

St. John Ambulance

# St John Ambulance - Midlands Region

## 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?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Overall summary

We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service-controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and supported them to make decisions about their care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People 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:

- The service's audits did not always ensure leaders could monitor compliance fully,
- The service did not always correctly date sharp bins when they were in use.
- The service's medicines standard operating procedure did not make clear whether two staff need to sign controlled drugs medicines records and we saw variable practice.
- Not all staff had received appraisals.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Emergency and urgent care	Good 	

# Summary of findings

## Contents

### Summary of this inspection

Background to St John Ambulance - Midlands Region	5
Information about St John Ambulance - Midlands Region	5

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### Our findings from this inspection

Overview of ratings	7
Our findings by main service	8

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# Summary of this inspection

## Background to St John Ambulance - Midlands Region

St John Ambulance – Midlands Region is a large independent service that provides urgent and emergency support to NHS ambulance services. The service has hubs across both the East and West Midlands including in West Bromwich, Newark, Coventry, Derby, Rugeley, Northampton and Worcester.

The service has not been inspected since the change in registration in 2020.

The current registered manager has been registered with the CQC since the service was registered.

The service provides the following regulated activities:

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

The service provides the following services:

### Emergency and Urgent Care Services (EUC)

St John Ambulance – Midlands Region provides Ambulance Care Assistants (ACA), Emergency Ambulance Crew (EAC), technician and paramedic crewed emergency ambulances to four NHS hospitals and one NHS ambulance trust.

St John Ambulance – Midlands Region provides comprehensive cover to events including sporting meetings and festivals. Unless transport to hospital is provided such provision is outside of the scope of registration. Provision within the scope of registration is reported under the EUC core service.

We initially also intended to inspect the patient transport services (PTS) core service. However, during the inspection it became apparent the service no longer carried out this activity.

## How we carried out this inspection

We carried out an unannounced comprehensive inspection, looking at all five key questions; safe, effective, caring, responsive and well led.

We visited the Union Park Headquarters of the provider and the Newark hub where we inspected premises, vehicles and equipment.

We approached the NHS trusts that commissioned services from the provider and made use of their contract and quality monitoring information where it was provided.

The urgent and emergency core service inspection was carried out by two CQC inspectors and two specialist advisors with paramedic experience.

During the inspection we looked at ten patient records and spoke with six patients.

# Summary of this inspection

We spoke with 14 staff members on site. We looked at eight staff files.

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

## Outstanding practice

We found the following outstanding practice:

- The service had introduced a Freedom to Speak Up Guardian in order to bring it into line with NHS services.
- St John Ambulance had launched a new 'box-body' ambulance to transform the work undertaken by the charity, both as an emergency support for the NHS and at events. The new design ensured they were comfortable as well as practical. There were many improvements to the new vehicles which included being more spacious, and lighter with a fully automatic gearbox which makes them easier to drive and more fuel efficient improving environmental performance. The service also added new equipment to reduce moving and handling incidents for the crews.

## Areas for improvement

Action the service SHOULD take to improve: We told the service that it should take action because it was not doing something required by a regulation, but it would be disproportioned to find a breach of regulation overall

### Action the service SHOULD take to improve:

- The service should ensure infection, prevention and control audits monitor hand hygiene practice to ensure leaders are assured that staff are following best practice.
- The service should ensure it correctly dates sharp bins when they are in use.
- The service should ensure its audits monitor compliance with areas, such as National Early Warning Scores (NEWS2) recording, stroke assessment completion, clinical impression section completion and whether a safeguarding referral was completed.
- The service should ensure it is made clear in the standard operating procedure whether two staff need to sign controlled drugs medicines records and that staff are aware and follow the guidance.
- The service should ensure all staff receive appraisals.

# Our findings

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

## Emergency and urgent care

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

### Are Emergency and urgent care safe?

Good 

We rated it as good.

### Mandatory training

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

All staff received and kept up to date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. The service had a training target of 85% by the end of quarter three and 95% by the end of quarter four. This target was met for most modules, overall compliance was 93.9%. Managers monitored staff who undertook training at alternative places of work, such as NHS trusts and requested evidence of completion of all mandatory training. Staff had training to drive under blue lights.

Mandatory training modules staff were expected to complete included; data and security awareness, conflict resolution, medicines management and safeguarding. The service grouped essential training into 2 complete modules which all staff were expected to complete.

