

# Medi 4 Ambulance Service

## Quality Report

Findon Ambulance Station and Education Centre  
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Sussex  
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Website: [medi4.co.uk](http://medi4.co.uk)

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

## Ratings

### Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



# Summary of findings

## Letter from the Chief Inspector of Hospitals

Medi 4 Ambulance Service is operated by Medi 4 Ambulance Services Ltd. The company provides private ambulance services, repatriation as well as event medical cover and first aid training. These last two activities are not regulated by the CQC and are not included in this report.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced visit to the primary ambulance station on 1 October 2019. We also visited the nearby location which was used to house some of the ambulance fleet and stock items.

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

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

The main service provided by this service was a patient transport service. NHS non-emergency patient transport services help people to access healthcare in England. It is free at the point of use for people who meet a certain medical criterion and are unable to use public or other transport.

We rated it as **Good** overall.

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risks well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service. 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. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for transport.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- The service did not always make sure staff were competent for their roles. Managers did not always appraise staff's work performance or hold supervision meetings with them to provide support and development. The provider did not always complete annual driver assessment checks in line with their policy.

Following this inspection, we told the provider that it must take some actions to comply with the regulations. Details are at the end of the report.

### Name of signatory

# Summary of findings

Deputy Chief Inspector of Hospitals (London and South East), on behalf of the Chief Inspector of Hospitals

# Summary of findings

## Our judgements about each of the main services

### Service

#### Patient transport services

### Rating

Good



### Summary of each main service

Medi 4 provides a patient transport service for the local NHS Ambulance Trust.

We rated the service as good for safe, effective, caring, responsive and well led because there were systems in place to ensure safe care of patients, patient feedback was consistently positive and there were processes in place to meet individual needs.

We gave the service two things they must do to remain within regulation. These relate to staff appraisals and annual driver assessments.

# Summary of findings

## Contents

### Summary of this inspection

Background to Medi 4 Ambulance Service	Page 7
Our inspection team	7
How we carried out this inspection	7
Information about Medi 4 Ambulance Service	7

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### Detailed findings from this inspection

Overview of ratings	9
Action we have told the provider to take	20

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Good



# Medi 4 Ambulance Services Limited

**Services we looked at**

Patient transport services;

# Summary of this inspection

## Background to Medi 4 Ambulance Service

Medi 4 Ambulance Service is operated by Medi 4 Ambulance Services Ltd. The service opened in 2016. It is an independent ambulance service in Findon, Sussex. The service primarily serves the communities of west Sussex and Surrey. It has a second location in Rowfant, Crawley and is in the process of registering a third location in Winchester, Hampshire.

The service has had a registered manager in post since 2016.

## Our inspection team

The team that inspected the service comprised of a CQC lead inspector, one other CQC inspector, and two specialist advisors with expertise in patient transport services. The inspection team was overseen by Catherine Campbell, Head of Hospital Inspection.

## How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out an

unannounced visit to the primary ambulance station on 1 October 2019. We also visited the nearby location which was used to house some of the ambulance fleet and stock items.

## Information about Medi 4 Ambulance Service

Medi 4 has a location near Worthing and a second location near Crawley. They are an independent ambulance service providing non-emergency patient transport for the NHS.

The service is registered with the CQC to provide the following regulated activities:

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

During the inspection, we visited both sites and accompanied a crew on duty. We spoke with 14 staff including; registered paramedics, patient transport drivers and management. We observed handovers and care provided, checked vehicles and equipment and

spoke with patients. We looked at policies and procedures, staff training and appraisal rates along with meeting notes and the environment and equipment used.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service has been inspected once before, in April 2018 which found that the service was meeting all standards of quality and safety it was inspected against.

Activity (October 2018 – September 2019)

- There were 53,179 patient transport journeys undertaken.

# Summary of this inspection

- The service employed 125 people including ambulance care assistants, emergency care assistants, paramedics, technicians, management and administrators.
- Track record on safety
- Zero never events
- 199 incidents; 122 minor, 68 moderate, nine serious and zero deaths
- 38 complaints; 35 dismissed and three upheld








# Detailed findings from this inspection

## Overview of ratings

Our ratings for this location are:

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

# Patient transport services

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

## Are patient transport services safe?

Good 

We rated it as **good**.

