

# Falck UK Ambulance Service Limited Falck (Shropshire)

## Quality Report

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

## Ratings

### Overall rating for this ambulance location

Good



Patient transport services (PTS)

Good



# Summary of findings

## Letter from the Chief Inspector of Hospitals

Falck (Shropshire) is operated by Falck UK Ambulance Service Limited. The service provides a patient transport service. We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 12 March 2019.

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

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

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

This service was not previously rated however was previously inspected in 2017 under the name of Medical Services Ltd (Shropshire). We rated it as **Good** overall following the most recent inspection.

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean.
- The service had suitable premises and equipment and looked after them well. The service followed best practice when giving and storing medicine which at this service was oxygen.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. Staff kept records of patients' care. Records were clear, up-to-date and easily available to all staff providing care.
- The service had enough staff with the right skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. The service made sure staff were competent for their roles.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents.
- The service provided care and treatment based on national guidance, policies and procedures. Managers monitored the response times of patient journeys and used the findings to improve them.
- The service accounted for individual health needs of patients and took these into account when planning journeys. Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment. The service took account of patients' individual needs.
- People could access the service mostly when they needed it. The service monitored excessive waits for transport and acted to improve this.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

# Summary of findings

- Managers at all levels in the service had the right skills and abilities to run a service providing sustainable care. The service had a vision for what it wanted to achieve and workable plans to turn it into action. Staff were familiar with the values of the service.
- Culture had improved since our last inspection; management visibility was better, and staff reported enjoying their role.
- The service systematically improved service quality and safeguarded high standards of care. The service had good systems to identify risks, plan to eliminate or reduce them.
- The service engaged well with patients, staff and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively. The service was committed to improving services by learning from when things went well or wrong, promoting training and better ways of working.

However, we also found:

- Feedback following the submission of incidents was not consistently provided to all staff.
- The service was not consistently meeting its key performance indicators, however, had plans and actions in place to improve results.
- Staff at times transported patients who had an active 'do not attempt cardio pulmonary resuscitation' order in place without carrying the correct paperwork.
- Not all vehicles had patient complaint leaflets on board.
- Whilst improvements had been made since our last inspection, some staff felt that leadership was still not visible enough. Staff did identify further areas of ongoing improvement to enhance their job role.

Following this inspection, we told the provider that it should make improvements, even though a regulation had not been breached, to help the service improve. Please see 'areas for improvement' at the end of the report for details.

**Amanda Stanford**

**Deputy Chief Inspector of Hospitals (Central West), on behalf of the Chief Inspector of Hospitals**

# Summary of findings

## Our judgements about each of the main services

### Service

#### Patient transport services (PTS)

### Rating

Good



### Why have we given this rating?

Falck (Shropshire) provided a non-emergency patient transport service. Most of the service was provided to patients within Shropshire; although the service did have a contract with a children's Hospital in Birmingham also.

# Falck (Shropshire)

## Detailed findings

### Services we looked at

Patient transport services (PTS)

# Detailed findings

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### Detailed findings from this inspection

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## Background to Falck (Shropshire)

Falck (Shropshire) is operated by Falck UK Ambulance Service Limited. The service was registered with CQC in 2015 and was previously known as Medical Services Ltd (Shropshire). It is an independent ambulance service in Shropshire. The service primarily serves the communities of Shropshire and Telford and Wrekin. The service also had an additional contract with a children's hospital located in Birmingham.

The service has had a registered manager in post since 2015. At the time of the inspection, a new manager had recently been appointed and was registered with the CQC in December 2018.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector, two other CQC inspectors, an assistant inspector and a specialist advisor with expertise in ambulance services. The inspection team was overseen by Victoria Watkins, Head of Hospital Inspection.

## Our ratings for this service

Our ratings for this service are:

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

# Patient transport services (PTS)

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

## Information about the service

The service is registered to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely

During the inspection, we visited the only base located at Atcham Business Park. We also visited the ambulance and staff which were permanently stationed at a children's hospital in Birmingham.

We spoke with 19 staff including call centre staff, staff working on ambulances, safeguarding staff and members of the local management team. We spoke with three patients and one relative whilst observing patient journeys. We listened to three calls where transport was booked. We also reviewed four electronic patient records; two staff personnel files and three staff training records. In addition, we checked eight vehicles during our inspection.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service has been inspected in 2017 under the name of Medical Services Ltd (Shropshire). At that time, we found the service was in breach of Regulation 12 of the Health and Social Care Act (2014); regulation 12 'Safe Care and Treatment'. Specifically, we found that the provider did not have a policy in place to ensure staff did not attend work for 48 hours after being unwell with diarrhoea and vomiting, in line with NHS guidance on preventing the spread of gastroenteritis. The service was meeting all other standards at this time.

Activity (November 2017 to October 2018)

- There were 116,856 patient journeys in this time.
- Of these; high dependency (HDU) journeys made up 2015 and non-HDU journeys totalled 114,841.
- Out of the total figure, 107 journeys were made from the children's hospital based in Birmingham. Only one of these was a high dependency journey.
- Of the total figure; 710 journeys were made with patients under the age of 18. This includes the 107 journeys made from the hospital in Birmingham.

The service employed 137 staff members as of October 2018. These comprised 59 ambulance care assistants, 32 intermediate care technicians, three emergency care assistants, 12 bank and volunteer staff, 16 staff in the control and dispatch areas, three 'vehicle make ready' operatives, two mechanics and one station manager. The remaining nine staff comprised management positions, patient experience coordinators, training staff and 'call ahead/ patient escort' staff.

Three staff members were permanently located on site at three local Shropshire hospitals where the service provided the majority of patient transfers.

The service had 53 vehicles at the time of October 2018. Five of these were dedicated for high dependency patient transport journeys.

The service operated 24 hours a day, every day of the year. The local call centre was open from 7am to 10pm seven days per week for taking bookings, and the dispatch team

# Patient transport services (PTS)

worked 8am until 8pm Monday to Saturdays. Outside of these hours; call centre services were provided from a call centre in Bow which was part of another registered location.

## Track record on safety

- No never events were reported by the service from November 2017 to October 2018
- 734 incidents were reported from November 2017 to October 2018
- Zero serious injuries were reported from November 2017 to October 2018
- 179 complaints were reported between January 2018 to October 2018

At the time of the inspection the service had agreements with two other patient transport services for third party support over the 2018 to 2019 winter period. These services were not being used at the time of the inspection; although the agreements were still in place.

The service met the following standards:

- ISO 9001: 2015 – Quality Management Systems
- ISO 14001:2015 – Environmental Management Systems
- ISO 27001:2013 – Information Security Management System

## Summary of findings

We rated the service as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- 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.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- The service had enough staff with the right skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept records of patients' care. Records were clear, up-to-date and easily available to all staff providing care.
- The service followed best practice when giving and storing medicine which at this service was oxygen.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service provided care and treatment based on national guidance, policies and procedures.
- Due to the nature of the service, food and drink was not required to be provided during patient journeys. However, staff did have access to bottled water on board vehicles.



# Patient transport services (PTS)

- Managers monitored the response times of patient journeys and used the findings to improve them.
- The service made sure staff were competent for their roles.
- Staff of different kinds worked together as a team to benefit patients.
- The service accounted for individual health needs of patients and took these into account when planning journeys.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment. The service took account of patients' individual needs.
- The service planned and provided services in a way that met the needs of local people.
- People could access the service mostly when they needed it.
- The service monitored excessive waits for transport and acted to improve this.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- Managers at all levels in the service had the right skills and abilities to run a service providing sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action. Staff were familiar with the values of the service.
- Culture had improved since our last inspection; management visibility was better, and staff reported enjoying their role.