All staff completed training on recognising and responding to patients with mental health needs, a learning disability, autism and dementia. Staff had awareness of patient's diverse needs and knew how to seek specialist support if required.

Managers monitored mandatory training and alerted staff when they needed to undertake update or refresher training. Staff received reminders about training that was out of date or they needed to complete. Managers monitored and reminded staff to complete mandatory training when it was due.

### 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.**



## Emergency and urgent care

All staff received training specific for their role on how to recognise and report abuse. All staff received training in safeguarding children and adults for level two training, and they knew how to recognise and report abuse. This was reported to be 98.2% completion rate for safeguarding level one and 96.3% for safeguarding level two. Staff were able to give examples of safeguarding concerns. Staff completed training including terrorism (PREVENT) and modern-day slavery.

The safeguarding lead had relevant experience, knowledge to complete the role, and was trained in safeguarding children and adults' level four. Staff knew who this was or knew how to access their details and were able to approach them for advice and support.

Staff could make safeguarding referrals in different ways depending on the NHS ambulance trust they were working for that shift. Safeguarding referrals were also submitted by the service correctly to the Care Quality Commission. Staff received feedback from the contact provider to ensure learning.

The service had safeguarding policies and protocols in place for both children and adults. The service safeguarding policy was appropriately reviewed and in date. Each staff member had access to safeguarding policies and procedures and appropriate contacts for escalation. Staff used these tools for safeguarding advice, support and to report safeguarding concerns to the provider.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. The service provided us with safeguarding referrals between January and August 2022 and we could see staff undertook appropriate referrals protecting patients from harassment and discrimination. The service involved appropriate organisations, such as the police, in the safeguarding referrals where appropriate.

Between 1 August 2021 and 31 July 2022, the service made 35 safeguarding referrals across the Midlands region.

### 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. The service audited infection, prevention and control practice but there were some areas which were not included such as hand hygiene practice.**

All areas were visibly clean and had suitable furnishings which were clean and well-maintained. All vehicles were visibly clean and well maintained. During the inspection there were approximately 20 vehicles across both garages and 8 vehicles were checked. Vehicles that were not suitable to go out on the road were clearly labelled VOR (vehicle off road).

There was a dedicated cleaning bay equipped with vehicle wash equipment, benches, sinks and a washing machine. Cleaning materials were safely stored and there was usage and Control of Substances Hazardous to Health information displayed. Mops had disposable heads, were colour coded and stored upright off the floor.

The service performed well for cleanliness. Managers audited cleanliness to ensure compliance to required standards. Data from the service showed evidence these audits were conducted quarterly. The report for quarter two of 2022 showed vehicle infection, prevention and control (IPC) compliance was measured for both vehicle environment

## Emergency and urgent care

cleanliness and IPC equipment availability on vehicles. For the vehicle environment categories set out in the audit the service scored between 91% and 99%. For IPC equipment availability on vehicles categories set out in the audit the service scored between 84% and 100%. The service replenished the IPC equipment where required and had actions as a result of the audit. The IPC audit contained no hand hygiene practice monitoring so leaders were unable to monitor this.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Staff cleaned equipment after patient contact to reduce the risk of cross infection. The service deep cleaned vehicles as a standard on a six-weekly basis, and if additional deep cleans were required for any reason they were booked in. During the inspection the service evidenced these took place.

Staff followed infection control principles including the use of personal protective equipment (PPE). There was adequate PPE available on the vehicle. All staff were observed wearing PPE in accordance with current infection control guidance. Staff had received training in the safe use of PPE.

The service had an appropriate infection prevention and control procedure in place which was appropriately reviewed and in date. It included key areas, such as vehicle cleaning schedules and medical devices decontamination.

The service followed guidance around COVID-19 protocols. Entry to the building was restricted to prevent the risk of COVID-19 infections with reception staff. Staff were seen to observe COVID-19 precautions including the use of masks and hand sanitiser. There were dispensers for hand sanitiser and masks available throughout the building. Staff took lateral flow tests if unwell or had a high temperature and a polymerase chain reaction (PCR) test could be arranged in line with guidance in place at the time of the inspection. The service was aware of the vaccination status of all staff, and they were encouraged to use the immunisation programme.

### 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 design of the environment followed national guidance. The service had designated 'make ready' areas where vehicles were cleaned, washed and re-stocked. The garage was secure and there was CCTV, staff were present 24 hours a day at both sites we inspected.

