

Nerams Ltd

# Nerams Ltd

## Inspection report

Regional Head Office and Training Facility  
26 High Street  
Spennymoor  
DL16 6DB  
Tel: 01388317999  
[www.nerams.org.uk](http://www.nerams.org.uk)

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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, the service demonstrated high levels of cleanliness and good adherence to the principles of infection prevention and control. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well.
- Staff provided good care and treatment. The service met agreed response times, performance data demonstrated high levels of consistent compliance. Managers monitored the effectiveness of the service and made sure staff were competent, mandatory training compliance was 100%. Staff worked well together for the benefit of patients and had access to good information.
- 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. The service proactively encouraged both negative and positive feedback as they valued all feedback as an opportunity to improve. 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, there were high levels of interaction between leaders and staff and positive working relationships were well developed. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Emergency and urgent care	Good 	The main service provided by this provider was patient transport services. Please see the patient transport service report for more detail.
Patient transport services	Good 	<p>Following the previous inspection in 2019, the service did not have an overall rating. The service was rated as requires improvement in safe but there was insufficient evidence to rate the other domains. We rated it as good because:</p> <ul style="list-style-type: none"><li>• 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.</li><li>• Staff provided good care and treatment and assessed patients' food and drink requirements. The service met agreed response times. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients.</li><li>• 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.</li><li>• 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.</li><li>• 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</li></ul>

# Summary of findings

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accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

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# Summary of findings

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# Summary of this inspection

## Background to Nerams Ltd

NERAMS is registered with the CQC to provide the following regulated activity;

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

The provider has had a registered manager in post since March 2018.

The service was subject to a CQC comprehensive inspection in August 2019 and was found to require improvement in the safe domain. There was insufficient evidence to rate the other four domains as the provider was not undertaking regulated activity at the time of inspection. There were no regulatory breaches identified following inspection. NERAMS provided a full range of services across two divisions. The patient transport services transported all patients including those with additional needs, which included bariatric, paediatric, and patients with mental ill-health. The accident and emergency division provided responses to 999 calls as a subcontracted service for the local NHS ambulance trust. The service also provided services in the event medical sector, technical rescue in heavy industry and other specialist rescue services which are currently not regulated by CQC.

The provider's activity levels for March 2021 to March 2022 were:

- 18,480 patient transport journeys subcontracted from local NHS ambulance trust,
- 369 urgent and emergency care journeys subcontracted from local NHS ambulance trust
- One private patient transport journey.

The providers main operating base was from their operations base in Spennymoor, they also had an ambulance station situated in Washington.

The main service provided by this provider was patient transport services. Where our findings on patient transport services – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the patient transport services.

## How we carried out this inspection

The inspection was carried out by two CQC inspectors and two specialist advisers. The inspection was overseen by a CQC inspection manager.

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

The service provided a supply of free tea and coffee supplies to be left with patients to ensure they were able to make hot drinks at home following discharge from hospital.

# Summary of this inspection

The service provided teddy bears for children on emergency transfers and umbrellas for patients for poor weather conditions.

# 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
Patient transport services	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 

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

The main service provided by this provider was patient transport services. Please see the patient transport service report for mandatory training, safeguarding, cleanliness, infection control and hygiene, environment and equipment, assessing and responding to patient risk, staffing, records and incidents.

#### Medicines

##### **The service used systems and processes to safely prescribe, administer, record and store medicines.**

The service did not hold any controlled drugs on site.

Paramedics were required to replenish their own controlled drugs (e.g. morphine sulphate, oromorph and diazemuls emulsion) through a private contract with a pharmacy. Paramedic staff were supplied with their own personal controlled drugs records.

These staff were responsible for the storage of their own controlled drugs during their shift in a locked box within a locked locker within a lockable vehicle. After the completion of their shift staff removed their controlled drugs from the premises and kept them off site. There was a clear process for the identification and disposal of controlled drugs which was completed by a local pharmacy. We saw that oversight of controlled drugs was maintained by regular audits of stock lists and disposal records. We reviewed these audits and saw no omissions or errors.