- The service systematically improved service quality and safeguarded high standards of care. The service had good systems to identify risks, plan to eliminate or reduce them.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively. The service was committed to improving services by learning from when things went well or wrong, promoting training and better ways of working.

However, we also found:

- Feedback following the submission of incidents was not consistently provided to all staff.
- Staff at times transported patients who had an active 'do not attempt cardio pulmonary resuscitation' order in place without carrying the correct paperwork.
- The service was not consistently meeting its key performance indicators, however, had plans and actions in place to improve results.
- Not all vehicles had patient complaint leaflets on board.
- Whilst improvements had been made since our last inspection, some staff felt that leadership was still not visible enough. Staff did identify further areas of ongoing improvement to enhance their job role.

# Patient transport services (PTS)

## Are patient transport services safe?

Good



We rated safe as **good**.

### Mandatory training

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.**
- Staff were required to undertake a range of mandatory training modules; and to complete refresher training. The mandatory modules included infection prevention and control, information governance, fire awareness, equality and diversity, health and safety, safeguarding and conflict resolution. Additional modules were required depending on the job undertaken by staff. These included first aid at work, manual handling, dementia awareness training, mental health and Deprivation of Liberty Safeguards, oxygen therapy, incident reporting, 'do not attempt cardio pulmonary resuscitation', risk assessment, patient handover, customer service and bariatric training.
- As of October 2018, we saw that training compliance for ambulance care assistants and intermediate care technicians was between 92% and 100%.
- Training compliance for emergency care assistants was 60% for mandatory training modules as of October 2018; although 100% compliance was noted for additional training modules. Emergency care assistants comprised six staff; one of whom was on long term sick at the time of inspection. We saw this team was 80% compliant with clinical refresher training. Training dates were set for October and November 2018 to ensure compliance to training requirements.
- The service used seven volunteer drivers as of October 2018. We saw that all volunteer drivers had completed all required training (100%).
- Staff based on site (such as mechanics, call handlers, vehicle make ready operatives, service management) had a compliance rate of 68% for fire safety training as of October 2018. Safeguarding and Prevent (a national initiative to identify and protect vulnerable individuals from becoming radicalised) training compliance was

71% and 74% respectively. Information governance was also at 74% compliance. We saw that refresher training was set for November 2018. We found that these training compliance levels ranged between 97% and 100% by the time of the inspection.

- Staff told us that the training received was of a good quality and enabled them to undertake their roles, including both mandatory and more specialist training. The only required improvement as identified by staff was to have certain training modules held more regularly.

### 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.**
- As of October 2018, we saw that 97% of ambulance care assistants, 96% of intermediate care technicians and 100% of emergency care assistants, 'call ahead/patient escort staff' and volunteer drivers were trained in a minimum of safeguarding level two for both adults and children. Of staff based in the office, 71% were trained in safeguarding level two and 74% trained in Prevent (a national initiative to identify and protect vulnerable individuals from becoming radicalised). This had improved to above 97% compliance by the time of the inspection.
- The service used two separate policies relating to safeguarding: one for adults (over 18 years) and one for children and young people (up to 18 years, or 25 years under relevant circumstances). Both were in date and had been reviewed in 2018 at the time of our inspection. The policies covered information around types of abuse including female genital mutilation, human trafficking and missing children.
- Complaints' data showed that from January 2018 to October 2018, two safeguarding complaints had been made about the service. We discussed this during inspection and found it was where staff from Falck (Shropshire) had raised concerns about how a patient was being supported. For the same time period, staff had reported 46 safeguarding incidents to relevant third parties.

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- The service had a provider wide safeguarding lead who was trained to level four in both adults and children safeguarding and a dedicated team who were based at the base in Atcham. In total four staff were trained to level four in safeguarding. All staff had access to safeguarding support via telephoning a member of this team who would triage any concerns and provide advice accordingly. Any advice required out of hours could be sought by contacting the senior manager on call.
- Staff told us the procedure to follow if they identified a safeguarding concern and were familiar with what sort of concerns required reporting to the safeguarding team, who would then follow this up and make onwards referrals if necessary.
- Where children were transported; an escort (such as a parent or carer) was always required to attend and accompany the child.
- We checked two staff files and saw disclosure and barring service (DBS) checks had been carried out. All staff underwent DBS checks including volunteers.

## Cleanliness, infection control and hygiene

- **The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.**
- During our last CQC inspection in 2017, we found that the service did not have a policy in place to manage staff who had been ill with diarrhoea and vomiting. This meant patients were potentially at risk of infection should staff members return to work too soon. During this inspection, we found that there was a policy in place which clearly outlined the expectation of staff.
- Staff we spoke with were responsible for laundering their own uniform. We saw staff had access to policies which provided instructions on the correct temperature to wash clothes to ensure infection prevention. We saw that vehicles were stocked with antibacterial hand gel, antibacterial spray and wipes, and personal protective equipment. We observed staff wiping down equipment in between transporting patients.
- Where patients were identified as being infectious, for example with chicken pox, the service required these patients travelled on their own with no other patients

present. Specific instructions were provided to staff as a guide to which infections meant patients much travel alone; and what cleaning protocols to follow after transporting an infectious patient.

- Staff undertook daily vehicle and equipment cleans to reduce the risk of transmitting infections to patients. Vehicles were deep cleaned on the inside on a six-week cycle as per provider policy. Staff at the service told us that local supervisors and managers audited compliance to deep cleaning protocols; and swab tests were carried out by a third-party provider. We asked for results of swab testing post inspection; but the service did not provide separate documentation for this at this time.
- Staff were offered the opportunity to have a free flu vaccine in 2018 to reduce the risk of contracting this illness.

## Environment and equipment

- **The service had suitable premises and equipment and looked after them well.**
- The service had 53 vehicles at the time of October 2018. Five of these were dedicated for high dependency patient transport journeys.
- During the inspection, we checked eight vehicles. The vehicles we checked were stocked with appropriate equipment to support the needs of patients. This included clean linen, blankets and decontamination wipes. Equipment was stored securely and where necessary was checked and in date.
- Certain vehicles had equipment for more specialist requirements; such as specialist straps for securing patients travelling in wheelchairs, and equipment to support bariatric patients. Dispatch staff ensured the correct vehicle was sent to patients who required specialist equipment. Where automated external defibrillators were on vehicles, pads were suitable for both adult and paediatric patients. Paediatric harnesses were available on the high dependency vehicles.
- On high dependency vehicles clinical waste bins were present. These were emptied into larger clinical waste containers at either the base or at NHS hospital locations where agreements were in place. Clinical waste was securely stored at the base and collected weekly by a third party provider.