All vehicles were in an identified parking space within the garage. We observed three crews preparing to go on shift and noted that they carried out vehicle and equipment checks against a written checklist. All vehicle keys are stored securely.

The service held comprehensive records of vehicle maintenance, including servicing of the vehicles. The service had comprehensive systems to manage vehicle safety testing/insurance and road tax and there were accurate records. Staff demonstrated how these systems worked during the inspection, the service had a dedicated team to deal with vehicle management.

Staff carried out daily safety checks of specialist equipment. The service had a process in place to monitor medical device recall alerts, and how these notices are discussed with the team. The service had a 'red tag' system when equipment that needed repairing was identified. This ensured it would not be used in active ambulances. The service had a standard operating procedure in place for the process.

# Emergency and urgent care

The service had an in date medical device management procedure which was in date and outlined the management of medical devices from procurement through to disposal.

During the inspection we found that two out of four sharps bins on ambulances at the Newark site had not been correctly labelled. When raised with staff they corrected the issue.

The service had enough suitable equipment to help them to safely care for patients. The service had enough stock which was linked to each vehicle. During the inspection stock was checked and was in date in both ambulances and in the stock room. All essential emergency equipment was serviced, electrical safety tested and secured in the vehicles. The service had specific equipment for transferring children when required.

The service has access to clean linen. Staff changed linen between patients.

Staff disposed of clinical waste safely. Staff understood guidance relating to the safe disposal of clinical waste and had appropriate systems in place at both sites for clinical waste disposal. Policies and procedures were in place to support this.

## Assessing and responding to patient risk

**Staff monitored and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration. Staff did not always complete full audits of patient risks.**

Staff completed risk assessments for each patient using a recognised tool, and reviewed this regularly, including after any incident. This included sepsis and stroke risk assessments. Staff had the knowledge to identify and deal with any specific clinical risk issues. Managers audited staff compliance for undertaking risk assessments as part of the records audit. We asked the service to provide any records audits in the last three months and the two audits provided related to patients presenting with 'chest pain' and patients who received treatment under the cardiac arrest care bundle. There were no other records audits that provided a general overview to assess other risks. This meant there were no audit measures to monitor compliance with areas, such as National Early Warning Score 2 (NEWS2) recorded, stroke assessments completed, clinical impression section completed and whether a safeguarding referral was required.

The service used the NEWS2 system to carry out and record observations and assess if escalation or further treatment was needed.

All healthcare professionals who worked for the service received intermediate life support training.

Staff completed risk assessments for patients thought to be at risk of self-harm or suicide, in order to determine the best pathway for the patient. Staff demonstrated a good understanding of patients at risk of self-harm.

Staff shared key information to keep patients safe when handing over their care to others. Staff provided full handovers to patients when arriving at the hospital. Staff ensured that hospital staff receiving patients fully completed the patient record to indicate the patient had been handed over.

## 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.**

# Emergency and urgent care

The service had clinical staff to keep patients safe. Staff comprised of contracted staff and volunteers. All vehicles had appropriate staff allocated dependent on the shift.

Managers accurately calculated and reviewed the number and grade of clinical staff needed for each shift in accordance with national guidance. The numbers of clinical staff were over the required establishment levels for five of the last six months.

The service had clinical leaders and shift leaders who supported the paramedics staff when required.

The service had variable and low turnover rates. Between January and June 2022, the average turnover for full time staff was 3.6%.

The service had a variable sickness rates. Between January and June 2022, the average sickness rate was 6.1%. The service told us the majority of staff sickness was in relation to COVID-19.

Managers made sure all staff had a full induction and understood the service. All staff completed an induction, which identified the company values, the vision of the company, what was expected of staff and the training that the staff would complete. Staff had support from a mentor when they started working at the service.

The service had a 24 hour on call system and a process in place for escalation to ensure that the staff could seek support from a senior member of staff when needed.

## Records

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

Patient notes were comprehensive, and all staff could access them easily. There was a clear policy in relation to record keeping. All patient records were logged before being sent to the relevant trust. We reviewed the patient record audits provided for the last three months and saw managers had completed two cardiac care audits.

The service had policies in place and a good understanding of Do Not Attempt Cardiopulmonary Resuscitation.

Patient notes we reviewed were fully completed and had been updated correctly onto the system.

Records were stored securely. Records were stored electronically and staff had passwords for computers and were seen to lock them when not at their desks. Paper records were sent to the trust responsible using a tracked delivery from a courier service.

