

Spark Medical Limited

Spark Medical North West

Inspection report

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

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Insufficient evidence to rate



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and the service met commissioned response times. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and understood the legal framework around patients being able to make decisions about their care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs.
- 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.
- 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.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Good 	Please see overall summary above.

Summary of findings

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Summary of this inspection

Background to Spark Medical North West

Spark Medical North West is an independent ambulance service based in the Liverpool locality of North West England. It is run by Spark Medical Limited and has had a registered manager in place since 27 February 2020.

Spark Medical North West provides patient transport and emergency response services to several NHS ambulance and hospital trusts in the North West of England.

The service does undertake work for NHS providers within the locality of Wales, however reporting or regulating any activity within this area would not be within our remit.

We have inspected Spark Medical North West previously, however at that time it was as a different entity. We have never inspected Spark Medical North West, as it is currently registered with us, before.

For the calendar year of 2022, to the date of our inspection, the service carried out 16,766 patient transports.

How we carried out this inspection

Although Spark Medical North West provides emergency response services, we only inspected patient transport services, as part of this inspection. We inspected the patient transport service using our comprehensive inspection methodology.

The inspection team comprised of a lead CQC inspector, a team CQC inspector and a CQC specialist adviser. The inspection was overseen by an inspection manager.

During our inspection we were unable to speak with any patients or witness any staff and patient interactions.

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

Outstanding practice

We found the following outstanding practice:

- The service had an excellent awareness of their values and promoted them in innovative ways, for example aligning a value to its own colour scheme and implementing this visually, within premises and on equipment.
- The service had listened carefully to staff members and how their employment and wellbeing could be improved. As an example of this, following a 'you say, we did' piece of work, the provider made a fitness suite available for staff to use at their headquarters.


Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Good	Good	Insufficient evidence to rate	Good	Good	Good
Overall	Good	Good	Insufficient evidence to rate	Good	Good	Good

Patient transport services

Safe	Good 
Effective	Good 
Caring	Insufficient evidence to rate 
Responsive	Good 
Well-led	Good 

Are Patient transport services safe?

Good 

Mandatory training

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

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

We noted that there were 34 modules of mandatory training to complete, including modules on health, safety and welfare and resuscitation for adults and children. This meant that staff could have a good level of knowledge and information about the provider's policies, procedures and role essential learning.

Managers monitored mandatory training and made sure all staff completed it.

Overall mandatory training figures for the service was 95 %. This meant that training had been completed by a high proportion of staff.

During our inspection we spoke with staff who told us about their mandatory training, which they received during induction and every year thereafter. Staff felt the training was of a good level and equipped them with the skills and knowledge they needed to carry out their role.

Staff described to us the process of ensuring that they kept up to date with their training. We were told they would receive notifications about training expiry dates from their management and requested that this would be completed.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. We reviewed information which evidenced staff completed computer based adult and child safeguarding training.

Patient transport services

The level of training undertaken, corresponded with their role. For example, leaders and managers had completed safeguarding training at level 3 and the designated head of safeguarding had completed level 4.

Safeguarding training compliance rates for the service for both adult and child safeguarding were; 93% for safeguarding level 1 and 93% for safeguarding level 2.

Staff were aware of the different types of abuse that patients could be at risk of. This included being sighted on the risk signs of both; female genital mutilation and radicalisation.

Staff knew how to identify adults at risk of, or suffering, significant harm and knew how to make a safeguarding referral and who to inform if they had concerns.

Staff gave us examples of where adult safeguarding alerts had been raised and how this would happen.

Staff explained to us the process for reporting safeguarding alerts. This was reported to the contracting NHS trust, who would then coordinate an alert to the relevant body, in line with their procedures.

The alert would then also be notified internally within the provider's processes and systems.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and the premises visibly clean.

We observed that ambulance station areas had suitable furnishings which were clean and well-maintained. The areas were not cluttered. We observed that ambulance stations had designated cleaning preparation and storage areas, which promoted good levels of cleanliness.

Relevant and appropriate colour coding of items for different cleaning tasks were in use. This promoted effective cleaning and reduced any risks of cross contamination.

Staff followed infection control principles including the use of personal protective equipment (PPE), where required. We observed that hand sanitising gel was present in appropriate areas.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. We reviewed a sample of Infection Prevention and Control (IPC) audits which demonstrated a comprehensive record of checks and a high level of compliance.