# Patient transport services (PTS)

- We observed staff were competent to use equipment correctly. For example, we saw staff using wheelchair straps correctly to ensure patients travelled securely.
- Staff told us they had time within working hours to clean vehicles at the end or start of their shift. This was an improvement since our last inspection in 2017.
- The service used an electronic programme to record vehicle and equipment maintenance. Data provided showed that as of October 2018, all vehicles had a valid MOT certificate. This programme also recorded when each vehicle was due its next deep clean; and recorded when servicing and road tax were required. Specific equipment servicing was also recorded on this programme.
- Within a business continuity assessment published in October 2018, we saw that the number of road worthy vehicles fell below requirements. This was being rectified locally; with hiring of vehicles being considered as an option to resolve this in the short term. Any vehicles that were not road worthy were kept off the road and not used for patient transport. Please see 'Well Led' for more detail.
- The service employed two mechanics who managed day to day repairs and maintenance of vehicles. This ensured that where possible, vehicles were kept off the road for the minimum time scale.
- We saw an audit of the high dependency vehicles was conducted in October 2018 and followed up in 2019. Where any areas for improvement were identified; actions were set and followed up with.
- The service completed health and safety audits. The most recent audit had taken place in October 2018. We saw this audit highlighted a range of health and safety risks; which were being effectively managed. We saw a risk related to fire risk assessments not being completed; and no current risk assessment being in place. We saw an action was set to address this by conducting a risk assessment and identifying measures to reduce risk where possible. However, there was no set date for the completion of this. Linked to this risk was a lack of evacuation tests at the base address which was being dealt with in line with the fire risk assessment. However, during the inspection we saw these areas had been addressed. Staff were compliant with fire safety

training; fire marshals had been identified and evacuation tests had been held which had promoted learning about the safest place to congregate in the event of a fire.

## Assessing and responding to patient risk

- **Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.**
- Most patients using the patient transport service were not acutely ill; therefore, they were able to be transported without paramedic or technician support. However, we saw the service had raised incidents where patients had been discharged from acute hospitals and booked to use the service but were at high risk of deteriorating during the journey. These patients therefore were not suitable to use a patient transport service which is a non-emergency service. Where this was identified onsite at the hospital, the relevant site manager liaised with staff at the hospital to ensure the patient was reassessed. An incident had been reported whereby a deteriorating patient had been identified on the journey from an acute service to a care home. In this instance; staff chose to wait until arrival at the care home to contact an emergency ambulance which may have delayed effective treatment for that patient. However, following this incident learning was shared to ensure staff were aware of the correct protocols in the event of a deteriorating patient.
- Where patients were acutely ill, and were being transported using the high dependency vehicles; Falck (Shropshire) booking staff ensured these patients met the criteria to be transported with the relevant service staff. If patients required more intensive support, medical or nursing staff from the sending establishment supported the patient on the journey.
- Staff we spoke with understood sepsis and were aware of how to escalate if they were concerned a patient had sepsis. Ambulance care assistants were not trained to undertake clinical observations as this was beyond the scope of their role; all patients being transported in were 'non-emergency' patients.
- The service based in Shropshire transported patients whose medical need was mental health; for example, from one secure hospital to another or to appointments. When transport was booked for patients who were

# Patient transport services (PTS)

detained under the Mental Health Act; a two-person crew would attend. As staff within Shropshire were not specifically trained to work with detained patients, nor were any of the vehicles adapted for transported detained patients, no restraint was permitted. If a detained patient chose to leave the vehicle at any point, staff telephoned immediately for an emergency response rather than try to physically stop that patient. Where necessary a member of staff from the sending establishment accompanied the patient.

- Within a health and safety risk assessment dated October 2018, we saw that the service did not have a current lone working risk assessment to protect staff. Although the service gave out of hours numbers for lone workers to ring if they needed help; there was no formal protocol to follow, or method to ensure staff safety. During our inspection we saw this had been rectified and a policy had been produced.
- Volunteer drivers used their own vehicles. We saw evidence that these drivers were required to show they had insurance and MOT certificates in place prior to transporting patients.
- The service did not use staff for driving work who had nine or more points on their licence. A record was kept showing the status of staffs' driving licence; and where any concerns were highlighted staff were asked to clarify and if necessary removed from active duty. A provider policy outlined driver requirements and how often checks would be carried out.
- Staff had access to a code of practice to follow in the event of a vehicle breakdown.

## Staffing

- **The service had enough staff with the right skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. Staffing levels met patient need at the time of the inspection.**
- The service employed 137 staff members as of October 2018. These comprised 59 ambulance care assistants, 32 intermediate care technicians, three emergency care assistants, 12 bank and volunteer staff, 16 staff in the control and dispatch areas, three 'vehicle make ready operatives', two mechanics and one station manager.

The remaining nine staff comprised management positions, patient experience coordinators, training staff and 'call ahead/ patient escort' staff. At the time of inspection (March 2019) staff sickness was at 3.9%.

- As above, the service employed seven volunteer drivers who used their own vehicles to transport patients, and five bank ambulance care assistants (ACA). Volunteers and bank staff were recruited in the same way as substantive staff; and underwent the same level of driver and safeguarding checks. These staff also underwent the same training and induction programme. We saw evidence to confirm this during our inspection.
- We saw that staffing was aligned to match the demands of the service. The service had commenced with electronic rostering which automatically monitored rotas, breaks and annual leave.
- From September 2017 to August 2018 the service had a high level of staff turnover which averaged 25%. A business continuity assessment conducted in October 2018 showed that the service had concerns about the resilience of road crews to cover colleagues for absences. As a result, the service decided to recruit 20 ambulance care assistants and 10 bank ambulance care assistants to support with this. At the time of inspection, the service had no vacancies for ambulance care assistants following successful recruitment.
- In addition, the service had made arrangements with two third party independent providers to cover some work over the winter period of 2018/2019. At the time of the inspection; these arrangements were still in place, but the third-party providers were not being used as staffing was sufficient to meet the needs of the contract. Due diligence checks were carried out prior to using third party staff to ensure training and safeguarding requirements were adequate.

## Records

- **Staff kept records of patients' care. Records were clear, up-to-date and easily available to all staff providing care.**
- The service kept electronic patient records; information could be accessed via the call centre computers or via ambulance crews' personal digital assistants (PDA). The only paper form of patient data that was transported



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were copies of 'do not attempt cardio pulmonary resuscitation' forms (DNACPR) where patients had these in place. However, these were left with the patient upon arrival at the destination.

- We were told that staff working on a contract in Birmingham still used paper-based records and were concerned with how to confidentially dispose of these. We discussed this with the local management team who informed us that all staff should be using electronic records and this would be addressed.
- During the inspection we reviewed four patient records. We found these contained sufficient detail to ensure that patients would be allocated to the correct type of vehicle and staff group. Any additional needs were flagged; such as if a patient required the use of a wheelchair to transfer to and from the vehicle.
- Any relevant medical or behavioural concerns were documented within the patient notes so that the ambulance staff could see this. For example, we saw that where a patient had a DNACPR form in place, this was documented.

## Medicines

- **The service followed best practice when giving and storing medicine which at this service was oxygen.**
- The only medicine used by staff in this location was oxygen. Where this was stored on high dependency vehicles we saw cylinders were appropriately secured and the oxygen levels were sufficient to meet patient needs. This was prescribed by staff at the sending establishment where required.
- During our inspection, we observed the storage arrangements at the base for medical gases (oxygen). We noted that these were adequate except for a chain used to secure the cylinders not being used. We raised this with staff present who immediately rectified the issue.
- The service had an up to date medicines' management policy in place. This outlined when oxygen cylinders on vehicles should be exchanged for a new one and how staff should safely move, store and use the cylinders. The policy also highlighted how much oxygen per minute was permitted to be administered by trained staff; and how to manage oxygen or other medicine brought on board by the patient.