## Medicines

**The service mostly used systems and processes to safely prescribe, administer, record and store medicines. However, medicines records were not always signed by two staff members.**

Staff followed systems and processes to prescribe and administer medicines safely. The service had a clear medication management policy in place.

# Emergency and urgent care

Staff completed medicines records accurately and kept them up to date. No medicines were stored on the vehicles overnight and were signed back into a locked cupboard in a locked room covered by CCTV. We reviewed records where controlled drugs were administered, and saw that there was variable practice; sometimes two people signed the record, and other records had one signature. It was not clear in the controlled drugs standard operating procedure whether 2 staff needed to do this.

Staff stored and managed all medicines and prescribing documents safely. All medicines we checked were securely stored and within their expiry date. Some medicines were stored in the fridge. The temperatures of the fridge were recorded daily. The temperatures were within the recommended range. The service held a stock list of medicines enabling a clear process for replacing stock.

The service held controlled medication on site. Controlled Drugs are drugs that are subject to high levels of regulation as a result of government decisions about those drugs that are especially addictive and harmful. These were stored correctly, checked and audited by clinicians.

Medical gases were stored separately in a locked area which was dry, well ventilated and regularly checked. Empty gas cylinders were stored in a separate space from full cylinders.

Staff learned from safety alerts and incidents to improve practice. Management had a good overview of safety alerts and disseminated this information to staff. Staff confirmed learning was shared with them to improve practice. The service had monthly medicines management meetings in place, we requested the meetings for April, May and June. At these meetings, the service monitored temperature logging, medicines alerts, supply issues, expired medicines, medicines packs and patient group directions.

## Incidents

**The service managed patient safety incidents well. Staff recognised and reported incidents and near misses and reported them appropriately. Managers investigated incidents but not all staff received feedback from this. Managers ensured that actions from patient safety alerts were implemented and monitored.**

Staff knew what incidents to report and how to report them. Staff had access to electronic systems to report incidents when on the road. This meant information could be shared in real time and reviewed without delay to ensure prompt action could be taken. Staff we spoke with described reporting incidents and raising safeguarding concerns whilst working with patients.

Staff raised concerns and reported all incidents and near misses in line with the service's policy.

The service had a clear major incident policy and major incident plan in place.

The service had no never events between 1 July 2021 and 30 June 2022.

There were 254 total incidents across the region between 1 July 2021 and 30 June 2022. Of these incidents one was categorised as high severity, 146 were medium severity and 107 were low severity. The highest volume of incidents (92) came under the category 'vehicle'.

Managers investigated incidents thoroughly. There was evidence that changes had been made as a result of investigations. The service discussed incidents individually at meetings and learning was identified.

## Emergency and urgent care

Staff were updated via email of the status of their incident investigations and of the outcome. The service admitted it needed to make sure that they learnt from incidents in a more systematic way and ensure that everyone received feedback when they raised a concern. The service planned to tailor training programmes specifically based on incidents that occurred in order to ensure learning took place.

Managers debriefed and supported staff after any serious incident. Staff were also offered counselling support if required.

Staff fully understood the duty of candour. The duty of candour is when every health and care professional must be open and honest with patients and people in their care when something that goes wrong with their treatment or care causes, or has the potential to cause, harm or distress.

### Are Emergency and urgent care effective?

Good 

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. Staff and the service were following Joint Royal Colleges Ambulance Liaison Committee (JRCALC) national guidelines. JRCALC combines expert advice with practical guidance to help paramedics in their roles and supports them in providing patient care. Staff had access to this information remotely. Staff also followed the trust processes and policies they were working on behalf of. This meant that at times, staff would follow different processes depending on the trust they were working for. Staff also had regular updates on NHS trust policies that had changed.

The service had appropriate protocols in place for staff which they could access via the trust's intranet if it was required.

At handover meetings, staff routinely referred to the psychological and emotional needs of patients, their relatives and carers. Staff had handovers with the trusts they worked with. Staff routinely referred to the emotional needs of patients, their relatives and carers.

### Pain relief

**Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.**

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Patients received pain relief soon after it was identified they needed it, or they requested it.

Staff prescribed, administered and recorded pain relief accurately. Staff told us they would offer pain relief quickly if needed, we did not see any pain relief administered during the inspection. Staff could offer a range of pain relief depending on the needs of the patients.