We observed that ambulance vehicles were clean and well maintained.

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.

Patient transport services

The design of the environment was clear and well-coordinated. We observed that stock room access was appropriately controlled. This ensured that only authorised members of staff accessed these areas.

All relevant equipment was stored appropriately, for example medical gasses were secure and separated by both type and size. Colour coded racks were in use for full and empty cylinders.

Each designated area had visible posters or information, to remind staff about the requirements and legal obligations of using them.

We observed that all ambulance vehicles had suitable equipment for undertaking patient transports.

The service had a full make ready system in place, which meant that vehicles were prepared overnight by an external contractor. Signs indicating a vehicle being ready or not prepared were visible in all vehicles.

We observed comprehensive laminated checklists in each vehicle, which showed staff what equipment was in what cupboard, with associated pictures. Each vehicle had a clear cleaning schedule within it. This detailed what was to be cleaned, how this was to be done and by who. All pre-made packs were sealed in date and signed by the member of staff who had packed such.

The service had enough suitable equipment to help them to safely care for patients. We reviewed a sample of all equipment and perishables, which were within expiry dates.

We reviewed information from a sample selection of the ambulance fleet used by the service including MOT and services records. This demonstrated that all vehicles sampled had in date MOT's where applicable, services and also seven weekly checks.

We noted that staff disposed of clinical waste safely.

Assessing and responding to patient risk

Staff used and updated appropriate risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration

Staff responded promptly to any sudden deterioration in a patient's health. Staff explained that patients who deteriorated were flagged to operational management. A paramedic clinician was on call in the control room for guidance or advice.

Staff also escalated to the contracting NHS ambulance trusts control in these circumstances, to access guidance and further clinical assistance, if required.

The service did not transport any secure mental health patients; however, they were aware of the needs of patients who had a mental health need which they would transport. For example, staff told us about mandatory training they undertook about understanding, caring and supporting patients diagnosed with dementia.

Staff were trained in resuscitation in adults and children.

Patient transport services

Staff shared key information about patients when handing over their care to others, including when patients were transferred from hospital to nursing and residential care facilities.

Staffing

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

The service had enough staff to keep patients safe and managers accurately calculated and reviewed the number and grade staff needed for each shift.

We reviewed staffing information which demonstrated that the patient transport service employed 18 full time ambulance care assistants. Managers told us about how the shift patterns were filled as required. Managers told us that staffing was calculated on the basis of pre-agreed work levels for commissioner requirements.

Managers could adjust staffing levels daily according to the needs of patients. Where required, for example staff sickness, managers told us that they would ensure a reserve member of staff would be able to fulfil a shift.

The service did use bank staff. This meant that there was the flexibility to fill shifts that were required to be filled at short notice.

We spoke with staff, who told us that they felt staffing levels were safe to provide the required care and transport to patients.

Due to the way the service worked, an ambulance would not be dispatched if it did not have the required level of crew.

Records

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

Patient transport notes, where applicable, were comprehensive and all staff could access them easily. We reviewed completed journey records where applicable and noted that these were all securely processed and stored.

Records were stored securely. Any patient journey records were inputted into an electronic system. Paper versions were then securely stored within a locked room on site and after a prescribed period securely collected and shredded.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Patient transport services

Staff knew what incidents to report and how to report them. Staff explained to us that in the first instance, the incident would be raised to the contracting NHS ambulance trust, for escalation under their processes and procedures.

Staff were also clear, about the requirement for the incident to be reported within the service's own internal policies and procedures, which was raised with the relevant station locality manager. Staff told us about the online incident reporting form that they would use.

Managers told us about the how any incidents reported would be investigated. Upon an incident being reported, it would be entered into an electronic system. This would assign the risk a score and actions would then be taken by staff of a relevant grade. The electronic system used detailed sections for investigations, workflow stages and lesson learnt

The electronic system the provider used, could present incident information and data via an analytics dashboard and also pick out any themes or trends occurring. This meant that managers could be well sighted on incidents raised, their outcomes and trends or patterns for wider organisational learning.

The service had reported 40 incidents between 1 April 2022 to 30 September 2022. This was across both patient transport services and urgent and emergency care that were provided. The data provided about incidents, was not broken down into which types of service.