## Incidents

- **The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents. When things went wrong, staff apologised and gave patients honest information and suitable support. We found that feedback following incidents was not consistently provided to all staff.**
- As of October 2018, the service reported no never events. A never event is a serious incident that is wholly preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all providers. They have the potential to cause serious patient harm or death.
- The duty of candour is a duty that, as soon as reasonably practicable after becoming aware that a notifiable safety incident has occurred a health service body must notify the relevant person that the incident has occurred, provide reasonable support to the relevant person in relation to the incident and offer an apology. Where appropriate, apologies were offered to patients who had experienced an adverse incident and a transparent approach to the investigation process was used. We saw copies of letters sent to patients and relevant relatives. Dedicated staff could directly speak with and visit patients as necessary to support this.
- The service reported a serious incident in February 2019 where a patient fell during transfer. This was being investigated at the time of our inspection.
- The service used an electronic incident reporting system to record and analyse incidents. From November 2017 to October 2018; 734 incidents had been reported. Of these; 138 (19%) related to patient safety, 111 (15%) related to journey timeliness.
- Of these 734 incidents, 87 were assessed as 'moderate' and as such had formal actions identified. Safeguarding incidents comprised 26 of this number; and patient safety incidents comprised a further 26. Patient behaviour made up 13 incidents with staff behaviour comprising of nine. Other moderate incidents included timeliness (2), failed discharge (3), environmental (1),

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work related injury (1) and a running call incident (1). Actions taken included disciplinary action, staff training, policy updates and safeguarding referrals to the local authority

- Incidents were graded according to their severity, and two dedicated members of staff undertook investigations where required. During both our inspection, and through ongoing engagement with the service; we found that incidents were investigated well and in a timely manner. Where required; concerns were raised with third parties such as NHS trusts, the local authorities and other relevant organisations.
- The service audited incident report forms and serious incident root cause analysis investigations. We saw that both local and national trends were identified and acted upon.
- Examples were provided of learning and training developed following incidents. Such as, staff received further training on supporting patients in wheelchairs after it was noted that patients were slipping.
- Staff told us they were familiar with the incident reporting process and could either report verbally to call centre staff, or directly onto the system used. If verbal reports were made call centre staff inputted the incident on behalf of the staff member.
- Feedback following the submission of incidents was variable. Where learning was developed following an incident, or more information was required, staff received feedback. However, if no direct contact was needed with the staff member to resolve the incident, often feedback was not given. Managers at the service had identified this as an area of improvement and at the time of inspection were seeking ways to provide feedback in a consistent way.

## Are patient transport services effective?

Good



We rated it as **good**.

### Evidence-based care and treatment

- **The service provided care and treatment based on national guidance, policies and procedures.**

- The service used technology effectively to manage patient bookings and to organise the dispatch of ambulance crews to collect patients. Electronic systems enabled detailed patient records to be created and maintained, ambulances and other vehicles to be dispatched and monitored. Patient transport crews each had a personal digital assistant (PDA) device which communicated patient information electronically to enable them to undertake their role. This device also allowed access to emails and other service information such as policies and procedures. Staff told us that on occasions the technology did not always function at its optimum level. We spoke to managers about this who told us that new technology was rolling out which would resolve many of these problems. Some new technology was being rolled out at the time of our inspection.
- All policies and protocols we checked were up to date and detailed enough to provide guidance to staff should they require it. This included policies relating to children and young people, and patients with mental health conditions.
- Call centre staff undertook an eligibility check for patients wishing to use the patient transport system. This included checking whether a patient was able to use alternative forms of transport; or whether their medical condition or mobility created a need for non-emergency patient transport. By using the eligibility check; staff ensured that the patients using the service were those that genuinely needed it. The service monitored eligibility statistics. Between May 2017 and July 2018, the 'pass rate' for patients being identified as eligible for patient transport ranged from 90.6% and 96.1%. During our inspection, we saw that patients could be reassessed if they felt they were incorrectly identified as ineligible for transport or if their circumstances changed.

### Nutrition and hydration

- **Due to the nature of the service, food and drink was not required to be provided during patient journeys. However, staff did have access to bottled water on board vehicles.**
- Vehicles carried bottled water; however, did not cater for patient nutrition or hydration needs beyond this due to the nature of the service. Where patients were due to

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undertake long journeys; staff could offer water. Refreshment breaks were scheduled into long journeys, and staff ensured patients had consumed food or made arrangements for this prior to travel.

- During the inspection staff told us that if a patient had a care package awaiting; which may include provision of meals, they tried to coordinate the transport to meet these needs.

## Response times

- **Managers monitored the response times of patient journeys and used the findings to improve them. The service was not consistently meeting its key performance indicators however had plans and actions in place to improve results.**

- Key performance indicators (KPI) were agreed with clinical commissioning groups for the following overall standards within Shropshire:
- For outpatient outward patients 90% should be collected within 90 minutes of their agreed collection time.
- For outpatient discharge patients 95% of patients should be collected within 90 minutes of the agreed collection time.
- For accident and emergency department discharges; 100% of patients should be collected within 90 minutes of the agreed collection time.
- For dialysis patients going to appointments: 95% of patients should arrive no more than 45 minutes early and be in good time for their appointment.
- For dialysis patients following treatment; 99% of patients should be collected post treatment within 60 minutes of the agreed collection time.
- These were broken down into more specific targets as per set contracts with clinical commissioning groups. See results below.
- The time spent on vehicles was not a performance indicator that the service was required to monitor.

## April to July 2018

- The KPI for planned outpatient appointments was broken down into three sub-targets which comprised; percentage of patients attending general outpatient

appointments arriving not more than 60 minutes before and in good time for their planned appointment, percentage of patients arriving on time for a planned group session start and percentage of patients attending walk in clinics on time for appointment. The KPI target for all three was set at 95%. We saw from April to July 2018, the service met between 87% and 89% compliance, except for one target in June 2018 which was 71% compliant (percentage of patients attending walk in clinics arriving on time for appointments).

- The percentage of patients attending planned hospital admissions or day patient admission on time ranged between 87% and 94% against a target of 95%.
- A 95% target was set for the number of patients being admitted via a care co-ordination service; where the ambulance arrives at the correct location with four hours ranged between 92% to 100%.
- The collection of out-patients for return journeys was broken down into three time-based categories. Eighty percent of patients were expected to be collected within 60 minutes of the agreed time, 85% within 75 minutes and 95% within 90 minutes. We saw that compliance against the 90-minute target was ranged between 84% and 89% compliance. The 75-minute target ranged between 75% and 81% compliance, and the 60-minute target ranged between 63% to 71% compliance.
- Data from the service showed that specific targets had been set for a local acute NHS trust; and also for local Shropshire community hospitals. These targets related to planned discharges and transfers. We saw that performance against planned discharges booked on the day by the acute NHS trust was better than planned discharges booked at least the night before by the acute trust; and planned discharges from the community hospitals. However, the service still underperformed on all measures from April to July 2018. The service told us, and we saw within meeting minutes that the CCGs had set a quality indicator for the service to liaise with the local NHS acute trust referenced within these targets to reduce delays with on the day discharges. Therefore, this may have positively impacted hence these results being better than the other measures. For example, the percentage of patients being collected within 90 minutes after an 'on the day' booking was set at a target of 90%. The service achieved between 78% and 86% against this target. We also noted that the number of



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discharge collections booked 'on the day' was significantly higher than pre-booked collections. For example, in July 2018, 722 discharged patients had their transport booked on the same day, as opposed to 88 discharged patients who had their transport booked at least the night before by the acute NHS trust.

