paediatrics and Child Health (RCPCH).

Data provided after our inspection showed that 94% of operational and managerial/control staff were up to date with safeguarding adults level two and 93% of operational and 94% of managerial/control staff were up to date with safeguarding children level two training. This was above the service's target of 80%.

At each site, staff had access to a named safeguarding champion with G4S Facilities Management (UK) Limited. The champion was a member of staff who had completed safeguarding children level four.

The service's safeguarding lead was trained to safeguarding children and adults level five. There was also an additional lead in the G4S group that staff could access for support and guidance. Staff could gain access to an external service which provided online training courses and guidance in safeguarding.

Staff reported concerns around safeguarding to the service's designated safeguarding line. They also informed control room staff who submitted an electronic social

services referral form before submission to the G4S safeguarding team. Locally, managers were responsible for generating and uploading an incident on the service's internal incident reporting system.

Additional information about any safeguarding concerns or complex needs was taken at the point of transportation booking using an eligibility criteria. Information would be passed from the healthcare professional requesting the booking.

Booking systems contained a specific prompt to inform staff if the patient was subject to a patient protection plan or other relevant safeguarding information.

We saw an example where processes had changed as a result of a safeguarding investigation. In response to a recent incident, staff could now electronically record details about patient handover to residential or care homes on their personal digital assistant (PDA) device.

Safeguarding policies were available for staff to review electronically. At the control room and head office location we saw safeguarding information on display and posters to provide support and guidance to staff.

All staff we spoke with could describe examples of potential safeguarding concerns and safeguarding reporting processes within the service.

We reviewed the safeguarding policy which was due for review in July 2020. The policy provided key information and guidance to staff on a number of safeguarding concerns including but not limited to: modern slavery, radicalisation, physical, sexual or emotional abuse and self-neglect.

We saw evidence that staff had escalated safeguarding concerns with onward referral to the local authority. Data from January to December 2019 demonstrated that staff raised safeguarding referrals as required.

Enhanced disclosure and barring service (DBS) checks were carried out as part of pre-employment checks. The G4S central governance vetting team reviewed notifications prior to informing local managers of DBS outcomes. All applicants were required to submit an application form and two references.

Patient transport services

DBS checks were repeated on a three yearly basis. Managers oversaw compliance through an electronic tracker with compliance reports being run monthly. If any concerns were noted during this process, a G4S risk assessment was in place to review each case individually.

We reviewed four staff files and saw that three forms of identification, DBS checks, two references, induction and driving licence checks were present in all records.

The managing director (also the CQC registered manager) made the final decision of employment suitability based on risk assessment findings.

At the time of our inspection no DBS checks were awaiting or outstanding a review.

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 premises visibly clean.

Staff received training in infection prevention and control. As of October 2019, 91% of operational and 93% of managerial/control staff were up to date with this training against the service's target of 85%.

Staff had access to vehicle and equipment cleaning products which were securely stored. Control of Substances Hazardous to Health risk assessments were in place and within review dates.

The service had a named infection prevention (IPC) and control lead.

The service's IPC policy was in date and due for review in November 2020. This provided information and guidance to staff on effective hand hygiene practices, personal protective equipment (such as gloves and aprons) and the safe handling of clinical waste.

We inspected five ambulance vehicles. All vehicles were visibly clean, contained decontaminating hand gel, personal protective equipment, decontaminating wipes/disinfectant spray and all single use item packaging was intact. This helped prevent and control the spread of infection.

Ambulance chairs, stretchers, wheelchairs and carry chairs had coverings that were intact to enable effective cleaning to take place.

All vehicles had received a deep clean at eight week intervals to help prevent and control the spread of infection. Deep cleaning was monitored on a regular basis. We saw that from January 2019 to December 2019, 100% of vehicles had a deep clean completed against the planned date.

Monthly IPC audits took place. Audits covered a number of areas including but not limited to; premises cleanliness, vehicle/equipment cleanliness, hand hygiene and uniform. We reviewed audit data for three sites (and three ambulance vehicles per site) in August 2019. Data showed compliance for building/premises ranging between 93% to 100% and for vehicles compliance ranged between 83% to 97%. When non-compliance was noted, actions were documented to rectify concerns and make improvements.

Environment and equipment

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

The service had a number vehicle types within their fleet. These included ambulances, cars and wheelchair accessible vehicles. Staff had access to standard and specialised equipment (bariatric) as required at all sites.

The service had a mixture of both company owned and lease vehicles available for use. We saw that vehicle keys were stored securely in a locked area and only authorised staff could access them when needed.

The service had a number of contracts in place to ensure that vehicles were maintained and serviced at regular intervals, in line with manufacturers recommendations. The service's fleet manager oversaw compliance with vehicle maintenance, servicing, tax and MOT.

Vehicle maintenance inspections took place every 13 weeks. This inspection covered the inside, outside, maintenance records, service history, ramp, winch and fixed assets. We reviewed maintenance records for three vehicles. We saw that checks had taken place at recommended intervals.

We reviewed five ambulance vehicles in total. All equipment was assigned a serial number and logged. This included but was not limited to; ambulance seats, trolleys and monitoring equipment.

Patient transport services

Equipment such as carry chairs were monitored through a maintenance planner and maintained on a regular basis. The system showed a clear service history of all items meaning oversight could be maintained to ensure equipment was safe for use.

Weekly calls took place with the service's maintenance provider to ensure that any equipment needing maintenance was identified in a timely manner to prevent equipment becoming unavailable for use.