We noted that the service had no never events or serious incidents reported within the previous 6 months. Never events are serious, largely preventable safety incidents that should not occur if the available preventative measures are implemented.

During our inspection we requested a copy of the service's duty of candour policy. The policy was comprehensive, gave clear instruction and responsibilities to staff members and included educational scenarios, of how to implement the duty.

Management told us that feedback and learning from incidents could be used during daily 'team talks', before any shift started.

Are Patient transport services effective?

Good 

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff understood the needs of patients.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. This included references to the NICE guidelines and relevant legislation in the following policies or protocols which we reviewed. We noted that the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines were in use, within the provider.

Staff understood the needs of patients who had mental health needs. The service was not commissioned to provide any secure mental health transports

Patient transport services

Response times

The service monitored, and met, agreed response times so that they could facilitate good outcomes for patients. They used the findings to make improvements.

The type of patient transport services required were communicated to crew members at the start of the shift, by being sent automatically to an electronic device within the ambulance vehicle.

We reviewed service level agreements (SLA) that the provider had with commissioning bodies. These SLA included requirements around response times for the patient transport services provided. Managers told us that where applicable, response times were discussed in meetings with commissioners, so that performance could be monitored and if needed, improved.

Competent staff

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

We reviewed a sample of staff member records during our inspection. All records sampled included their; job application, health declaration, suitable references and right to work within the United Kingdom.

We noted that all staff records sampled included a satisfactory disclosure and barring service (DBS) check. We noted that where a comment or notification had been made on an employee's DBS check form, a risk assessment was attached to their personnel file. This evidenced that the provider was sighted on both keeping patient's suitably safe and recruiting staff.

Where applicable, staff had appropriate driving qualifications to carry out their role.

We reviewed staff appraisals noting they were monitored and completed on an annual basis. Staff told us that in addition to an annual appraisal, they had manager one to one sessions approximately every 6 months, which was supported by frequent informal contacts with management.

Multidisciplinary working

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

Staff worked across health care disciplines and with other agencies when required to care for patients. Staff told us that they became aware of any issue during a patient transport service, they would alert staff at hospital they were travelling to. If the patient was being transported home, the crew would alert the control room for further advice, guidance and support.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Patient transport services

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff ensured patients consented to transport and if they did not, were aware of who to raise this with. Staff told us how a person could be assessed as to whether the patient had the capacity to make decisions about their care.

Staff understood the relevant consent and decision-making requirements of legislation and guidance. Staff told us they had this knowledge from the service's mandatory training, which was completed yearly. We reviewed training data for modules in this area and noted an organisational compliance rate of 93%.

Are Patient transport services caring?

Insufficient evidence to rate 

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Staff told us that they approach care in a holistic and person-centred way. Staff described this as treating someone as you find them; 'as a whole'. Staff told us they approached a patient as everyone being unique, with a focus of treating patients how they, themselves would want to be treated.

Patients said staff treated them well and with kindness. We reviewed a sample of 10 completed patient feedback forms. Comments included; 'Friendly and caring', 'excellent, put at ease, friendly' and 'brilliant care and friendliness'.

Following our inspection, we requested a received electronic details of patient feedback for the time period of January 2022 to the date of our inspection. We identified that 58 of the entries related to the patient transport core service. We noted

Staff followed policy to keep patient care and treatment confidential. Staff told us that they always ensure patient details are covered up in any public areas and are always mindful of discussing incidents with other professionals. Staff told us that the value was fostered within the services mandatory training.

Emotional support

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

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Managers told us that 'dementia teddys' are available on all ambulances for sensory comfort.

Patient transport services

Understanding and involvement of patients and those close to them

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

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. We reviewed completed patient feedback forms which evidenced that patients were able to give feedback about key areas in the service. The service supported patients to do this by the design of the feedback form itself.

The answers were requested in a tick box format, with clear statements which indicated how a patient felt about a certain area. In addition, the feedback forms had a free text box where patients could provide extended comment.

Patients gave positive feedback about the service. We reviewed patient feedback forms which included comments such as; 'Our treatment from your staff was exemplary', 'Couldn't fault [the staff] at all' and 'Staff were so helpful and attentive. I felt safe'.