- The service had KPIs set for collection of patients who were discharged by accident and emergency services. These were broken down into three time-based targets. Ninety percent of patients to be collected within 60 minutes of the agreed collection time, 95% within 75 minutes and 100% within 90 minutes. Data showed that the service was not meeting these targets; between 66% and 77% of patients were collected within 60 minutes, 73% to 84% were being collected within 75 minutes and between 83% and 87% were collected within 90 minutes.
- Targets were set for the arrival and collection times for patients undergoing dialysis treatment. These were split into three specific targets which were: percentage of patients arriving 45 minutes before their planned treatment (target was 95%), percentage of patients collected within 30 minutes of agreed time after finishing dialysis (target was 90%), percentage of patients collected within 60 minutes of the agreed time after dialysis (target was 99%). For patients arriving 45 minutes prior to their treatment time; the service achieved between 83% and 90% compliance against the target of 95%. Compliance against the target for collecting patients within 30 minutes ranged from 72% to 83% against a target of 90%. Compliance against the target of collecting patients within 90 minutes ranged from 95% to 98% against a target of 99%.
- The service regularly visited certain dialysis units to drop off and collect patients. The service told us of engagement with these units to engage both hospital staff and patients who used the service. As highlighted above a quality indicator had been set to improve relationships and therefore waiting times at a local trust. This included liaising with staff managing the renal service at the trust. At the time of inspection, we saw that managers at Falck (Shropshire) were working to improve communication between the trust renal department and their discharge staff to better manage patient flow and decrease waiting times for patients.

- The final set of KPIs was relating to providing transport for patients receiving treatment for cancer. These targets were the same as those for dialysis above. We saw that the service transported between 75% and 90% For patients arriving 45 minutes prior to their treatment time; the service achieved between 75% and 90% compliance against the target of 95%. Compliance against the target for collecting patients within 30 minutes ranged from 37% to 64% against a target of 90%. Compliance against the target of collecting patients within 60 minutes ranged from 75% to 96% against a target of 99%.
- The service had performed worse for patients receiving treatment for cancer as opposed to dialysis. We saw that the number of patients receiving transport to have dialysis treatment was much higher than the number of patients receiving transport to attend for cancer treatment. For example, in July 2018, 1220 patients were transported to a dialysis appointment as opposed to 208 patients transported to an appointment for cancer treatment. 1130 patients were collected following dialysis, and 193 patients were collected following cancer treatment.
- Data from the service showed that managers were liaising with cancer treatment services in order to improve the service for patients.
- Data showed that between from February to July 2018, 26 patients missed appointments due to patient transport. This broke down into 4 in February; 12 in April and 10 in May 2018.

We requested more recent data from December 2018 to February 2019.

- This data showed some improvement to meeting KPIs; however, we noted that for several key targets; compliance had got worse.
- The KPI for planned outpatient appointments had marginally improved for all three measures in this timeframe; with the service meeting between 85% and 100% compliance, as opposed to between 87% and 99% observed from April to July 2018.

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- The percentage of patients attending planned hospital admissions or day patient admission on time had dropped slightly; and now ranged from 82% to 89% compliance as opposed to between 87% and 94% against a target of 95%.
  - As above, we saw that compliance to several KPIs had reduced from December 2018 to February 2019. For example, the figures for collection of out-patients for return journeys were worse during December 2018 to February 2019. Eighty percent of patients were expected to be collected within 60 minutes of the agreed time, 85% within 75 minutes and 95% within 90 minutes. We saw that compliance against the 90-minute target ranged between 82% to 83% as opposed to the previously recorded 84% and 89% compliance. The 75-minute target ranged between 73 and 74% as opposed to 75% and 81% compliance, and the 60-minute target ranged between 62% and 63% as opposed to 63% to 71% compliance.
  - Another example was a reduction in compliance to key performance indicators related to patients undergoing dialysis treatment. For patients arriving 45 minutes prior to their treatment time; the service achieved between 81% and 86% as opposed to the earlier recorded 83% and 90% compliance (against the target of 95%). Compliance against the target for collecting patients within 30 minutes ranged from 64% and 65% as compared to 72% to 83% (against a target of 90%). However, compliance against the target of collecting patients within 90 minutes ranged from 93% to 95% which was only slightly less than the earlier compliance of 95% to 98% (against a target of 99%).
- Competent staff**
- **The service made sure staff were competent for their roles.**
  - Data from the service showed that new starters due to work on ambulances underwent a thorough induction included classroom based training and practical shadowing to ensure competency. We saw signed induction checklists that staff were required to read and complete prior to commencing their duties as an ambulance crew member. Data from the service showed the training files of three staff members indicating they were up to date with induction training, and additional training required such as first aid at work, and equality and diversity.
  - Staff completed refresher training at the required time frame and were given protected time to do so. Training was either electronic or face to face and took place on site at the base.
  - Staff who worked on high dependency vehicles were trained in First Response Emergency Care (FREC) skills. Emergency care assistants were trained to FREC level four, and intermediate care technicians were trained to FREC level three.
  - Staff working on the high dependency vehicles were trained to drive under 'blue lights' for emergency responses.
  - Staff told us they would like to undertake more training in areas such as end of life care as they transported patients who were at the end of life. We saw that staff had access to information about patients who were at the end of life at what sort of care they may be receiving.
  - Driving licences were checked to ensure staff were driving legally and within the provider policy guidelines. We saw two staff personnel files which demonstrated that records of driving were kept; in addition to a pre-employment driving assessment.
  - Staff told us they received assessments of their performance; for example, senior ambulance care staff assessed the competency of other ambulance care assistants through observation.
  - All telephone calls to and from the service were recorded which enabled monitoring of calls as necessary. Calls were formally audited on a quarterly basis; however, we were told that support was regularly provided and calls could be listened to daily if required for support or learning.
  - During our inspection appraisal rates were at 95% completion. Staff told us these had re-started after a period of some staff not receiving appraisals and were now aligned to the goals of the provider. Staff spoke positively of the recent appraisals and reported the process aided to identify development.

## Multi-disciplinary working

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- **Staff worked together as a team to benefit patients.**

- At the time of the inspection significant engagement was being undertaken by the service with a local NHS trust to improve key performance indicators, to support the patient flow through the trust and to enhance the patient experience. Please see 'Well Led' for more details.
- During the inspection we were told about, and we saw evidence of collaborative working between stakeholders and Falck (Shropshire) staff. The main links for multidisciplinary working were the site managers, and the service operational manager who had daily contact with local NHS trusts and specific hospitals from which a high volume of work was generated. This included attending meetings, either in person or on the telephone, such as 'bed meetings' (regarding patients due to be discharged) or escalation meetings regarding the allocation of patient transport.
- A report was produced following a site manager visit in January 2018 which highlighted a plan to work with trust employed occupational therapists who could attend patients' homes to assess for patient transport needs in advance of journeys. Data from the service confirmed this plan was in action at the time of inspection.
- We observed three patients using the service during our inspection. We noted that staff worked effectively with the third-party staff and any family members or carers at both the start of the journey and the end of the journey in order to ensure the patient received a seamless transition. In one instance we saw that staff actively sought out staff members at the start and end locations to ensure the patient was adequately cared for.

## Health promotion

- **The service accounted for individual health needs of patients and took these into account when planning journeys.**
- The service used electronic patient records, as described above. Upon booking a journey; call centre staff took details about patient health and care needs

and ensured these were clearly recorded. This enabled additional support to be given where necessary; for example, when transporting patients who were at the end of their life or had specific needs.

- We observed during the booking process that patients were encouraged to be independent where possible; for example, asking about mobility levels rather than making assumptions regarding a patient's ability to mobilise.