Staff had access to a range of equipment to safely transport children of various ages (baby seats, restraints/harnesses). Equipment was held at site offices and staff were aware of the need for this as information was taken at the point of booking. Staff received training in the use of this equipment with annual refresher training taking place.

Equipment such as stretchers, wheelchairs and carry chairs were marked to indicate when future servicing or inspection was due. We reviewed a sample of equipment and saw all defibrillators, winches, ramps, carry chairs, stretchers and wheelchairs had been serviced within recommended intervals.

Clinical and non-clinical waste were appropriately separated and stored.

The service's fleet manager provided oversight of vehicle maintenance and repair.

In the event of vehicle breakdown patient and crew safety was a priority for staff. Vehicle repatriation took place to move the vehicle to a local workshop for repair, where required.

The service maintained a percentage of vehicles kept in reserve to account for breakdown to ensure service continuity.

Staff received training in fire safety. As of December 2019, 87% of operational staff and 89% of managerial/control staff were up to date with this training. Staff also received training in health and safety. As of December 2019, 95% of operational and managerial/control staff were up to date with this training.

At the service's headquarters we saw that restroom facilities and the call centre were accessible, visibly clean and free from clutter.

Operational staff accessed consumable items such as vomit bowls and oxygen masks in store areas at base locations to replenish used items. We reviewed a sample of stock held at a base location and found all items were within their expiry dates.

We checked consumable equipment on five ambulances. On four vehicles, all equipment was within expiry dates. On one ambulance we found out of date consumable items including but not limited to; suction catheters, airways and thermometer covers. We raised our findings to staff who took immediate action to remove and replenish this stock.

The service had a lone worker policy in place. Operational staff did not work alone during night shifts. However, during our inspection, we noted that booking staff at one site were working in isolation between the hours of 4pm to 6pm. Whilst crew members visited this office, we were not assured there were robust systems and processes in place to support lone working at this location. However, this site was in the process of change at the time of our inspection, with staff moves being planned to be nearer to main hospital premises. Senior staff were aware of this risk and were actively seeking plans to further address this at the time of our inspection. There had been no related incidents to lone working at the time of our inspection.

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.

Requests for patient transportation came to the service through the G4S control room based in Chelmsford, Essex. The only exception was the Barking, Redbridge and Havering contract where GPs booked transport through an online service.

Control and booking room staff adhered to the service's eligibility criteria on an electronic booking system. The eligibility criteria was set by the hospital requesting patient transport services. This meant that the service could only accept patients who were stable and had a level of acuity that staff could safely care for. Eligibility criteria examined a number of aspects including but not limited to; general fitness, mobility and additional needs.

Patient eligibility was discussed with staff through training information, appraisal processes and at team meetings.

Patient transport services

Staff told us they felt confident to refuse transportation in the event they felt a patient was too unwell. We reviewed one incident where a crew had refused transportation as they expressed concerns over the patient's clinical condition.

Staff had access to a policy named do not attempt cardio-pulmonary resuscitation (DNACPR). This provided guidance to staff in relation to their roles and responsibilities in complying with DNACPR orders and service policy.

Standard patient transport vehicles did not carry defibrillators (used to treat life threatening cardiac conditions). High dependency vehicles carried defibrillators as all staff on these vehicles had received additional training to FREC level three (first response emergency level care, level three). Staff we spoke with were clear on escalation processes if a patient experienced clinical deterioration. Staff called 999 to request support from the local NHS ambulance trust.

The service transported bariatric patients. Patient details were passed at point of booking and if required a visit to the patient prior to transportation would take place to carry out a risk assessment. All staff had received bariatric training as part of the service 'much more than manual handling' training. At the time of inspection. As of December 2019, 95% of operational staff and 95% of managerial/control staff had completed this training.

Staff received training in conflict resolution to help manage patients who may exhibit challenging behaviour. As of October 2019, 95% of operational staff had completed this training.

Staff received training in first aid at work and basic life support. As of November 2019, 95% of both operational and managerial/control staff had completed this training.

The service did not transport patients detained under the mental health act. This service was outsourced to a third party provider.

We saw that the service implemented additional staff guidance in a timely manner if required. For example, at the time of our inspection, guidance had been provided to staff around Wuhan Novel Coronavirus (WU-CoV).

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 gave bank staff a full induction.

Managers within the service were aware of the challenges they faced in relation to the recruitment and retention of staff. The service experienced high turn over rates with staff leaving to develop in roles with other NHS ambulance services and also due to difficulties recruiting within central London areas.

In response to challenges, the service had a clear focus on staff recruitment with adverts in place to attract staff. Developmental opportunities were also being improved within the service.

At the time of our inspection, the service employed 247 whole time equivalent (WTE) members of staff.

At the time of our inspection, there was a vacancy rate of 29.12 WTE members of operational staff. At this time the service reported 11 applicants were awaiting a start date, 10 were awaiting vetting stages and a further three were due to commence training. This left a vacancy rate of 8.15 WTE members of staff. We were informed, post inspection, that all vacancy hours were supported by bank staff and overtime.

A vacancy rate, shown by contract can be seen below:

- Barking Havering and Redbridge site staff: -4.28 (1 awaiting start date)
- Lewisham site staff: -5.52 (three awaiting start date)
- Queen Elizabeth Hospital site staff: - 5.69 (1 awaiting start date)
- Royal National Orthopaedic Hospital site staff: -1.33 (2 awaiting start date)
- University College Hospital London site staff: - 12.33 (six awaiting start date)

The area with the highest rate of vacancies was at University College London Hospital (UCLH) however, it is to be noted that at the time of our inspection, the service had six new members of staff due to commence in role. The service used a third party provider for drivers to fill vacant shifts at UCLH on an ad-hoc basis. All third party staff were provided with G4S induction prior to the commencement of work.