### 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, the wider service and partner organisations. When things went wrong, staff apologised and gave patients honest information and suitable support.**
- Staff told us they had received training on how to report incidents, the type of incidents that needed reporting and who the incidents needed to be reported to. Every staff member we spoke to knew how to contact the NHS dispatcher and the Medi 4 duty supervisor to report an incident.
- Staff confirmed that incidents that related to business continuity such as staffing, or vehicle problems were reported to the duty supervisor by mobile phone. At the end of the shift a vehicle accident report form was submitted by the transport crew to the supervisor in charge.
- Staff reported 199 incidents in the 12 months before inspection; 122 minor, 68 moderate, and nine serious. Incidents related to delays in patient journeys, first aid assistance and being flagged down for help.
- Any incident related to the patient journey was reported initially to the dispatcher at the commissioning trust using a mobile data unit fitted in each vehicle. In addition to informing the trust, crews contacted the Medi 4 duty supervisor by mobile phone and then completed an adverse incident report form. We saw each vehicle had a supply of adverse incident reporting forms. At the end of the shift the form was placed in a secure drop box at the ambulance station for analysis and investigation by the clinical or operational management team.
- The company had fitted closed circuit television to each vehicle in addition to a global positioning satellite system which was linked to fleet management software. This meant senior managers had secure access the images recorded on the interior and exterior of the vehicle, as well as data on the driver behaviour such as journey and rest times, braking and acceleration which could be used to inform any investigation.
- Learning from incidents was shared verbally with the reporter and then confirmed electronically by email. Staff confirmed they had received feedback about incidents from their line manager.
- Monthly performance reports detailed the number of complaints and incidents reported. Senior managers had access to current information that enabled them to rapidly identify any trends or patterns of concern.
- Messages about lessons learned from incidents were distributed through the electronic roster. Staff accessed the roster frequently because this was the way they were booked in for shifts or overtime. The system

# Patient transport services

required users to read any messages or alerts before allowing them to proceed to the roster. This meant the management team had assurance that all essential messages were passed to staff and read.

- The senior management team demonstrated their understanding of duty of candour. The duty of candour is a statutory (legal) duty to be open and honest with patients (or 'service users'), or their families, when something goes wrong that appears to have caused or could lead to significant harm in the future.

## Mandatory training

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.**
- Data supplied by the provider showed 98.6% of staff had completed annual mandatory training. Training included infection and prevention control, safeguarding vulnerable children and adults, mental health and consent, manual handling, first aid and clinical waste management.
- Mandatory training was delivered online. It could be completed from home or staff could use computers at the ambulance station to complete the training. Staff told us that if their mandatory training expired they would be taken off duties until it was completed.
- Staff told us they found the training easy to access and were pro-active in ensuring their own training was up to date.

## 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.**
- The provider had an up to date policy for safeguarding children and adults which complied with national standards. The provider trained eligible staff to level two in adult and children safeguarding. Records showed 100% of eligible staff had completed this training.

- The provider had a safeguarding lead who was trained to level four in safeguarding adults and children. Records showed the safeguarding lead met quarterly with the commissioning trust to discuss safeguarding issues.
- The service had access to additional safeguarding support through the local commissioning NHS trust and staff knew how to contact these advisors.
- Records showed that the provider submitted monthly data on their staff compliance with safeguarding training to their commissioning trust.
- To report a safeguarding concern, staff alerted the trust dispatcher using the vehicles mobile data terminal as well as the Medi 4 duty supervisor by phone. A form was completed and placed in a secure drop box in the ambulance station at the end of the shift. These were reviewed by the safeguarding lead and shared with commissioning trust and a statutory notification was submitted to the CQC.
- Staff we spoke to had not reported a safeguarding alert but described the potential concerns and the procedure for reporting them.

## Cleanliness, infection control and hygiene

- **The service controlled infection risks well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and premises visibly clean.**
- Staff had been trained to deep clean ambulances by an external company. This competency was reassessed on an annual basis. Records showed 100% of eligible staff were compliant with this training. Vehicles were rotated through deep cleaning every eight weeks.
- All cleaning equipment was colour coded to help prevent bacteria being passed from one area to another during cleaning. The items were stored in purpose-built colour coded racks and we saw that each cleaning station had posters displaying the correct use of equipment.
- We looked at three patient transport vehicles during the inspection and found them to be visibly clean and tidy.