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

- **Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. However, staff did at times transport patients who had an active 'do not attempt cardio pulmonary resuscitation' order in place without carrying the correct paperwork.**
- Data from the service showed that staff completed training in mental health and Deprivation of Liberty Safeguards (DoLS). As of October 2018, 97% of ambulance care assistants and 96% of intermediate care technicians had completed this.
- Staff we spoke with were aware of the Mental Capacity Act and what support may be needed for patients who had reduced cognitive functioning.
- During our inspection we found variable practice with regards to transporting patients who had a 'do not attempt cardio pulmonary resuscitation' (DNACPR) order in place. The provider process was that if staff were told a patient was not to be resuscitated upon the transport being booked, staff should not transport the patient until having sight of the signed DNACPR form which should travel with the patient. We observed staff taking bookings to provide advice to staff to not transport a specific patient when a DNACPR form could not be found. However, other staff told us they had been requested to transport patients who were not for resuscitation but did not have the signed form available. This placed the staff at risk of potentially having to resuscitate a patient against a patient's wishes in a medical emergency. We saw the provider had a very clear DNACPR policy which clearly outlined staff responses should they be asked to transport a patient

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without adequate paperwork. Following the inspection, we asked the provider about this concern. They provided us with a robust response showing they committed to ensuring all staff followed the policy.

- Where staff transported children regularly as part of their role, we found they understood the importance of seeking consent from the child where the child was able to do so; as well as confirming any arrangements with an accompanying parent or carer.
- We saw that capacity and consent for both adults and children and young people was highlighted and described within safeguarding policies accessible by all staff. This including identifying patients' capacity as per the Mental Health Act; or by using Gillick and Fraser competency guidelines for children and young people. A separate policy was also available which covered capacity to consent including the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).

## Are patient transport services caring?

Good



We rated it as **good**.

### Compassionate care

- **Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.**
- During our inspection, we spoke with three patients and one relative and observed three patient transfers. We received feedback about staff being caring and compassionate when interacting with patients.
- We observed that staff treated patients with a high level of dignity and respect. For example, we saw staff provide additional blankets to ensure patients' comfort and dignity were maintained.
- Staff went over and above to ensure patients were cared for and left in a safe environment. We saw staff proactively asked questions of staff working at other locations to make sure they had the correct information.

Staff from Falck (Shropshire) were assertive in securing assistance and support from other staff when necessary to ensure patients were correctly supported and cared for.

- When making bookings, staff presented as interested and empathic consistently. Staff demonstrated a caring approach and spoke in ways to ensure the caller was able to understand information given.
- We saw that where staff had concerns about a patients' welfare, they raised incidents and contacted the safeguarding team to gain advice and to escalate issues. Staff spoke of situations they had experienced where the care being provided by third parties was not up to standard; therefore, they had immediately acted to ensure patients were within a caring and supportive environment; even if this meant taking a patient to a hospital instead of the booked destination.

### Emotional support

- **Staff provided emotional support to patients to minimise their distress.**
- Staff provided emotional support during journeys and adapted their communication styles to do so. For example, we observed staff to appropriately place a hand on the shoulder of a patient to provide physical comfort during a journey.
- Staff provided emotional support through engaging actively with patients and relatives where possible.
- Where patients were waiting at a hospital site; and they had additional needs such as living with dementia, site-based staff could wait with them to provide support.
- Where necessary, carers could accompany patients on transport to provide both emotional and physical support.
- Staff told us how they managed patients, carers or hospital/ care home staff who were upset or angry. They told us that the reasons for being upset or angry were explored and explanations provided where possible. Staff provided the complaints information and ensured any contact of this nature were logged as complaints.

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

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- **Staff involved patients and those close to them in decisions about their care and treatment.**

- Staff explained what was happening prior to, during and after patient journeys to ensure patients and relatives were aware. They checked patients were comfortable and asked them questions to ensure patients were centre to care provided. We observed staff did this consistently with all patients; even when the patient may have had a lesser ability to receive information. Therefore, all patients we saw were fully included regardless of their cognitive ability at the time of the journey.
- When taking bookings; we found that detailed questions were asked to ensure relevant information was communicated. We observed staff reflect answers and summarise all information provided to ensure both the call taker and the person making the booking understood.
- When patients or carers had questions; we saw staff opened these clearly and kindly. Time was allowed for questions to be asked; and staff responded patiently in all observed cases.

## Are patient transport services responsive to people's needs?

Good



We rated it as **good**.

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

- **The service planned and provided services in a way that met the needs of local people.**
- The service had contracts with three organisations at the time of the inspection. These comprised two clinical commissioning groups (CCGs) based in Shropshire, and a contract with a children's hospital in Birmingham (BCH).
- Within Shropshire the service primarily served three acute hospitals and transported patients who were registered with a GP within the commissioned areas and who met eligibility criteria.

- The contract at the Birmingham hospital was to primarily transport patients from this hospital to home, or to a different medical facility. This contract was due to end on the 31 March 2019, but at the time of the inspection had been extended until the 31 October 2019.
- The Shropshire based CCGs had set a quality indicator for the service to liaise with a local trust where delays with on the day discharges were a concern to ensure patients received transport in a timely manner. We saw that monthly meetings were held to monitor the contracts as set out in commissioning agreements. Please see 'Well Led' for more detail.
- Staff booking transport on behalf of patients within local hospitals could either telephone the call centre or use an online booking system. Call centre staff told us that the take up of online booking was low within Shropshire; however, efforts were being made to provide training to hospital staff and to support this transition to enable a more efficient process.

### Meeting people's individual needs

- **The service took account of patients' individual needs.**
- Staff had access to a visual communication guide to communicate with patients who may not be able to converse; or who may not speak English. We saw that for patients who spoke a language other than English; a telephone interpretation company was used to translate between staff and patients. Staff had access to a booklet which enabled patients to point to the language they required should staff not know which language to request.
- Within this booklet, common signs used in British Sign Language (BSL) were shown for staff to use with BSL users; in addition to pictorial signs to aid patients who may be non-verbal and not able to use BSL.
- During the inspection, we observed call centre staff work to ensure that transport was arranged around any care packages put in place for patients who were returning home.



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- Where patients had additional needs and were awaiting transport at a hospital site, site managers sat with patients to support them. In addition, site managers could visit patient homes prior to being transported to check access needs and equipment requirements.
- Staff showed a good understanding of the needs of patients who may have reduced cognitive functioning, such as patients with advanced dementia.
- Specialist equipment was available to support the needs of patients. For example, high depends vehicles were fitted with bariatric equipment, and paediatric harnesses to transport these patient groups.
- Managers and staff at the service told us of occasions where staff had entered patient homes upon completion of a journey to make a drink for the patient, or to put the heating on in order to support patients who may be less able to do so themselves. We saw examples of where staff supported patients to get ready for their outward journey.

## Access and flow

- **People could access the service mostly when they needed it. The service monitored excessive waits for transport and acted to improve this.**

- Patients or their carers booked the service by ringing a dedicated telephone line. Members of staff for example, at care homes or hospital could either telephone to book a journey or use an online booking system.
- Staff working within the call centre aimed to answer the telephone within three rings. Staff acknowledged within busy periods; a caller may have to wait up to 10 minutes to be answered. Locally, hospital-based staff had the option to book online rather than ring the call centre as mentioned above. This had been introduced during 2018; however, at the time of inspection had not had a significant impact upon the number of phone calls made locally as many third-party staff were not yet using the system. Actions were in place to increase the uptake of using the online booking system.
- Data from the service showed that they monitored how quickly staff answered calls; which enabled further analysis and improvement.
- The service had staff whose roles involved calling pre-booked patients to remind them of the patient

transport booking; to check if the booking was still required and to ask if any changes needed to be accounted for such as a patient becoming less mobile since the initial booking had been made. Data from the service showed that the impact of this could be monitored.