Patient transport services

Staffing levels were monitored on a regular basis. G4S systems tracked staff, calculated vacancy rates and forecasted expected attrition (loss of employees through reasons for example such as retirement, resignation or ill health). This enabled staff to proactively advertise in the aim of ensuring adequate members of staff.

The service proactively tried to recruit staff through contacting employment agencies.

The service did not use agency staff. Occasionally bank staff were used to drive vehicles. Prior to employment bank staff were required to go through full G4S induction processes.

Staff had a minimum of 11 hours downtime between shifts. If a shift overran, staff started later the following day. Breaks during each shift were coordinated with control room staff. Operational crews advised when they were unavailable due to have a break (red) and when coming back in to service (green).

Staff worked a variety of eight, 10 and 12 hours shifts. Shifts rotas were reviewed and planned in advance and covered 24 hours a day, seven days a week. Staff with permanent rota lines were advised of shifts six weeks in advance. Staff who were classed as relief workers (not on a rota line) were notified of their shifts one week in advance.

The majority of transportation requests were made up to six weeks in advance. Approximately 10% of the service's work booked was at short notice. To ensure adequate staffing, the service reviewed staffing levels and demand 48 hours in advance.

The service's human resources team actively sought to recruit new staff and monitored sickness rates.

Records

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

Patient records were created at the point of booking/ transportation request. All records were electronic. Booking staff created the record and operational road staff received patient and journey details through a personal digital assistant (PDA).

The PDAs were secure with password access only. When not in use, we saw PDAs were securely stored and

inaccessible to unauthorised people. All staff we spoke with described processes to ensure that PDAs remained on their person when in use to prevent loss or unintentional sharing of confidential personal information.

The PDAs recorded journey times and staff contacted patients 25 minutes in advance to inform them of their planned arrival time.

Medicines

The service used systems and processes to safely administer and store medicines (medical gases).

The only medicine provided by staff was oxygen. Staff received oxygen therapy training as part of their initial induction.

Staff completed regular training to ensure sustained competencies in the administration of this medical gas. As of December 2019, 96% of operational, managerial and control staff were up to date with this training.

Further guidance on the storage, transportation and use of oxygen was available in the staff handbook, issued to all staff.

Staff received instructions at the point of booking to indicate if oxygen therapy was required during transportation. Eligibility criteria assessed if the patient required patients transport vehicle with ambulance care assistants (under four litres of oxygen per minute) or a crew with FREC level three training who were assessed and deemed competent in the administration and monitoring of patients who required oxygen therapy at four litres per minute or over.

We visited a sample of the service's bases at which operational staff worked. We saw oxygen cylinders were stored appropriately in metal cages, stock was clearly separated and marked as full or empty. All cylinders we checked were within their expiry date.

At The Royal National Orthopaedic G4S site we visited, we saw that external oxygen storage areas did not have signage in place to indicate flammable gases. We raised our concerns with local management who immediately replaced signage, advising it had come detached during bad weather.

Incidents

Patient transport services

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, the wider service and partner organisations. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Incidents were logged and reported electronically. The head of governance and service managers oversaw all reported incidents and carried out investigations where necessary. Recently, incident reporting had been a focus for senior staff with a quality improvement plan in place to carry out a review of policies and procedures.

The senior management team were responsible for reviewing incidents in conjunction with the service's health and safety lead. The service carried out root cause analysis investigations which are used to identify the reasons incidents occurred and any possible steps that can be taken to prevent recurrence. Staff within the senior management team had completed training in RCA completion to ensure that thorough investigations took place.

We reviewed one RCA and saw clear documentation of root cause, lessons learnt, recommendations and arrangements for shared learning. Where appropriate, investigations took place in conjunction with other healthcare providers.

Learning from incidents was shared in a variety of ways. Staff reviewed outcome bulletins named 'safety matters' which were shared through information boards at service locations. In addition, newsletters, face to face meetings and appraisal processes allowed information from incidents to be shared with staff. Senior staff also described how previous incident examples fed in to induction training for new staff.

Senior staff described an improved culture with regards to incident reporting and told us the numbers of near miss reporting had increased. We reviewed data from 2019 which supported this; more incidents, including near misses had been reported.

Staff had access to a variety of documentation to support them with the identification and reporting of incidents.

The incident reporting policy was within its review date and provided guidance for staff around the definition of incidents, accidents, near misses, non-injury incidents and the responsibilities of staff with regards to incident reporting.

The incident reporting policy cross referenced to the service's policy named 'open and honest care policy; duty of candour'. The document was within its review date and provided staff with clear guidance on the processes and responsibilities with regards to duty of candour.

All staff we spoke with could describe examples of potential incidents and incident reporting processes within the service.

We were given examples of changes to process and practice after incidents. For example, crews now electronically signed their personal display assistants when handing over a patient to a residential or nursing home.

A safety alert had been issued to staff after an incident relating to a member of ambulance crew standing up when a vehicle was in motion. The safety alert issued in January 2020 reminded staff of their roles and responsibilities in relation to the health and safety at work act 1974 and Road traffic Act 1988. This demonstrated that senior staff fed back incident information to staff.

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.

Staff received training in the duty of candour. As of December 2019, 96% of operational, managerial and control staff had completed this training. Staff we spoke with could explain the importance of being open and honest when things went wrong.

We saw that the duty of candour was initiated where required, and discussed in detail at incident meetings with senior staff.

Patient transport services

Are patient transport services effective? (for example, treatment is effective)

Good 

This is the first time we have rated this service. We rated it as **good**.