# Emergency and urgent care

## Response times

**The service did not monitor response times directly.**

Response times were monitored by the commissioning organisations. If any response time issues were identified, this was then raised and discussed with the provider during regular meetings and inspection and/or audit.

## Competent staff

**The service made sure staff were competent for their roles. Managers appraised some staff's work performance. Staff had access to regular team meetings.**

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The service employed staff with a wide mix of skills and experience. Staff had good understanding of their roles supported by relevant qualifications and training. Clinical staff were available as mentors to newer, less experienced members of the staff team.

Not all staff had an appraisal at the time of our inspection. Data from the service showed at this time, 43% of staff had been appraised. However, this was due the service moving to a new staff development system in January 2022. Managers were aware of who was outstanding and had plans to complete these. The service had set a target of 85% appraisal completion by the end of October 2022.

The training team supported the learning and development needs of staff. All contracted operational staff were required to undertake the full training package as part of their role. The service had a comprehensive package.

Some staff were involved in initiatives, such as clinical auditing, mentoring and assessing, and the clinical on-call team. They felt that St John Ambulance provided good opportunities for learning and development.

Staff had access to regular team meetings. During our inspection, staff told us they attended meetings. We requested minutes for team meetings held within the three months prior to our inspection and saw staff meetings had occurred.

Managers identified poor staff performance promptly and supported staff to improve. The service operated clear policies and procedures to support staff performance. Staff were aware of the expectations of their individual role and action was taken promptly to address any concerns with staff performance. Leaders could give examples where poor performance had been identified indicating training and support needs.

## 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.**

Staff worked with their colleagues and NHS staff to discuss patients and improve their care. Staff worked closely with hospital staff to be able to transfer patients into hospital safely and quickly, to meet the needs of the patients.

Staff worked across health care disciplines and with other agencies when required to care for patients. Staff worked with NHS trusts and with other agencies when required to care for patients, including; the police, coroner and fire service if needed.

## Emergency and urgent care

### 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 understood how and when to assess whether a patient had the capacity to make decisions about their care. The service had a clear policy and procedure for capacity to consent which covers the Mental Capacity Act 2005.,.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. We saw this was documented in patient records we reviewed.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff clearly recorded consent in the patients' records. The service had a policy and procedure in place which staff followed to ensure patients were given the opportunity to consent to their care. Where possible staff supported patients to sign to say they consented to any decisions made. We reviewed seven patient records and consent for any decisions made had been sought and recorded in all cases.

When patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, culture and traditions. Where appropriate staff would discuss patient's care with their relatives and made decisions in patients' best interests.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice. All staff had received training in relation to the Mental Capacity Act 2005 and understood how this applied to their role. Managers were available to give advice and support relating capacity and consent. Staff had access to the provider policy which covered the Children Act, consent for under 18s and how to assess for Gillick competence for those under 16. Gillick competency is often used to assess whether a child is mature enough to consent to treatment.

### Are Emergency and urgent care caring?

Good 

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.**

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. During our inspection we spoke with three patients and saw feedback to the service from July 2021 to June 2022. The service received 24 compliments in this timeframe from patients, family members and carers.

The service carried out a patient experience survey and across all compassionate care measures in July 2022 which included, 'respected my privacy' and 'treated me with dignity and respect' the service achieved 97%.



# Emergency and urgent care

Patients said staff treated them well and with kindness. Themes within patient feedback included kind staff who did not rush patients, and supported patients to take their time.

Staff followed policy to keep patient care and treatment confidential. Staff were aware of their responsibilities in relation to confidentiality and followed policies and procedures to protect patient's information. Staff maintained the dignity of patients during examinations. They provided blankets for warmth, modesty and comfort and ensured that patients were secure when transported in the back of the ambulance.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff showed a non-judgemental approach and the service had a positive culture of respecting people.

## Emotional support

### **Staff provided emotional support to patients, families and carers to minimise their distress.**

Staff gave patients and those close to them help, emotional support and advice when they needed it. As above, we reviewed patient feedback and spoke with three patients. Patients spoke of a good level of emotional support that staff gave them and to their loved ones.

The service carried out a patient experience survey and across all compassionate care measures in July 2022 which included, 'spent enough time with me', 'listened to me' and 'showed me they cared' the service achieved 97%.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations. We observed staff remained calm and patient when supporting patients.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. When treating a patient, we observed staff made sure that patients' family members had support in place before leaving their home.