Although, standard drugs were kept within lockable safes within the locked drugs room within the store, we were unable to view the drugs prescription only medication (POM) book as it was off-site being audited and transitioning to a digital system, but evidence of its completion and accuracy was provided.

Staff followed systems and processes to administer medicines safely.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines.

## Emergency and urgent care

Staff completed medicines records accurately and kept them up-to-date.

Staff followed national best practice to check patients had the correct medicines when they were moved between services.

Staff learned from safety alerts and incidents to improve practice.

### Are Emergency and urgent care effective?

Good 

At the previous inspection in 2019 there was insufficient evidence to rate this domain. We rated it as good.

The main service provided by this provider was patient transport services. Please see the patient transport service report for evidence based care and treatment, pain relief, response times, patient outcomes, competent staff, multidisciplinary working, health promotion, consent, mental capacity act and deprivation of liberty safeguards.

### Are Emergency and urgent care caring?

Good 

At the previous inspection in 2019 there was insufficient evidence to rate this domain. We rated it as good.

The main service provided by this provider was patient transport services. Please see the patient transport service report for information on compassionate care, emotional support and understanding and involvement of patients and those close to them.

### Are Emergency and urgent care responsive?

Good 

At the previous inspection in 2019 there was insufficient evidence to rate this domain. We rated it as good.

The main service provided by this provider was patient transport services. Please see the patient transport service report for information on service delivery to meet the needs of local people, meeting people's individual need, access and flow and learning from complaints and concerns.

### Are Emergency and urgent care well-led?






Good 

At the previous inspection in 2019 there was insufficient evidence to rate this domain. We rated it as good.

## Emergency and urgent care

The main service provided by this provider was patient transport services. Please see the patient transport service report for information on leadership, vision and strategy, culture, governance, management of risk, issues and performance, information management, engagement, learning, continuous improvement and innovation.

## Patient transport services

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

### Are Patient transport services safe?

Good 

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

### Mandatory training

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

All staff across both divisions had completed all mandatory training within the previous 12 months. Staff compliance for all currently active staff was 100%. Any other staff who were showing as non-compliant was addressed with senior managers and those staff were confirmed to be new employees going through the induction programme.

The mandatory training was comprehensive and met the needs of patients and staff.

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

Managers monitored mandatory training and alerted staff when they needed to update their training. We saw the electronic system which alerted managers to any training that was approaching expiration.

### 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.**

All staff received training specific for their role on how to recognise and report abuse. We saw that all staff had completed the required level of safeguarding training for their role as recommended in the intercollegiate guidance.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.

# Patient transport services

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

The service had made three safeguarding referrals in the previous 12 months and all three referrals had been completed appropriately and notified as required to CQC.

## 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.**

All areas were clean and had suitable furnishings which were clean and well-maintained.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. We reviewed cleaning records and found no omissions.

Staff followed infection control principles including the use of personal protective equipment (PPE). We observed staff wearing PPE appropriately and adhering to the principles of bare below elbow (BBE).

Staff cleaned equipment and vehicles after patient contact and labelled equipment to show when it was last cleaned.

## 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. All vehicles were cleaned after each shift, maintained under warranty and deep cleaned every six weeks. We reviewed all documentation that recorded cleaning and saw no omissions for any vehicle.

All vehicles inspected appeared visibly clean and we saw evidence daily vehicle and equipment cleanliness checks had been completed by the crew on shift for each vehicle inspected. All the vehicles we inspected had supplies of personal protective equipment (PPE) and replacement linen available.

We saw evidence of regular infection prevent control and hygiene audits which included vehicle and environment checks and staff hand hygiene audits.

During inspection we reviewed the providers COVID-19 policy statement. This outlined what steps the provider would take to adhere to government guidance which was up to date at the time of the inspection.

Staff used equipment and control measures to protect patients, themselves, and others from infection. Staff were seen to manage clinical waste effectively.

## 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.**

# Patient transport services

Staff completed risk assessments for each patient, using a patient record form, and reviewed this regularly, including after any incident. These forms were securely stored following each shift and forwarded to the NHS ambulance trust each week for analysis and feedback.