Evidence-based care and treatment

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

Staff had access to a range of policies and procedures. Access was either in paper or electronic format. Policies were discussed and reviewed on a regular basis at quarterly clinical governance meetings.

Mental health champions (33 members of staff) had received additional training to support patients with mental health illness.

At each site staff had access to computer terminal to view policies electronically. Staff told us where they could locate policies in a timely manner. If advice was required, they approached local managers.

We reviewed a number of policies and saw they referenced national guidance. For example, the infection control policy referenced The National Institute of Health and Care Excellence guidance (Prevention and control of healthcare-associated infections).

Policies we reviewed were in date with the exception of two paper based policies at Queen's Hospital, Romford G4S site. We raised our concerns with local management who showed us that the updated current policies were present. They took immediate action to remove the out of date copies.

Nutrition and hydration

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

Due to the nature of services provided, food and drink was not routinely offered during transportation. Vehicles carried drinking water for patient use during transportation.

Discharge lounges provided patients with waiting facilities where hot and cold drinks were offered.

Pain relief

Due to the nature of services provided, pain relief was not offered during transportation. If required, healthcare professional requesting transportation arranged pain relief prior to transportation.

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 performance through use of key performance indicators (KPIs). KPIs were set for each contract and stated that 80% of patients required to be transported within set time frames. The baseline for KPI performance was 80% (aspiration to not go below) however the service worked towards an actual target of 90% to improve response times. Please note, the data shown below that does not include other exceptions agreed by hospital trusts that are then factored by contract for KPI performance data.

The service was meeting all KPI's for transportation with the exception of journeys to and from Lewisham Hospital. Data provided demonstrated that in the six month period from June 2019 to January 2020 overall KPI performance ranged between 89.8% and 77.4% depending on location.

Senior staff told us that activity at Lewisham had been increased by 10.7%, therefore explaining this impact on performance.

Information about patient journeys was routinely collected by the service. This included but was not limited to; pick up/drop off times, percentage of same day bookings and number of bookings taken in advance.

All vehicles within the G4S fleet were fitted with satellite navigation systems. This meant control room staff could monitor journey times, and also update crews if heavy traffic was noted within certain areas to minimise any potential delays in transportation.

Journey times were monitored as part of the service's performance. Allocation, pick up and drop off times were

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monitored to enable senior staff oversight of service performance. For more information on performance, please see the responsive section of this report (access and flow).

Patient outcomes

The service monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

Patient journeys were monitored electronically. Data allowed the service to measure its performance against key performance indicators (KPIs) which had been set on each contract they provided transportation for.

Contract managers had thorough oversight of performance and met with the commissioners on a regular basis. Regular discussion took place to improve performance and offer patients transportation in a timely and effective manner.

At the time of our inspection, the service told us that KPIs were being met, with exception of one contract. For more information on KPI please see the responsive section of this report (access and flow).

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.

A structured appraisal system was in place. Appraisal formats varied dependent on three roles within the service: operational staff, management and leadership role. The appraisal process was linked with the service's values and carried out on an annual basis for all staff. Appraisals covered areas including, but not limited to; performance, targets and career development.

Local managers carried out staff appraisals. At the time of our inspection, 86% of operational staff had received an appraisal. This figure included staff who were away from work for reasons including maternity leave and sickness.

Staff engagement meetings took place on a bi-monthly basis and also provide both managers and staff the opportunity to discuss various matters including career development.

Driving assessments took place upon commencement of employment. If driver competency concerns were identified, the service had driver assessors employed by G4S. However, at the time of our inspection the service was looking to employ three qualified driving instructors to enable regular driver assessments on a three yearly basis. Locally, each site checked staff driving licences annually.

During our inspection we were given examples of developmental opportunities for staff. We spoke with staff who confirmed access to career development pathways such as business management course, leadership training and also development from ambulance care assistance to more highly qualified ambulance crew.

New members of staff were supported through a buddy system. The clinical governance manager told us that staff were routinely supported for two weeks, however this could be extended if additional support was required.

Multidisciplinary working

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

Senior staff within G4S Chelmsford described an open and productive relationship with contract managers for the services to which transportation was provided.

There was a strong focus on multidisciplinary working to provide a patient centred service.

Working closely with commissioners gave G4S staff the opportunity to have a joint approach in improving the coordination of transportation and in turn improving patient outcomes. The service had seen that effective multidisciplinary team working had led to improved planning and patient flow, with a particular focus on discharge planning and ensuring that patients safely met the eligibility criteria for transportation. G4S staff attended hospital ward huddles for updates on expected discharges and spoke daily with ward staff to maintain flow.

We spoke with a service delivery manager at one site where transportation was provided. In collaboration with the commissioner, G4S staff had placed an emphasis on discharge processes including looking if certain things were

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in place prior to discharge such as medicines to take home and packages of care. This had led to improved communications with nursing staff with the main focus of providing patient centred care in an effective way.

We spoke with one member of hospital staff who told us transport delays had decreased since the implementation of G4S and hospital staff liaising on a regular basis.

We saw evidence of where the service met with it's commissioners to improve patient outcomes and put the patient first with their 'every patient matters' regime. The aim of this was to ensure that whilst working in line with key performance indicators, the service assessed each individual journey against timeliness targets which often varied according to the patient condition, place of treatment and mobility. We saw evidence that close working with commissioners had led to a reduction in patients waiting a long time for transport from 5% to less than 1%.

Booking staff liaised with the healthcare professional booking transportation to ensure that all relevant information including do not attempt cardiopulmonary resuscitation orders, complex needs and other details were passed at the point of booking.