- We saw the control centre staff could respond to pre-planned and on the day requests for patient transport. Structures were in place to ensure patient journeys were allocated appropriately. Please see 'effective' section for specific information about key performance indicators relating to patient journeys.
- Where suitable for the patients, more than one patient was transported at a time to ensure waiting times were minimised.
- Each of the three main sites served had a site manager stationed there. This was a member of Falck (Shropshire) staff who was on site to facilitate on the day discharged patients, pre-arranged transport and any issues or problems that arose.
- The service completed exception reports to show where patients had waited more than two hours for transport. From March to July 2018, 936 patients waited for longer than two hours. Although it should be noted that for May 2018, no patients waited for more than two hours. This was compared to the total number of patient journeys in this timeframe which was 45,462.
- Data from the service showed that from December 2018 to February 2019; 34 patients declined to travel on the patient transport.
- We saw that from November 2017 and October 2018; 217 booking requests were not completed by the service out of 116856 journeys undertaken. Reasons included patients missing their appointments therefore not requiring onward travel; or the transport arriving too late to make the patient journey in time for an appointment. We saw that the monthly figures showed a month on month reduction in non-completed journeys after October 2018, from November 2018 to February 2019.
- During our inspection, we observed three patient journeys. We saw that although it may have negatively impacted upon meeting key performance indicators, staff were responsive to the individual needs of the patients. For example, where a patient was not ready to

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leave for their appointment, staff waited and helped the patient get ready. During one journey, we observed that a patient required additional support both on collection and on arrival at their destination. We observed staff went over and above to ensure the patient's needs were met, despite this requiring additional time than was normally allocated when collecting and dropping off patient. We saw in these instances; local management were supportive of staff doing this despite the impact on key performance indicators.

## Learning from complaints and concerns

- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. However, not all vehicles had patient complaint leaflets on board.**
- Data from the service showed that from November 2017 and October 2018; 179 complaints and 61 compliments were received by the service. The service had a provider wide target of resolving the complaint within 25 working days. During 2018; the service took on average 28.8 days to resolve complaints.
- Of the complaints recorded; 84 (47%) of these were related to timeliness. Thirty-two (18%) related to poor behaviour of staff and 17 (8%) were linked to a failed journey.
- Data showed that actions had been taken as a result of these complaints; for example, a member of staff was dismissed following repeated poor driving, staff were supported to ensure patients were properly secured in vehicles to maintain safety, and excessive waits were reviewed regularly.
- All telephone calls to the service were recorded; therefore, any complaints made by phone could be monitored and previous related calls checked to ensure staff were consistently providing the best service.
- On vehicles checked we saw an inconsistent availability of patient leaflets, comment cards and complaint leaflets.

## Are patient transport services well-led?

Good



We rated it as **good**.

## Leadership of service

- **Managers at all levels in the service had the right skills and abilities to run a service providing sustainable care. Improvements had been made since our last inspection, however some staff felt that leadership was still not visible enough.**
- Falck had a clear leadership structure which outlined different strands of management for different areas of business. For example, Falck (Shropshire) was overseen locally by an operations manager who was supported by a station manager. They were overseen by the patient transport services director. A local control room manager managed the control room staff and dispatch staff. They were overseen externally by a deputy head of control, a head of control and the operations and quality director. A workshop manager oversaw mechanics based at specific locations including Falck (Shropshire). They were overseen by a fleet manager, who was managed by the head of fleet, and the operations and quality director respectively.
- During our previous CQC inspection in 2017, we found that although staff felt local leadership was reasonably visible; they felt senior leadership team members were not visible or approachable. During this inspection, staff told us that they felt the current local management team were supportive and visible, especially since the commencement of a new registered manager. In addition; they found that senior leadership were making effort to be visible; by visiting staff whilst out working although some staff still felt there was not enough support from senior management who were not based on site.
- We found some managers worked more than their contracted hours. However, managers told us this was due to personal choice to support staff rather than a necessity to complete work, or a requirement of the provider.
- Managers communicated with staff, including staff working on the road, in several ways. These included sending emails and liaising via staff who were

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permanently based at the three hospitals in Shropshire. Team meetings held at the base had recently started in November 2018; and managers shared plans to ensure as many staff as possible could attend; such as holding the meetings at shift start times in the early morning. We found that the station manager often arrived at work very early to engage with staff who might otherwise not easily meet with management.

- Managers acknowledged that some staff had not received an adequate level of support such as those located on site at a children's hospital in Birmingham. This was being improved at the time of inspection; with more manager involvement.

## Vision and strategy for this service

- **The service had a vision for what it wanted to achieve and workable plans to turn it into action. Staff were familiar with the values of the service.**
- The service had a business plan from 2018 which incorporated the provider's vision and strategy. We saw this business plan was discussed at governance meetings; and was incorporated into improvement plans where necessary.
- The management team met regularly with clinical commissioning groups who contracted the service to ensure that services were continuing to meet the need of the local population; as well as to monitor overall performance.
- The values of the service were to be accessible, competent, efficient, fast, helpful and reliable. Staff were aware of the vision and values of the service.

## Culture within the service

- **Culture had improved since our last inspection; management visibility was better and staff reported enjoying their role. However, staff did identify further areas for ongoing improvement.**
- Generally, staff reported they enjoyed their job and felt they worked effectively as a team with colleagues. Staff did tell us of areas which they felt the service could improve to promote the overall wellbeing of staff such as consistent breaks as discussed below, more involvement in team meetings and consistent feedback after reporting incidents.

- Staff raised concerns regarding adequate break times during shifts. They reported that they were not always able to take breaks; or if they did, often the next patient transfer would remain waiting for them until they finished; placing pressure on staff to finish their break more quickly. We spoke with the management team about this who reported that breaks were being monitored via an electronic rostering system which enabled oversight. This system enabled quick recognition of staff who had not taken a break; and enabled staff to be 'stood down' for rest where necessary.
- Data from the service showed staff break times from December 2018 to end of February 2019. The uptake of meal breaks rose to an average of 74% in February (from 70% in December) demonstrating improvement was underway.
- Staff talked about variable career progression within the service. Whilst development and progression was available; this was limited due to the nature of the service. However, staff did provide some examples of where they had progressed; for example, into a site manager or supervisory role. We heard that appraisals had re-started after some time of not receiving these. Staff reported that this gave them an opportunity to identify areas for personal and professional development if they wished to discuss this.
- Information from the service showed that leadership programmes were available for ambulance care assistants and intermediate care technicians. At the time of our inspection, some staff at the location including managers and non-managers were undertaking this programme.
- An employee assistance programme was available for staff who required support outside of work.
- The service had a whistle-blowing policy and a named freedom to speak up guardian for any staff who wished to raise concerns. Data from the service confirmed this was a confidential service which enabled staff to communicate areas of concern.
- Managers told us they had made effort to promote a positive staff culture through introducing support and benefits. This included regular deliveries of fresh fruit, installation of vending machines and the introduction of the employee assistance programme. In addition, an



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employee committee was being set up to ensure staff members could have their views heard. Staff told us they felt they could access local support from management and peers; but some staff told us they would like this to be more consistent.