Staff knew about and dealt with any specific risk issues which would be identified before the journey being undertaken. Staff were empowered by the senior management team to reject any journeys if they assessed the risk to be too high to be completed safely.

The service had access to mental health liaison and specialist mental health support.

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

## Staffing

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

Managers regularly reviewed and adjusted staffing levels and skill mix. The managers could adjust staffing levels daily according to the needs of providers requesting the service and to ensure appropriate skill mix for each vehicle.

The provider recruited an additional 15% of staff above establishment, this was to ensure that service activity was not compromised through staff absence such as sickness.

The senior management team retained oversight of all staffing rotas to ensure all crews had the appropriate skill mix for the acuity of patient being transported.

We reviewed the new staff induction programme and found it to be comprehensive for the needs of staff and it enabled senior managers to ensure that all staff were suitably trained before undertaking patient contact.

We reviewed 10 staff files including the registered manager's and found that all 10 were compliant with all recruitment requirements.

## 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 notes were comprehensive, and all staff could access them easily. We reviewed 10 sets of patient records and found no errors or omissions.

All records provided from the commissioning NHS ambulance trust were provided electronically through a secure system

Records were stored securely.

## Medicines

The provider did not administer medicines as part of the patient transport services.

# Patient transport services

We reviewed the provider policy for ensuring the safe storage and transfer of patient's own medicines during transfer which included checklists before the journey starting and one to be completed once the patient had been transferred home. We saw no omissions in the completion of these checklists.

## Incidents

**The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. 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.**

Staff knew what incidents to report and how to report them. Staff gave us appropriate examples of what they had raised or what would constitute an incident.

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

The service had no never events.

Staff reported serious incidents clearly and in line with the service's policy. The service had reported seven reportable incidents to the CQC in the previous 12 months, these were reviewed and found to have been completed accurately. No recurring theme or trend had been identified nor was apparent.

All staff told us that they were encouraged to report any incidents or near misses. Staff told us that there was a no blame culture and they felt they could report any incident without fear of repercussions.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. We reviewed incident investigations and found that all obligations under the duty of candour regulations had been met.

Staff received feedback from investigation of incidents, both internal and external to the service. We saw examples of newsletters created by the provider which had learning from incidents included. We also saw that it was standing agenda item in staff meetings.

Staff met to discuss the feedback and look at improvements to patient care.

Managers investigated incidents thoroughly. We saw from reviewing incidents that patients and their families were involved in these investigations.

Managers debriefed and supported staff after any serious incident. Staff told us that managers were very proactive about debriefing and supporting staff and that they always received timely input.

# Patient transport services

## Are Patient transport services effective?

Good 

At the previous inspection in 2019 there was insufficient evidence to rate this domain. 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 protected the rights of patients subject to the Mental Health Act 1983.**

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice.

At handover meetings, staff told us that they routinely referred to the psychological and emotional needs of patients, their relatives and carers.

The provider utilised performance data provided from the commissioning NHS ambulance trust regarding all journeys undertaken on their behalf.

We saw evidence current staff had access to all company policies and protocols online. Staff could use IT systems to access forms, such as equipment checking logs, incident forms and safeguarding forms.

Completed risk assessments were forwarded to the commissioning NHS ambulance trust for review. Any feedback was shared with the registered manager. We were told that no negative feedback had been shared in the preceding 12 months.

### Nutrition and hydration

**Staff assessed patients' food and drink requirements to meet their needs during a journey. The service made adjustments for patients' religious, cultural and other needs.**

We saw that water was always available on all vehicles. We were told by staff that they currently did not transfer patients excessively long distances so food was not required but could be arranged if required.

All staff understood that patients could have different religious, cultural or other needs.

### 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 commissioning NHS ambulance trust provided quarterly feedback regarding response times; we saw that the patient transport service had a compliance rate of 97% for all patient transport journeys completed by the provider in the period January 2022 to March 2022.



# Patient transport services

## Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. All staff were employed by the service and would have to complete their training with the service. There was no reliance on training provided outside of the provider.