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.

Staff received training the mental capacity act (MCA). As of December 2019, 94% of both operational and managerial/control staff were up to date with this training.

Staff could access the service's mental capacity policy which had been reviewed on a regular basis. The policy provided MCA guidance for staff including but not limited to: the assessment of capacity, best interest decisions, restraint, deprivation of liberty safeguards (DoLS) and advanced decisions.

Staff received training the consent. As of December 2019, 91% of operational staff and 92% of managerial/control staff were up to date with this training. Staff we spoke with could describe the MCA and when to seek advice if any concerns were noted about patient consent.

Are patient transport services caring?

Good 

This is the first time we have rated this service. We rated it as **good**.

Compassionate care

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

We spoke with six patients and relatives over the course of our inspection. All provided feedback outlining they felt they had been treated with kindness and compassion.

Patient comments were positive and included comments such as; 'the crew were very polite and look after me well', 'staff are very polite, they treat me with respect' and 'I have no issues at all, staff treat me with dignity and respect'.

We observed control room staff taking patient booking. At all times we saw that staff were polite, introduced themselves by name, gave their reason for calling and spoke to patients in a polite manner.

Staff described that often, patients got used to having the same driver/crew attending them for regular appointments. Patient feedback was positive as they got to know staff.

We reviewed a sample of feedback received by the service. Comments included: 'very happy with the service', 'excellent staff member who was courteous and friendly', 'we are very lucky to have this service and very grateful'.

The service collected and analysed patient feedback on a regular basis. We reviewed feedback data for August 2019 to December 2019 and saw that feedback was showing steady signs of improvement. The service asked: 'We would like you to think about your recent experiences of our service. How likely are you to recommend our service to

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friends and family if they needed to use a similar service'? We saw that the percentage of patients recommending the service to family or friends rose steadily from 89.74% in August 2019, to 100% in December 2019.

Emotional support

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

Staff we spoke with told us how they understood the impact that a person's care, treatment or condition could have on their well-being.

We spoke with three patients after our inspection. A patient described how they felt emotionally supported by staff when experiencing anxiety.

All patients we spoke with described feeling supported by staff who respected their privacy and dignity. Patients described staff as 'sweet and kind', 'they help me get on and off the vehicle and with my seatbelt' and 'staff listen to me'.

Understanding and involvement of patients and those close to them

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

Staff communicated with patients and carers so that they understood the care they would receive from the service. For example, patients confirmed that staff called to confirm transportation the day prior to transport and again on the day of journey. This helped patients plan around when transport was to be expected.

Eligibility for transportation was assessed at the point of booking by control room staff.

Patient feedback showed that patients appreciated seeing the same crew and this was facilitated, where possible.

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

This is the first time we have rated this service. We rated it as **good**.

Service delivery to meet the needs of local people

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

Senior managers met with hospital contract managers on a regular basis to oversee, plan and ensure that service delivery was effective and meeting the needs of local people.

During meetings it had been identified that the acuity (level of illness) of patients was rising. In response to this, the service had employed/trained FREC level three (first response emergency level care, level three) staff to provide a higher level of observation and care. Leaders acknowledged that work was at an early stage however they were aiming to have FREC level four staff in post later in 2020. This meant the service was looking ahead to expand the eligibility criteria making the service accessible to more patients.

The service planned resources around different sites and levels of demand in advance, to provide vehicles and staff where they were needed.

Senior staff understood the challenges each site posed with regards to differing contracts and regional differences. Staffing and vehicle allocation was planned in advance to meet the needs of local people, dependent on transportation requirements. For example, work from one London hospital was predominantly the transportation of trauma and orthopaedic patients, therefore patient positioning and transportation plans were made in advance.

All vehicles were equipped to carry bariatric wheelchairs meaning patients could access the service when they needed it.

Meeting people's individual needs

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

The service had identified a variety of ethnic minorities within areas where transport was provided. In response to this, information around a patient's first spoken language was taken at the point of booking. Staff had access to both verbal and written translation services where required.

Picture cards carried on vehicles assisted patients who first language was not English.

We inspected five vehicles. However, on one vehicle we saw that there was no special equipment in place such as communication aids. Staff could access special equipment such as communication aids at site locations/offices if required.

Staff received training in dementia awareness to support patients with additional needs. As of December 2019 90% of operational and 91% of managerial/control staff were up to date with this training. In addition, the service had implemented dementia championship training for staff to provide help and support to patients living with dementia.

The electronic booking form automatically defaulted to booking an escort for patients with dementia so patients received support during transportation. Vehicles contained 'twiddle mitts'. Twiddle mitts are items designed with varying textures such as buttons and fabrics to help ease any agitation a patient may experience.

Mental health champions (33 members of staff) had received additional training to support patients with mental health illness.

Staff had access to support tools to assist patients with visual impairment. Braille sheets (a tactile writing system – touch reading) were available on vehicles to help with additional communication needs.

All patients under the age of 16 were automatically assigned space for an escort to accompany them. In addition, escorts could be accommodated where patients had additional needs such as dementia.

The service transported bariatric patients and took relevant information at the point of booking. If required, staff carried out a risk assessment, prior to transportation to safely plan journeys.

Access and flow

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

Senior managers monitored weekly service dashboards to monitor journey numbers, vehicles off road, available vehicles, vehicle utilisation and performance

Discussions also took place around key performance indicator data and patient access to the service included monitoring of delays in transportation. If a patient missed an appointment due to transport delays, these were discussed by senior leaders with support on site from local leaders and at weekly senior management meetings. We saw evidence of discussion at weekly senior management calls on the first day of our inspection. All missed appointments were fully discussed with both local and senior managerial staff.