## Governance

- **The service systematically improved service quality and safeguarded high standards of care.**
- Managers from the service and provider, including directors, held governance meetings quarterly. We saw that through these meetings; compliance to regulators and accrediting bodies was monitored. For example, we saw that compliance to the previous post CQC inspection action plan was discussed. Clinical governance matters were reported on across all locations; and provider wide serious incidents were identified and monitored. Provider policies which were due for update or renewal were identified and allocated. The corporate risk register was reviewed and mitigating actions created.
- We saw senior management had oversight of ongoing performance; and where this dropped they quickly contacted the location to provide ideas and incentives to improve which was fed down to staff.
- Local management meetings were held, including site managers. This enabled information to be escalated up to senior management if required; such as risks to the service.
- We saw the service conducted non-clinical audits which aimed to improve various areas of work not directly related to performance. For example, we saw that the quality of incident report from completion was audited, as was staff views on working for Falck. As a result; lessons learnt were shared and actions produced.
- Data from the service showed an improvement plan which had last been reviewed in July 2018 and subsequently actioned. We saw that this included issues which were also raised at the last CQC inspection in 2017 such as visibility of senior leadership. Other improvement plans included improving vehicle use and staff structure to better increase business viability; whilst maintaining patient satisfaction. One area of potential improvement that had been identified was that of managing out of area journeys which was

impacting financially and performance wise on the business due to the cost of, and time required for, these journeys. As a result, individuals within the management team had liaised with out-of-area commissioners and providers to ensure appropriate payment for this work; and to ensure any bookings taken were necessary and appropriate. We saw most of this plan was updated with actions taken, or where actions had been placed on hold. However, some actions had no further confirmation of the action status and no specific date for when actions were expected to be complete.

- We saw an improvement plan specific to a local emergency department had been produced and shared to manage problems and delays; therefore, improving patient experience.

## Management of risk, issues and performance

- **The service had systems to identify risks, plan to eliminate or reduce them.**
- Managers from the service held monthly contract and quality meetings with the two clinical commissioning groups who were involved in commissioning the service. The two NHS trusts who created most of the business for the service were also invited to quality meetings; but as of the time of inspection they had not attended.
- We saw three sets of minutes and associated documents from these meetings from July to September 2018. Documentation showed that the service discussed performance, incidents, complaints, compliments, exception reports and any other relevant information. The minutes reflected open conversations where performance and risk was transparently discussed to improve. We saw that occasions where ambulance staff had spent more than 10 minutes on site collecting patients had been recorded to demonstrate the impact on this. For example, where staff had to locate several patients which took longer than 10 minutes. The service also reported on patients who missed their outpatient appointment due to transport and reasons for this.
- Within a business continuity assessment published in October 2019, we saw that an area of concern was the pressures created by additional work which was more than the expected journeys as contracted for. One of the main NHS providers of work for the service was

# Patient transport services (PTS)

undergoing significant pressure and scrutiny at this time which was impacting upon the workload of Falck (Shropshire). The registered manager of the service was managing this by having daily escalation calls with the NHS trust; and keeping in regular contact with the relevant clinical commissioning group.

- Additional plans to resolve pressure and improve performance at this trust was to hold engagement meetings with staff and patients from areas in which the service transported large numbers of patients; such as the dialysis unit. This process had commenced at the time of inspection and was aiding to reduce complaints through explaining the problems directly to the patients and staff involved.
- The service had a risk register for patient transport services. These comprised slow recruitment processes and gaps in the skills and competency of some middle management. At the time of inspection; we saw the risk with regards to staffing was significantly reduced following successful recruitment. Plans were underway to support the ongoing training and development of managers.
- During our inspection, a risk was identified with regards to the fleet of vehicles. As the five-year contract was due to end on 31 October 2019, some vehicles were old and being decommissioned where they needed too many repairs. Due to the end of the contract date; it was not financially feasible to purchase new vehicles therefore alternative measures were being sought for the short term where necessary; such as hiring vehicles.
- We saw that where risks were identified these were quickly acted upon. For example, when it was identified that fire risk assessments were not being completed; this was quickly addressed and all appropriate training and measures put into place.
- During the inspection staff told us of a change to annual leave booking requirements which required them to book a significant proportion of their leave at the start of the financial year. We spoke to managers about this who reported that the required leave to be booked was 75% per staff member. This requirement was in response to performance related risks identified the previous year when staff had not booked leave; leaving a large

number of staff taking a block of leave at the end of the financial year. Managers reported this measure was to ensure they could effectively plan for staffing needs throughout the year.

- Where third party providers had been used; due diligence checks were carried out to ensure staff and vehicles met the required standards of safety and quality.
- Contingency plans were available for unexpected events or emergencies such as power outages or extreme weather conditions.

## Information Management

- **The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.**
- As previously described, the service used electronic systems to manage all information. This included electronic patient records and booking systems, staff rostering, fleet management, and key performance indicator monitoring. At the time of the inspection; some systems were being upgraded to enable efficient use of information which would help ambulance staff undertake their roles better.
- We saw the service collected large quantities of good quality data regarding the use of the service; which fed into the key performance indicators. This enabled more detailed analysis of resources in terms of what efficiencies and improvements could be made.
- Data from the service showed that from January to October 2018, seven incidents relating to the General Data Protection Regulations had been reported. Data from the service showed all incidents were managed and had actions set to reduce the likelihood of reoccurrence. These ranged from inappropriate use of social media, to dropping a form with patient details on. Actions included re-training of relevant staff, and sending reminders about policies and procedures.
- We saw posters relating to personal data security and ensuring information security was displayed in the call centre areas so staff could see these.
- The service met the requirements of ISO 27001:2013; Information Security Management System. The service was due for re-audit in April 2020.

# Patient transport services (PTS)

## Public and staff engagement

- **The service engaged well with patients, staff and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.**
- The provider undertook a global staff survey in September 2018. Initial results showed a completion rate of 61% across the Falck company. We saw that posters were displayed saying 'you said, we did' from the recent staff survey to highlight where changes had been made. One example provided to us of an improvement made was the introduction of a policy to manage abuse from patients and staff at hospitals or care homes. New chairs were purchased after call centre staff reported that old ones were uncomfortable.
- The service made effort to engage with NHS trusts they had relationships with to improve working. For example, we saw that training days were organised at a local hospital emergency department to share information and educate both Falck and the trust staff about each service.
- Managers at the service reported they did not actively engage with the general public; however, had advertised the patient transport services at local events previously.

## Innovation, improvement and sustainability

- **The service was committed to improving services by learning from when things went well or wrong, promoting training and better ways of working.**

- We saw that where delays in collecting patients from local emergency departments had been identified, as referenced above, information and training was provided to the NHS trust staff. This included improvement plans specific to the relevant emergency department; and set out common problems experienced for trust and Falck staff to learn from. Guidance to follow, including where patient transport services were limited in their capacity was provided to trust staff to try to enable better working relationships and overall performance.
- Every vehicle we saw, except the vehicle based at Birmingham, was stocked with a 'Road Crew Guide' specific to Shropshire. This contained useful local contacts such as regularly visited hospitals, the provider values, local key performance indicators, communication aids and instructions for how to access interpreters to use with patients who were non-verbal or did not speak English, instructions for how to access policies and procedures whilst on the road and how to report incidents, information about data protection and the Mental Capacity Act, infection prevention and control information and guidance and weight guides for vehicles. Following the inspection, we were informed that all staff had been provided with this documentation.
- The service conducted numerous non-clinical audits and used the results to formulate action plans for improvements; such as encouraging better staff engagement.

# Outstanding practice and areas for improvement

## Outstanding practice

Most vehicles were stocked with a 'Road Crew Guide' specific to Shropshire. This contained useful information which supported the staff to undertake safe and responsive journeys. See 'Well Led' for more information.

## Areas for improvement

### Action the hospital SHOULD take to improve

- The provider should ensure consistent availability of literature on vehicles including the 'Road Crew Guide' and patient information and complaint leaflets.
- The provider should ensure that all staff adhere to the policy which states that no patients who have an active 'do not attempt cardio pulmonary resuscitation' form is transported without having a copy of this form for the duration of the journey.
- The provider should ensure that staff are not unnecessarily using paper based confidential information.
- Ensure feedback following incident submission is consistently given to staff.