Managers gave all new staff a full induction tailored to their role before they started work.

Managers supported staff to develop through yearly, constructive appraisals of their work. We saw that staff had either received an appraisal in the previous 12 months or that they had one scheduled.

The clinical educators supported the learning and development needs of staff. We spoke with one clinical educator who was able to describe fully how the service supported learning.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. We saw examples of emails and newsletters shared with staff who had not attended team meetings.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. We saw examples of staff who had undertaken additional training to develop into more advanced roles.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role.

Managers identified poor staff performance promptly and supported staff to improve. We saw one example of how the service had supported a member of staff to improve their performance. This included additional training, supernumerary working and additional supervised support.

## 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.

Staff gained consent from patients for their care and treatment in line with legislation and guidance.

When patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, culture and traditions.

Staff made sure patients consented to treatment based on all the information available.

Staff clearly recorded consent in the patients' records in all records that we reviewed.

# Patient transport services

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.

## Are Patient transport services caring?

Good 

At the previous inspection in 2019 there was insufficient evidence to rate this domain. Due to COVID-19 restrictions in place at the time of this inspection we were unable to observe any patient care, however, we rated it as good based on the considerable amount of positive feedback received.

### 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.

Patients said staff treated them well and with kindness. We reviewed patient feedback which consistently reported that staff were kind and compassionate.

Staff followed policy to keep patient care and treatment confidential.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff could give examples of different patient needs based on culture or religion.

### Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. All staff received training on how to deal with patients who became distressed.

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.

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

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

## Patient transport services

Staff made sure patients and those close to them understood their care and treatment.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. We saw that the provider had provided digital resources to all crew to access communication aids to be used as necessary on patient journeys.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The provider encouraged feedback and provided multiple ways for patients to feedback.

Patients gave positive feedback about the service. We reviewed patient feedback received in the preceding 12 months before inspection and found it overwhelmingly positive. The only negative feedback was around issues which were outside of the provider's control.

### Are Patient transport services responsive?

Good 

At the previous inspection in 2019 there was insufficient evidence to rate this domain. We rated it as good.

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

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

Managers planned and organised services, so they met the needs of the local population.

Facilities and premises were appropriate for the services being delivered.

The provider undertook the majority of all patient transport journeys for the local NHS ambulance trust. The provider reported that they had a dedicated point of contact within the trust and that the working relationship was positive.

### Meeting people's individual needs

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

Staff gave examples of how they supported patients living with dementia and learning disabilities by using 'This is me' documents and patient passports when transporting them.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Staff could give examples of different tools and techniques to communicate with patients with differing needs.

The service was able to provide 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. We saw information shared with staff on how to arrange interpreters or signers if required.

## Patient transport services

Staff had access to communication aids to help patients become partners in their care and treatment. We saw that staff had digital access to communication aids such as flash cards.

The service provided a supply of free tea and coffee supplies to be left with patients to ensure they were able to make hot drinks at home following discharge from hospital.

### Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. Performance data shared between the provider and the commissioning trust demonstrated compliance in excess of 95% for the period October 2021 to March 2022.

The provider ensured that a set number of vehicles were available at the times stipulated in the commissioning contract and that there were contingencies in place if issues arose at short notice such as staff sickness or vehicle breakdown.

### 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.**

Patients, relatives and carers knew how to complain or raise concerns. The provider encouraged patients to provide both positive and negative feedback and treated both as equally valuable to service improvement.

The service clearly displayed information about how to raise a concern in patient areas. The provider displayed information where appropriate and encouraged staff to ask patients for feedback.

Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes. The provider had received three formal complaints in the preceding 12 months before inspection. We reviewed the provider's response and found all three to have been responded to in accordance with their policy. The complaints did not demonstrate any theme or trend.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. We saw evidence of manager's sharing complaint responses in team meetings and in communication to all staff

Managers shared feedback from complaints with staff and learning was used to improve the service.

## Are Patient transport services well-led?

At the previous inspection in 2019 there was insufficient evidence to rate this domain. We rated it as good.