Key performance indicators detailed requirements of each contract, with a 90 minute window for patients transportation to appointments. All journey times were monitored by local managers for delays over 90 minutes. Staff proactively worked to reduce the number of missed appointments and delays over 90 minutes.

Locally, staff monitored a live dashboard which highlighted in real time patients that had exceeded the KPI time (various dependent on contract however this was usually 90 minutes). The live system was RAG rated (red, amber, green) to identify delays at the earliest opportunity and ensure that timely and regular reviews took place to move patients in a timely manner. We reviewed a sample of patients and saw that systems allowed for individual monitoring of times.

In addition, patients were monitored on a live basis. If a patient waited more than three hours for transportation, this automatically flagged on internal systems. An electronic report was generated to review all delays in transportation. The onsite control team and management team reviewed the journey and took appropriate action to prevent further delays.

In addition, each local manager was held accountable to contact patients to advise of potential and actual delays, offering an apology.

Data on delayed transportation showed that for a four month period from 1 October 2019 to 31 January 2020, 21

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patients missed their appointments due to transport delays. This equated to 0.04% of patients missing their journey during this time period. Senior manager monitored data and told us they would perform a deep dive into delays should any themes/trends occur.

Healthcare professionals could request transport bookings 24 hours a day, seven days a week from the centre in Chelmsford, Essex. Appointments were taken in advance or in some cases, on the same day. During our inspection we saw that booking staff answered calls in a timely manner. In addition, liaison staff were based at sites where transport was provided to help with journey planning and crew allocations.

Staff contacted patients the day prior to and on the day of transportation to confirm journey details. In addition, staff could see live updates of a vehicles position, enabling them to update patients on estimated arrival times.

G4S staff had placed a focus on liaising with hospital staff to ensure that discharge processes were coordinated with transportation to avoid delays for patients. For more information please see the multidisciplinary working section of this report (effective).

Learning from complaints and concerns

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

The service took a proactive approach to collecting patient feedback.

The service collected patient feedback in a number of ways. Paper based feedback forms were available in vehicles and also in various transport lounges at hospital locations. Posters were displayed within vehicles informing patients and their relatives of how to make a complaint. Patients could also feedback verbally, by letter/email or online at the service's website.

Patient surveys were available on staff personal digital assistants and patients were requested to feedback after transportation. In addition, staff took a random selection of patients and contacted them by telephone to request service feedback.

The service also sent surveys by text message to seek feedback on patient experiences.

Staff had access to a G4S complaints policy and procedure. the policy was within it's review date and provided guidance to staff on their roles, responsibilities and expected timeframes for complaints responses.

Locally, feedback was reviewed for each contract that was in place and staff could review this electronically. Service leaders routinely monitored and reviewed patient feedback in the aim of service improvement.

Data prior to our inspection showed that there had been 58 compliments from January 2019 to November 2019.

Data prior to our inspection showed that there had been 173 complaints from January 2019 to December 2019. The top four themes in these figures were: long waits for transport (23 of which nine were not upheld), missed appointment (16, of which four were not upheld), staff conduct (12, of which two were not upheld) and patients being late for their appointment (8, of which all were upheld).

Staff responsible for investigating complaints received training through an external provider.

Locally, managers aimed to resolve complaints at a local level. If unable to resolve the complaint at this stage, the formal complaint process was invoked.

Internally, key performance indicators were that all formal complaints were acknowledged (by letter) within three working days with a target completion of complaint processes in 25 working days. Staff told us they aimed to verbally acknowledge complaints on the day of complaint receipt.

Communication relating to complaints was shared electronically on a central database to ensure that feedback was being acted upon. The system was monitored on a daily basis and complaint information was placed on a dashboard to enable senior members of staff oversight of potential complaints themes and trends.

At the time of our inspection, the service performance against KPIs relating to complaints handling (acknowledgement within three working days and completion within 25 working days) had been 95% for the period of January 2019 to December 2019.

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We reviewed three complaint responses provided to patients. All complaint responses were polite, sent in a timely manner and addressed the concerns noted, with onward referral to an independent complaints review service if required.

The registered manager took an active role in the oversight of complaints. During our inspection we saw that complaint themes/trend formed a part of weekly senior management calls with local managers present.

Are patient transport services well-led?

Outstanding 

This is the first time we have rated this service. We rated it as **outstanding**.

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.

The service's managing director led the service supported by staff including but not limited to; operations and governance leads, a senior human resources business partner and head of commercial services. Service leaders understood the challenges to ensure provision of a quality and sustainable service and took actions to address them.

Leaders at all levels demonstrated high levels of experience, capacity and capability to deliver excellent and sustainable care. Senior managers consisted of staff with a broad range of knowledge and experience from backgrounds including but not limited to; governance, clinical skills, fleet and people management. Senior staff described stability within the management since 2017 when the managing director commenced in post.

We spoke with a number of senior staff who told us they felt well supported by each other with mechanisms in place to facilitate peer support in a trusting environment.

There was an embedded system of leadership development. Staff we spoke with described opportunities to develop and expand in their roles to more senior

positions within the service. A member of staff at one site had recently been selected to attend an international leadership programme hosted by G4S. Events were run regularly and individuals were nominated to attend.

Comprehensive and successful leadership strategies are in place to ensure and sustain delivery and to develop the desired culture. Staff at all levels described the senior leadership team as visible, approachable and supportive. All staff we spoke with knew who senior leaders were and how to contact them if required. We saw a comprehensive leadership strategy in place to ensure and sustain service delivery and promote a positive culture within the service. For more information, please see the 'culture' section of this report.