# Patient transport services

- We saw antibacterial hand gel dispensers fitted to each ambulance and these were full and functional. This meant staff could decontaminate their hands in between each patient contact. Disposable gloves in a variety of sizes were available for staff to use.
- Staff had uniform lockers and shower facilities available at the ambulance station. Each member of staff had a uniform that was short sleeved which ensured they were bare below the elbow in clinical situations.
- The provider had not completed any audits in the 12 months prior to inspection to assure themselves that staff were compliant with infection control practices.
- All equipment we checked had a sticker confirming it had been tested in the 12 months before inspection and was safe to use.
- Records showed the equipment in the ambulances was checked and tested daily and supplies topped up as needed. Stock was kept in the ambulance stations and collected by staff as needed to ensure the ambulance had the correct stock on board. All three ambulances we checked had the correct stock on board.
- We saw all sharps bins that were in use were assembled and disposed of correctly. This was important to protect staff and patients from injury by sharp objects such as needles. This practice was in line with Health Technical Memorandum (HTM) 07-01: safe management of health care waste.
- We saw clinical and non-clinical waste was separated correctly into different coloured bags. Clinical waste was securely stored in locked bins while awaiting collection for disposal.

## 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.**
- Premises were secure, and this was supported by closed circuit television systems and coded entry locks. Ambulance keys were stored in locked cupboards. The master key to the cupboard was kept in a digitally locked safe.
- Each ambulance had an allocated folder containing information about the insurance, servicing and ministry of transport test (MOT) if needed. This was supported by an electronic fleet management system which was linked to satellite navigation devices fitted to each vehicle.
- Service contracts were in place for annual fire equipment testing. All fire extinguishers had a sticker in place which confirmed they had been tested by the contractor in the 12 months before the inspection.
- Each ambulance station had clearly marked fire exit routes to be used in the event of a fire. There was a break glass fire alarm system. Records showed the fire alarm system was tested annually and had been tested in the 12 months before inspection. The provider current had a fire risk assessment document.
- Emergency eye wash stations were in place in the workshop area and next to the control of substances hazardous to health storage cupboard. Posters of actions to be taken were next to the eyewash station.

## Assessing and responding to patient risk

- **Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.**
- The commissioning trust completed an assessment on each patient that ensured the provider only transported suitable patients before allocating them to the provider for transportation.
- Each ambulance was supplied with a mobile phone which could be used to contact the medical lead if the crew had concerns about the patient. Crews had the contact details of support hubs at the respective commissioning NHS trusts. This meant the that patients could be reviewed by a paramedic or other registered health care professional if needed.
- Staff described how they would respond to any patient feeling unwell. Vehicles carried oxygen and monitoring equipment and staff used these as part of their first aid skills. All staff we spoke to were trained in basic or intermediate life support. Records showed 100% of eligible staff had completed basic life support in the 12 months before inspection.

# Patient transport services

- Staff had skills and training in dealing with violent or disturbed patients. Crews received training in conflict resolution and mental health as part of their mandatory training.
- Staff were familiar with 'do not attempt cardiopulmonary resuscitation' documents that some patients carried with them during their journey. This was clearly documented in the

## 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.**
- The service employed 125 members of staff. These included senior management, base leaders, supervisors, practice educators, paramedics, emergency medical technicians, emergency care assistants and ambulance care assistants.
- The service contracted its crew members to work three 12 hour shifts a week. Managers maintained contact with the commissioning trust to determine requirements and the services capacity.
- The company had purchased electronic systems to help with resourcing, rostering and billing. Managers and staff were positive about the programs used. The rostering system for example could be securely accessed from any mobile phone or home computer. The service covered unfilled shifts by offering crews overtime. The service did not use bank or agency staff.

## 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.**
- Staff completed clear and thorough records of patients care and treatment. The service stored records securely to protect confidentiality.
- Notes were kept safely in clinic with the provider's information governance policy. Sealed notes were kept

with the patient during the journey and handed to staff as part of the handover. There were no completed patient records left on the ambulances we looked at during the inspection.

- Records were scanned and stored on a secure server and the paper copy stored in a locked cupboard at the ambulance station. The cupboard was locked during inspection and the code only known to authorised staff.
- Staff told us there were aware of 'do not attempt cardiopulmonary resuscitation' forms the patients might have with them.