# Patient transport services

## 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.**

All senior managers had the skills and knowledge to run the service. They were able to articulate the priorities and the issues the service faced.

Staff across all grades and roles reported that the senior management team was visible and supportive and they had no concerns raising queries or concerns to them.

Staff gave us examples of how the leadership team had identified talent and developed staff to reach their professional goals.

Staff reported that all members of the leadership team were inclusive and encouraging.

## 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 provider's mission was "aspiring to be better today and even better tomorrow at everything we do"

All staff were aware of the vision for the provider. We saw the vision and strategy being promoted on the provider's public facing website.

The registered manager was able to articulate the plans for the development of the service and the plans to move locations in order to provide a more efficient and effective service following analysis of existing patient journeys.

## Culture

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

All staff told us that they felt respected and valued. Managers acknowledged achievement, good care and hard work. We saw that there was a staff acknowledgement programme that identified and rewarded staff.

Staff told us that delivering excellent patient care was everyone's main priority.

We were given examples of staff being encouraged to work in new roles and being given access to additional training to achieve career progression.

We were told that the culture was one of no blame and all staff being treated equally regardless of role or grade.

# Patient transport services

There was an up to date corporate ethics policy which included whistleblowing and there was also a designated freedom to speak up guardian within the organisation.

All staff were aware of their responsibilities under duty of candour. Staff could give us examples of when duty of candour had been applied.

## 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.**

We saw a robust governance system in operation with all staff aware of their roles and responsibilities. We saw evidence of effective systems to ensure that vehicles were safe, staff were trained to required level and that compliance with external key performance indicators were met.

We saw evidence of regular management meetings with a set agenda, minutes and actions recorded.

There was evidence of regular contact between the provider and the commissioning NHS ambulance trust who requested the service to discuss performance.

Directors and senior managers met together regularly to discuss the service, its development, compliance, performance and staffing. We saw evidence of regular management meetings with a set agenda, minutes and actions recorded.

## Management of risk, issues and performance

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

We saw that the provider had a risk register which had identified all expected risks, dates of entry, dates for review, mitigations and staff allocated to manage each risk. We were assured that senior staff escalated risks where necessary.

We saw robust systems and processes being utilised to manage performance. We were assured that the senior management team had sufficient oversight of performance to identify areas that required improvement.

Staff told us that their opinions were sought by senior management when decisions were needed to be made including issues where financial pressures needed to be considered.

## 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.**

We saw examples of how data was collected and analysed. All data was available to the staff who required it.

# Patient transport services

All patient data was both electronically held and submitted back to the commissioning trust once the journey was completed. The provider held and maintained their own copy of the service user record and was also able to retrieve additional data for the commissioning ambulance trust if required.

All electronic devices were secured with password protection.

## 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.**

Before the COVID-19 pandemic, public engagement was a regular occurrence with teams going to public events to promote the service and to increase local access, currently due to current guidelines this had been delayed but we were told of plans to recommence as soon as possible.

We saw that the service had a community recruitment programme that provided training and employment for locals made redundant during the Covid-19 pandemic.

The service engaged with local schools to deliver talks and to provide first aid training. We also saw that they worked with other charities or organisations such as a local family cancer charity and local sports teams.

We saw multiple methods of how the service currently engaged with the public utilising such methods of feedback cards, online reviews, follow up phone calls and being encouraged throughout their patient journey to give both positive and negative feedback.

We reviewed patient feedback and it was mostly positive. Any negative feedback was treated as equally valuable and we saw examples of management contacting dissatisfied patients.

## Learning, continuous improvement and innovation

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

The provider had moved to a completely electronic system for all crews on the ambulances which improved submission of all relevant information and allowed for ease of access for online support such as guidance for safeguarding referrals.

Staff had provided feedback to managers that they were often transferring patients home after being in hospital who had no supplies for making hot drinks. Following this feedback senior managers provided all crews with care packages that could be left with patients which included tea and coffee making supplies.

The provider had started an apprenticeship programme for ambulance staff in both divisions. The provider was seeking accreditation in order to source more funding to allow to expand the programme.