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.

The service had a clear mission statement, strategy and values. Sustainability and service improvement was an area of key focus for leaders within the service.

The service's mission statement was: to be the most reliable, secure, caring and sustainable specialist transport provider.

The service had patient transport service strategy in place which comprised two main focuses of:

- Delivering the basics – this included but was not limited to: a focus on contract retention, providing strong patient centred care and to develop value added and higher acuity services in contract.
- Investment in growth – this included but was not limited to: expansion of the service outside of current area, improve efficiency.

Staff received training on the service's values. As of December 2019, 95% of operational staff and 96% of managerial/control staff were up to date with this training.

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All staff we spoke with could describe the service's values and demonstrated how they adhered to the values through the course of their work. Staff were clear of their roles and responsibilities in achieving service values.

The services values were regularly displayed throughout the head office location. All staff we spoke with could describe the service's vision and values:

The service's values were:

- we act with integrity and respect.
- we are passionate about safety, security and service excellence
- we achieve this through innovation and teamwork

The service's strategy was realistic, credible and clearly aligned to local and wider healthcare economy with plans to sustain, improve and grow the service in the future. The strategy focussed on achieving the priorities and delivering good quality and sustainable care. Leaders placed a focus on looking at the needs of the community and adapting the service accordingly. For example, there were different focuses dependent on contract/site to meet the needs of patients.

There was a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the strategy and plans. We saw that plans, where required, were consistently implemented to have a positive impact on the quality and sustainability of services. For example, the service had identified the need to introduce high dependency care and at the time of our inspection, had implemented the governance structures to deliver this in the future.

Culture

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

Staff received training in equality and diversity. As of November 2019, 94% of operational staff were up to date with this training.

Staff at all levels were actively encouraged to speak up and raise concerns. Service policies and procedures positively support this process. Staff had access to the service's

whistleblowing policy and an independent telephone line where concerns could be raised. 'Speak out' posters were displayed around base locations signposting staff to the telephone line if required.

We saw that all leaders had a shared purpose and strove to deliver and motivate staff to succeed, whilst aiming to provide high quality patient care. All staff (operational, control, managers) described a supportive and transparent culture within the service. Staff told us they felt they could raise concerns if needed, without fear of reprisal. In addition, a number of staff told us they had previously left working for the service and returned as they missed the organisation and its people.

Staff were proud of the organisation as a place to work and spoke highly of the culture. All staff we spoke with felt positive and proud to work at the service. Staff were passionate about providing a patient centred service based on the needs of those they transported.

We were given examples of where operational and control staff had been supported throughout difficult personal circumstances. Staff described both local and senior managers as kind, understanding and supportive.

Staff told us that the positive culture was supported by a visible senior management team that operated an 'open door policy'.

We saw evidence that there were mechanisms in place to provide all staff, at various levels, options for development including leadership courses and career development.

The service organised annual award nights to recognise the achievements of staff that were above and beyond. This included volunteers who worked with the service.

Overall, all staff we spoke with described a positive culture of patient centred care. We saw examples of cooperation, support and appreciative relationships between various departments within the service, with the aim of providing the best patient outcomes possible.

The service placed emphasis on gaining meaningful feedback from those that used the service.

Governance

Leaders operated effective governance processes throughout the service and with partner

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organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Governance arrangements were proactively reviewed and reflected best practice. There were effective governance structures, processes and systems of accountability in place to support the delivery of the service's strategy and to provide a good quality and sustainable service.

A systematic approach was taken to working with other organisations to improve care outcomes. The service focussed on engagement with stakeholders on a regular basis to improve outcomes with staff at site level positively engaging with hospital staff to improve transportation times and patient outcomes.

Monthly patient transport meetings took place with attendance from key staff including but not limited to; chief local operating officer, area managers and fleet compliance management staff. We reviewed meeting minutes from October 2019 which detailed discussions around a number of areas such as planning/allocation of staff, vehicle utilisation, complaints, and performance against contractual requirements. Actions were documented and allocated to a named member of staff to ensure that staff knew what actions they were responsible for.

Weekly senior management team (SMT) meetings covered discussion around many areas from the service's electronic dashboard including but not limited to; journey numbers, performance, incidents, accidents, safeguarding concerns, complaints, fleet status, staffing/recruitment and staff sickness.

During our inspection we attended a weekly SMT meeting. We saw that thorough discussions took place around key areas, with local managers present to provide site updates and developments to the senior team. Throughout the meeting, we noted that staff felt able to challenge staff in a respectful manner and staff supported each other.

All staff we spoke with were clear around their roles and responsibilities within the service. Staff understood their individual roles and those of others, to facilitate meaningful and effective governance processes.

Weekly meetings discussed all ongoing serious incident investigations. We saw minutes from a meeting which documented a summary of incidents, actions taken and stages of the investigation process. All serious incidents had a named G4S lead.

Clinical governance meetings took place on a quarterly basis. We reviewed three sets of meeting minutes and saw a broad range of senior staff attended meetings on a regular basis. Meetings had a standard agenda and included discussion around areas including, but not limited to; incidents and complaints.

There was a service level agreement in place for services from a third party provider. This was reviewed on a regular basis by senior staff.

A comprehensive audit schedule was in place throughout the G4S group. Audit topics included but were not limited to; infection prevention and control, safeguarding, serious incidents and complaints.