## Medicines

- **The service used systems and processes to safely administer, record and store patient medicines and medical gases.**
- The service stored medical gases safely. We saw 'in date' cylinders of oxygen stored securely on vehicles and in purpose built secure cages at both ambulance stations. Cylinders on vehicles were positioned so the fill gauges could be seen.
- Cylinders and regulators appeared to be dust and oil free and ready to use. The medical gases storage cages were compliant with The Department of Health Technical Memorandum 02-0.
- We saw clear, marked segregation of empty and full oxygen cylinders to prevent crews accidentally taking an empty cylinder on the vehicle.
- Staff checked that oxygen cylinders were full at the start of each shift.

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

Requires improvement 

We rated it as **requires improvement**.

## 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.**

# Patient transport services

- Staff had access to policies and procedures in paper and electronic format. Each vehicle had a folder of policies and procedures for the crew to refer to during the journey. These could also be accessed in electronic format using the staff portal.
- Management could monitor staff compliance with reading and agreeing to abide by the policies and procedures.
- The service did not carry out any local audits as the commissioning trusts audited the provider on key performance targets. This data was shared with the provider and discussed by the senior management team to improve the service provided.

## Nutrition and hydration

- **Staff provided water to patients to meet their needs during a journey.**
- We saw bottled water available on the ambulances we inspected. This allowed patients to stay hydrated during the journey.

## Response times / Patient outcomes

- **The service monitored, and met, agreed response times so that they could facilitate good outcomes for patients. They used the findings to make improvements.**
- Medi 4 used a computerised fleet management programme to monitor the number of journeys purchased by the commissioning organisations.
- Board meeting notes showed these figures were discussed and analysed, along with data drawn from 'running sheets'. The 'running sheets' were logs of the journey completed by the crew and used by the company for billing and time management purposes.
- The commissioning trust provided monthly key performance data on how the provider was performing. Managers told us they had regular discussions with the commissioning trusts liaison team.

## Competent staff

- **The service did not always ensure staff were competent for their roles. Managers did not always appraise staff's work performance or hold supervision meetings with them to provide support and development.**
- Following their induction, the provider's policy stated all staff should have an annual appraisal. In the 12 months prior to inspection only 41% of eligible staff had had an appraisal. No leads, paramedics or management staff had received an appraisal. 4% of ambulance care assistants had received an appraisal, 0.1 % of emergency care assistants had received an appraisal and 36% of clinical supervisors had received an appraisal.
- The provider's policy stated that all staff who drive patient transport vehicles should have an annual driving assessment. This policy exceeds the national standard in this area. In the 12 months only 53% of eligible staff had received a driving assessment. This meant the provider did not have assurance the drivers were competent to do their jobs.
- We found the company provided a detailed induction for all new staff. Staff told us it gave them all the skills and knowledge they needed to carry out their role.
- The induction programme covered knowledge of company procedures, clinical skills, equipment use and documentation. Records showed all staff had completed the induction.

## Multi-disciplinary working

- **All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.**
- The service coordinated all care and treatment it provided with the commissioning NHS ambulance trust. Crews received jobs from dispatchers at the trust through their mobile data terminal. Staff described working closely with the trust on every shift, for example, by contacting the clinical support desk. Staff told us they had positive relationships with the clinical advisors.



# Patient transport services

- We saw effective handovers between the crews and clinic or hospital staff. This demonstrated a good working relationship between crews and hospital staff.
- Managers explained they had monthly teleconferences and informal discussions with liaison managers from each commissioning trust.

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

- **Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.**
- Staff obtained consent in line with national guidance and best practice. Crew members had attended training in consent and capacity as part of the mandatory training.
- During our visit, we observed crews always obtained verbal consent before carrying out any observations or transporting patients.
- The provider issued consent and capacity guidance cards to all staff. There were worn on the back of the identification cards. We also saw best interests' decisions forms for crews to document the best interests decision-making process. This complied with national guidance and the Mental Capacity Act 2005.

## Are patient transport services caring?

Good 

We rated it as **good**.

## Compassionate care

- **Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.**
- We observed staff introduced themselves to patients and relatives and explained their role when they first met. Patients we spoke to were positive about Medi 4 and were pleased they were the company transporting them.

- We saw that patient privacy and dignity was preserved, especially when moving patients through public areas.
- We saw posters displayed in staff areas reminding staff on the expectations of the company. Staff we spoke to demonstrated a good understanding of these principles and gave good examples of where they thought their care was good.