## 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 made sure patients and those close to them understood their care and treatment. Staff supported patients to make informed decisions about their care. When explaining medical terminology to patients and their relatives, staff spoke in plain terms and used diagrams to aid understanding.

The service carried out a patient experience survey and across all compassionate care measures in July 2022 which included, 'gave me information that was easy to understand' and 'explained clearly what was happening' the service achieved 97%.

Staff talked to patients and family members in a way they could understand and were able to ask questions and seek more support if needed. Feedback from patients and relatives showed that they were involved in care and staff took the time to communicate clearly.

# Emergency and urgent care

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients could give feedback; either compliments or complaints to the service. As mentioned above the patients could easily leave feedback using the barcode and could also take part in the ongoing patient survey.

## Are Emergency and urgent care responsive?

Good 

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 local organisations to plan care.**

Managers planned and organised services, so they met the needs of the local population. The urgent and emergency provision of the service was, in the main, contracted by four NHS hospitals and one NHS ambulance trust. Therefore, the services were designed around the requirements of the commissioning trust. We saw within senior leadership team meeting minutes that managers regularly reviewed this.

The service also provided urgent and emergency care at events. CQC do not regulate any care given at the event; however, we do regulate the service if they convey a patient to hospital for ongoing treatment. The service provided cover for events in line with requests from event management.

Facilities and premises were appropriate for the services being delivered. The service headquarters and the Newark site were housed in purpose configured industrial units with dedicated training centres. The service also had bases across the Midlands. The garage, office and training space were suitable for the needs of the staff and the vehicles. Patients did not visit the premises.

## Meeting people's individual needs

**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 information leaflets available in languages spoken by the patients and local community. Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. The service had multilingual cards available in different languages for patients who did not speak English.

Managers made sure staff and patients, loved ones and carers could get help from a specialist language line to access interpreters when needed.

Staff had access to communication aids to help patients become partners in their care and treatment. The service had picture cards available for patients with communication needs

Staff had an understanding and received training about how to support patients living with dementia or a learning disability. Patient feedback we reviewed showed staff were able to support patients with dementia appropriately.

The service had appropriate equipment to transfer bariatric patients if needed.

# Emergency and urgent care

## Access and flow

**People could access the service when they needed it.**

The service supported four NHS hospitals and one NHS ambulance trust. The service carried out their work based on requests from those services.

## Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas. The service had electronic barcodes which could be scanned to make giving feedback easier for patients and their families

We reviewed the complaints policy and found it fully reflected patients' options when following up on complaints.

Staff understood the policy on complaints and knew how to handle them. Managers investigated complaints and identified themes. The service had received two complaints from July 2021 to June 2022. Investigations into complaints were carried by the management team and where appropriate a response was provided to the patient or relative. Both complaints fell under the theme 'behaviour of personnel'.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. We saw evidence of actions taken in both complaints we reviewed even if they were not upheld. Staff shared these lessons where necessary.

Managers shared feedback from complaints with staff and learning was used to improve the service. Where learning had taken place following a complaint information was shared with staff to improve practice and reduce the risk of reoccurrence.

## Are Emergency and urgent care well-led?

Good 

We rated it as good.

## Leadership

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

The registered manager was supported by ambulance operations managers, regional ambulance leads, a director of quality and safety, regulatory assurance manager, a medical director, and many others. Below this grade were Ambulance Locality Managers, District and Local Ambulance Leads and Lead Crews.

# Emergency and urgent care

The senior leadership team were able to identify and prioritise issues that arose, these were addressed in a timely manner.

Staff told us that site managers were supportive and senior managers and the registered manager were also visible. Staff told us they had a good rapport with leaders who are friendly and approachable. Senior managers worked clinically alongside staff which staff feel decreased any hierarchy.

Staff told us that they were supported to develop their skills and roles. The service had invested in their leadership structure, doubling the number of ambulance operations managers and regional ambulance leads.

There was always an on-call manager available 24 hours a day.

## Vision and Strategy

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

The service had a clear strategy in place from 2019 to 2022 which was based around serving communities the best way they could.

The service also had an operational and business plan in place moving from 2021 into 2022 which laid out objectives for their ambulance operations department.

The strategy clearly identified the values of the service.

Staff were aware of these values and demonstrated them to us throughout the inspection.

## 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 told us they felt there was a positive culture in the service and felt very supported by managers and senior managers. The levels of staff turnover and staff sickness were low within the service. Staff told us that if they had frustrations, they felt they could raise these concerns with managers and were listened too.