Management of risks, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

There was a demonstrated commitment to best practice performance and risk management systems and processes. The organisation reviewed how they functioned and ensured that staff at all levels had the skills and knowledge to use systems and processes effectively. Problems were identified and addressed in a timely manner. Senior staff were committed in oversight and mitigation of risk, using systems and regular reviews to identify and act upon new and known risks the service may have faced. All senior staff we spoke with demonstrated a sound understanding of the risks the service faced, and mitigating action to address these.

The service had a risk assurance dashboard in place. Top risks included but were not limited to; business growth/strategy and information technology systems. Other risks included staffing, service delivery and business continuity.

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All risks had clear control, mitigation and management measures in place. We found that the risk management systems in place were embedded within the service with senior staff actively engaged in the management of risks.

Risks were allocated to a named individual and reviewed on a regular basis.

The service's risk committee met quarterly. We spoke with senior staff who described the top risks as per the risk register in place.

There was a systematic programme of internal audit in place to monitor quality, operational and financial processes. The service's policy for audit processes provided guidance with key areas of audit including; health and safety, infection prevention and control, fleet and facilities and clinical standards.

The service's health and safety committee met on a regular basis to oversee reportable injuries, length of working time lost and themes/trends in incidents. Data from 2019 demonstrated that there had been an improved culture with regards to incident reporting and more incidents, including near misses had increased.

The service's risk committee met on a quarterly basis. Meetings reviewed each risk and had a named lead for oversight and actions.

The G4S wide serious incident and resuscitation committee met on a monthly basis. We saw this meeting was attended by a representative from G4S Chelmsford.

The service had business continuity plans (BCPs) in place to manage unexpected events such as IT failure, staffing, vehicles and increase in daily activity of greater than 120% at its sites. The BCPs provided key guidance and contact information for staff in the event of major incident. The service ran table top incidents to test the BCPs with last one taking place in January 2020.

Information management

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

Staff received training in information governance (the way an organisation processes or handles information). As of December 2019, 96% of operational staff and 97% of managerial/control staff were up to date with this training.

There was a demonstrated commitment at all levels to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement. Service managers used a variety of data which was electronically collected to monitor the service and drive improvements. Quality reports were monitored on a regular basis and covered a range of metrics including but not limited to; number of patient journeys, staffing, sickness, complaints, compliments and lesson learnt. Information was shared with stakeholders to drive improvements in service delivery.

At the time of our inspection, an internal intranet was in the process of testing prior to its launch. There was a focus on ensuring that information was easily accessible to staff. This would enable instant sharing of any incident feedback, changes to policy and other guidance relating to the service.

The service had a Caldicott guardian in place. This was a senior manager within the service who was responsible for protecting the confidentiality of personal information and ensuring information was properly managed.

Public and staff engagement

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

There were consistently high levels of constructive engagement with both staff and patients and relatives who used the service.

Senior leaders circulated monthly newsletters to operational staff to keep them up to date various aspects of the service including but not limited to; staff survey results, fleet updates (changes to equipment, new vehicles) and employee of the month. In October 2019's newsletter, there was a 'time to change' pledge to stamp out stigma surrounding mental health. This pledge was supported by the service's managing director.

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Monthly newsletters were provided by human resources. We reviewed January 2020's newsletter and saw a number of areas were covered including but not limited to; staff wellbeing, money management, details of access to the service's employee assistance programme and mental health awareness.

Managerial staff participated in 'back to greens' days. They carried out operational shifts to identify and improve a number of factors including but not limited to; understanding the service operationally, gathering staff views and improving staff engagement and patient experience.

Annual staff award ceremonies took place to recognise occasions where staff had gone above and beyond in their roles. Senior managers told us these were well received by staff with the most recent event taking place in January 2020.

Staff engagement days were carried out at site locations to engage staff in conversation around various subjects including but not limited to; pay, uniforms, annual leave, career opportunities and training.

The service proactively sought opportunities to engage with patients. This was based around the 'patient engagement charter', and aimed to put the patient at the centre of their work. Patient engagement methods included focus groups, feedback forums and friends and family test surveys.

We saw that both compliments and complaints information were shared at regular management meetings and overseen on an electronic dashboard to monitor results and drive improvements.

The service was due to use an innovative approach to gather feedback from people who use services and the public. The service had a 'mystery shopper' policy in place. This was a customer feedback tool used to assess the quality of service. It engaged with members of the public to experience the service from a patient's perspective and then feedback to drive service improvements if required. At the time of our inspection the process was under review and was due to be launched in 2020.

Innovation, improvement and sustainability

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

The service was working with an external provider to trial three electric vehicles in the aim of reducing service's carbon footprint.

The service had a dedicated business resourcing manager whose key role was to develop sustainable business workstreams that were aligned to the needs of the healthcare system. For example, the service was forward planning to develop the service to provide high dependency vehicles to support the demand for this service.

The service was developing medicines management processes to enable them to expand the care and treatment provided. At the time of our inspection we saw that there were strict proposed management processes in place and staff had already developed competency frameworks required to ensure staff have adequate training in the future.

Outstanding practice and areas for improvement

Outstanding practice

The service was in the process of trialling eco friendly vehicles to reduce their carbon footprint and reduce the environmental impact of patient transportation.

The service took a proactive approach to gathering patient feedback, used it in a meaningful way and shared themes and trends with staff.

The service took a proactive approach to work with other healthcare providers to improve the patient experience. A focus on hospital liaison had led to a reduction in delays arounds transportation.

Areas for improvement

Action the provider SHOULD take to improve

- The service should ensure that consumable equipment on vehicles is within expiry date.
- The provider should ensure that medical gases have adequate warning signage in place.
- The service should ensure that there is adequate support and visibility of lone workers (based at the Stanmore site).
- The service should ensure that paper polices accessed by staff are in date.