## Emotional support

- **Staff provided emotional support to patients, families and carers to minimise their distress.**
- We were only able to see a small amount of care during the inspection. We reviewed the patient feedback collected in the 12 months before inspection and records showed the patients were overwhelmingly positive about the emotional support provided by the staff.
- Comments included "I am a midwife and I was transferring a patient to another hospital. X and x were fantastic! They went above and beyond to ensure our safe arrival and they also made sure I was given a lift back to the hospital I work in. Cannot thank these ladies enough. Amazing service and ladies. Massive thank you" "Friendliness and experience is exemplary" and "bless you all".

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

- **Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.**
- Staff told us they involved patients and relatives in discussions about their care and transport. They explained that family members and carers were encouraged to accompany patients.
- Patients told us they were fully informed of any delays and always had their questions answered.

# Patient transport services

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

Good 

We rated it as **good**.

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

- **The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.**
- The service undertook 53,179 transport journeys in the last year.
- Vehicle needs and crew numbers required were planned using help from a commercially available IT software. This included a rostering system that could be securely accessed via any mobile phone. This system sent text alerts to staff who could then log in and book shifts.
- Rotas showed that staff worked a pattern of shifts that matched the requirements of the commissioning trusts. Staff told us they were able to work flexibly to meet the needs of the service.

### Meeting people's individual needs

- **The service was inclusive and took account of patients' individual needs and preferences. The service made reasonable adjustments to help patients access services.**
- Staff received training on assisting patients with complex needs. This included patients with a learning disability or dementia. Each patient vehicle had an electronic device that had software loaded to communicate with those who did not speak English or communicated using British Sign Language. It also provided pictorial aids to aid communication.
- Medi 4 employed staff who were native German and Polish speakers and could be used to translate if needed.

- All policies and procedures had an equality impact review before publication which ensured that no member of staff, patient or relative was discriminated by the policy in anyway.
- Staff told us that although they were a diverse group of people everyone felt respected and included in every way.
- The service had five ambulances that was able to carry a bariatric patient.
- Any specific needs were identified by the commissioning trust at the time of booking and recorded onto the provider booking to ensure staff were aware before they collected the patient.

### 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.**
- Patients were booked for transport against a set of eligibility criteria which was determined by the commissioning trust. Data gathered when monitoring the timeliness of journeys was used to ensure a good patient flow.
- Vehicle and crew resourcing were planned using information from the commissioning trust.
- The service's vehicles were based at three sites which allowed the company to position staff and vehicles to meet regional demands.

### 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.**
- Staff told us any written complaints were dealt with by either the clinical or operational manager depending on the nature of the complaint. This was in line with feedback and complaints policy which was due for review in 2020.



# Patient transport services

- There had been 38 formal complaints in the 12 months before inspection. They were dealt with according to the provider policy. 35 complaints were dismissed and three upheld.
- Each transport vehicle had a supply of leaflets and displayed a poster which informed patients how to make a complaint.
- The learning from complaints was discussed at board level and then shared across the company via team meetings and email communication.

## Are patient transport services well-led?

Good 

We rated it as **good**.

### Leadership of service

- **Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.**
- The leadership at Medi 4 consisted of a managing director, financial director and clinical director. There was a Medical Director who headed the governance team. An operations manager and operations lead were in post and each location had a shift supervisor.
- All staff spoke highly of the current local leadership and culture. There had been a recent restructure of the management team and staff told us this had made a great improvement to the openness and culture of the organisation. Staff felt more comfortable to raise any concerns they had with the current management team.
- Senior managers and board members showed an understanding of the risks to the service. The board meeting minutes demonstrated an ongoing oversight of quality and governance issues such as policies, risk management and human resources.
- Staff told us senior managers and directors were very visible and were frequently seen at the ambulance stations.

### Vision and strategy for this service

- **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 board held monthly meetings which were used to develop vision and strategy. The service followed the provider's corporate values and principles that underpinned them. The values were named to mirror the company's name: eMpathetic, depEndable, Diverse, professional, 4 patients and clients.
- The vision of the service was to provide a safe quality service centred on the needs of patients. The mission statement described the aims of the service as valuing its effectiveness and values such as diversity and dignity.
- Staff we spoke to knew the providers values and tried to incorporate them in everything they did.
- The company was actively looking for opportunities to expand into other geographical areas and diversifying the range of commissioning bodies to improve sustainability. For example, a new location was being registered in Winchester and the provider was just starting to cover emergency ambulance shifts for a local NHS Ambulance Trust.