Staff spoke highly of their colleagues and stated it was a pleasure to work with the crews and a pleasure to work for the service. Feedback from patients, relatives and carers indicated they were able to share feedback openly with the service.

The service completed equality and diversity training as part of their training and could seek advice from managers and staff diverse groups. The service had an equity, diversity and inclusion strategy in place from 2022 to 2023. This included an equity, diversity and inclusion steering group and several staff networks including; disability and accessibility, women, pride, multi-cultural and carers.

The service had introduced a Freedom to Speak Up Guardian in order to bring it into line with NHS services.

# Emergency and urgent care

The service provided support and de-briefing for staff experiencing difficulties. There was a Wellbeing lead and confidential Care Support Line for staff, where staff could access counselling if needed. There was also an HCP Friends line where healthcare professionals can discuss distressing or challenging clinical cases with a peer. This was widely advertised within the building and staff were aware of the service.

The evidence we saw supporting the complaints and incident investigation processes was indicative of a culture of openness and honesty.

## Governance

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

The service had a clear structure in place, which identified the senior manager structure and middle management structure. This was evidenced through a documented organisational structure and comprehensive and well written documentation, such as policies, procedures and forms.

Staff were employed in specific roles with job descriptions and responsibilities. Staff at all levels understood their roles and responsibilities. Staff understood the areas they had oversight for.

There was a dedicated human resources department and a training department.

Where processes and procedures were in place they ran effectively. For example, there was a clear process in place for learning from incidents, including serious incidents, and how these were reviewed and then training identified if needed.

The service had regular governance meetings. The service provided several examples of governance meetings minutes and we saw that there were discussions around re-structuring, audits, recruitment, staff welfare, clinical observations and training.

The service held regular governance meetings with NHS trusts who they hold a contract with. NHS trusts also carried inspections of the service for their assurance. Actions were taken to improve where required.

The service had quality of service meetings in place with commissioners.

## 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.**

The service had a risk register in place. This identified the risk and any mitigation taken to reduce the impact of risks. The risk register was comprehensive, regularly reviewed and clearly showed mitigating actions.

Managers and senior managers were able to explain what their three top risks were for the service and how they were addressing these. Manager risks mirrored those upon the risk register.

Staff told us they received feedback from risks and incidents and were aware if learning from these had taken place.

# Emergency and urgent care

Managers met regularly with NHS trusts to review performance.

The service had a monthly performance dashboard and used it to monitor various aspects of performance including staff sickness, mandatory training, notifications, incidents and patient feedback.

The service had business continuity policies. This included the policy along with critical functions and/ impacts and risk analysis which the service had undertaken and it was reviewed regularly.

The service had processes which meant that events requiring notifications be reported to the CQC those of the trust. This meant that reports of serious incidents and allegations of abuse against staff and safeguarding referrals were reported appropriately.

## 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.**

There were effective information systems in place to support the activities of the provider. Data was comprehensive and we saw it used to operate day to day systems, manage the service and provide strategic information.

The provider operated a staff portal which enabled the distribution of information, such as policy updates and bulletins. Staff were required to sign into the email as proof of reading new policies.

Vehicles were equipped with global positioning system based navigation and location systems. Staff had access to mobile phones.

The service completed audits to monitor the performance and these were discussed in the clinical governance meetings. Action plans were put in place to monitor this.

## Engagement

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

The service held regular meetings with NHS trusts who commissioned services, to discuss audits, learning from incidents and to improve services for patients.

Staff told us they were involved in decision making within the service, and ideas for change were listened to and implemented where possible. We saw evidence in team meeting minutes that changes to the service were discussed with staff.

The service carried out regular staff surveys and had clear actions in place to address concerns.

The service had a regular ambulance operation newsletter to share message with staff, as well as provide feedback.

The service engaged with patients and made it easy for them to leave feedback.

# Emergency and urgent care

## Learning, continuous improvement and innovation

### **All staff were committed to continually learning and improving services.**

St John Ambulance had launched a new 'box-body' ambulance to transform the work undertaken by the charity, both as an emergency support for the NHS and at events. The new design ensured ambulances were comfortable as well as practical. There were many improvements to the new vehicles which included being more spacious, and a lighter with a fully automatic gearbox which made them easier to drive and more fuel efficient improving environmental performance.

The service had developed a fully electronic patient form in conjunction with staff and following best practice guidelines. This would be rolled out fully amongst all staff by the end of 2022.