### Culture within the service

- **Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.**
- Staff described an open and supportive culture where learning and progression was encouraged. Managers anticipated stressful situations and provided support for staff.

# Patient transport services

- Informal debriefing was available to staff following stressful shifts. Members of the senior leadership team met with staff to discuss their concerns and provide emotional support.
- Staff and managers described how they were proud to work for the provider. They told us since the change of management everyone had a voice within the team.
- The provider had a freedom to speak, challenge culture and whistleblowing policy. Staff told us they were able to refer to this policy when raising concerns.
- Managers provided clear communications to staff about the expected standards of work by displaying posters about the standards of care and work performance expected.
- Staff turnover was monitored monthly. Records showed that in the last six months staff turnover had reduced. Managers attributed this to the change in management personnel.
- The provider completed an annual staff survey to gather feedback to improve the service. In the last staff survey 50% of staff responded. The main themes were concerns about the fleet of ambulances aging and breaking down, managers slow to reply to emails and staff not feeling valued by senior management. The provider actively addressed the concerns within the staff survey.

## Governance

- **Leaders operated effective governance processes, throughout the service and with partner organisations.**
- The governance meetings had a standing agenda covering clinical policy, risk log and assessment updates, serious untoward incidents, central alert system, safeguarding, risks and issues, audits, logistics, driving standards, education and clinical updates.
- The governance committee were expected to provide leadership and oversight of current clinical challenges. A member of the board also attended these meetings.

## 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.**
- The service used data for identifying risks and planning how to control or minimise them. The governance committee led by the medical director and including a paramedic and education lead reported directly to the board. We reviewed three sets of minutes and found them.
- The company used an electronic reporting system to help managers identify, classify and manage risk. We reviewed the current risk register which contained strategic, organisational and corporate risks. The risk register contained a record of the actions taken which mitigated the risk and a rating indicating the severity and likelihood of reoccurrence.
- According to the risk register the top three risks for the service were supplier management, reputation and resource management. The risk of not completing regular audits to monitor compliance with policies was not identified as a risk despite acknowledging the lack of internal auditing.

## Information Management

- **The service received data from the commissioning organisation 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.**
- Information about the service including performance and patient information was controlled and monitored by the contracting NHS Ambulance Trust. Staff had access to training about information governance and protection.
- The contracting NHS Ambulance Trust monitored the key performance indicator (KPI) data for the targets it set. The service met with the ambulance organisation quarterly where they could discuss any perceived issues.

# Patient transport services

with the quality of the data. However, we did not see any minutes from these meetings as there were none recorded. The registered manager did not report any issues with the reported performance data.

- We saw that information governance training formed part of the mandatory training programme and that 100% of staff had received this training.
- Staff showed us how they accessed information on the electronic tablet. Each member of staff had a unique pass code to use the system ensuring information was kept secure

## Public and staff engagement

- **Leaders and staff actively and openly engaged with patients, staff and the public to plan and manage services.**
- People could give feedback via their website. The service also received feedback through the contracting NHS ambulance provider and through feedback forms that were given to patients on journeys. Feedback was collated and discussed at all levels throughout the organisation.
- The service had regular staff meetings and utilised technology such as closed messaging groups and mobile phone applications to keep in touch with their colleagues. The directors and team leaders told us they

had an open-door policy and that staff could approach them at any time. There was a 24 hour on call system that staff could use if they had concerns or issues that needed urgent resolution.

- There was a staff notice board in the staff room. This had various forms and information on it including the contracting NHS ambulance contact numbers, blank incident forms, and information regarding safeguarding and duty of candour.

## Innovation, improvement and sustainability

- **All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.**
- The service and its staff demonstrated a willingness to develop and improve the service provided. For example, a new location was being registered in Winchester and the provider was just starting to cover emergency ambulance shifts for a local NHS Ambulance Trust.
- The service had recently invested in a suite of professional electronic management systems that would improve their human resources, billing and incident reporting capabilities. The service had achieved ISO9001 accreditation. The accreditation demonstrates a company's ability to consistently provide products and services that meet customer and regulatory requirements and to demonstrate continuous improvement.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 18 HSCA (RA) Regulations 2014 Staffing
Treatment of disease, disorder or injury	

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.