Are Patient transport services responsive?

Good 

Service delivery to meet the needs of local people

The service provided care in a way that met the needs of commissioners and the communities served. It also worked with others in the wider system and local organisations to hand back care of patients, where applicable.

Managers planned and organised services so they met the changing needs of the local population. Managers told us that services were pre planned based on individual commissioner requirements. This meant that the correct levels of ambulance vehicles and qualified crew members were always deployed appropriately. The services provided to commissioners and patients, were over 7 days per week.

Staff were aware of access to mental health support for patients with mental health needs, learning disabilities and dementia. Staff explained to us that they had a good underpinning knowledge of mental health needs from their mandatory and refresher training.

The service had systems to help care for patients in need of additional support or specialist intervention. Staff told us that if they needed advice or guidance about meeting a patient's specific need, they would raise this with control or management.

Meeting people's individual needs

Patient transport services

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

Staff supported patients living with dementia and learning disabilities by using 'This is me' documents and patient passports. Managers told us that staff received handovers from families and carers or hospital staff. During our discussion with staff, they were aware of and understood the use of documentation such as patient passports and 'this is me' information to ensure individual needs were met.

Staff were also supported by this information being available on booking sheets and notes that were visible to the crews prior to arrival.

Managers told us that service vehicles had the ability to have music piped into the rear of the ambulance along with functionality to have different light settings.

The service had information leaflets available in languages spoken by the patients and local community. For example, a local NHS trust which commissioned the service, covered a catchment area in North Wales. The service therefore provided an information leaflet in the Welsh language.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. The service held a contract with a sign language provider for any patients who required a signer to travel with them on their journey.

Staff had access to communication aids to help patients become partners in their care and treatment. Managers told us that ambulances carried a copy of a multilingual book which contained standard and emergency words and phrases.

Learning from complaints and concerns

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

Patients, relatives and carers could complain or raise concerns in two ways.

Firstly, this was via a patient feedback form. We reviewed samples of the form and noted that it asked for relevant and specific information, as well as a space for services users to provide other comment if they wished to.

This meant that managers of the service could quickly highlight specific issues, trends or praise relating to specific parts of the service, for example the ambulance, care received or staff.

We reviewed the provider's complaints policy, which detailed that a complaint could be received via any written or verbal communication made to the provider.

Staff understood the policy on complaints and knew how to handle them and managers investigated complaints and identified themes.

The complaints policy further detailed, clear functions and processes to follow by designated individuals for both the investigation, response and actions to any complaint made.

Patient transport services

This meant that staff of all levels within the organisation could access clear guidance, processes and their own responsibilities about dealing with every aspect of feedback that the service received.

Are Patient transport services well-led?

Good 

Leadership

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

Senior leaders told us about their approach to appointment of divisional leaders within the organisation.

There was a clear focus on the essential and desirable qualifications, skills and knowledge of candidates, within a specific leadership area, being recruited for. The process included validation of professional registrations, qualifications and DBS checks along with a competency-based interview process.

Senior leaders articulated the top challenges the service faced and how to meet them. For example, the provider's focus was sighted on the growth of the service, but not at the expense of continued sustainability.

The provider had a recognition that leadership training was a continuous process and managers told us about the external leadership training they had sourced for ongoing leader's learning and development.

Staff told us they felt management were approachable and they would have no concerns raising any issues, with any of the senior leadership team.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services. The service was aligned to local plans within the wider health economy, within its own operating model of being commissioned by NHS ambulance and acute trusts.

The vision of the service had been created with reference to a specific set of values, which were well implemented in staff training, development and the environment. As an example of this, we noted that the values were displayed within the ambulance station and on various items of equipment. The values were clear and aligned to an internal provider colour scheme for example one colour per value.

Managers told us about the service's vision and strategy for the next five years. The service had a clear goal to become the leading provider for patient transport in the North West and be an organisation, that people want to come and work for.

Patient transport services

To support this further, managers told us that the service aimed for any growth to be both; sustainable and financially viable. The service was sighted on growing at a consistent rate with a keen focus on being aware of 'market saturated' areas, where any service provision may not be sustainable for the longer term.

Culture

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

Staff that told us they were confident in raising issues with their manager and that managers were both; open and easily approachable.

Senior leaders told us that on an annual basis the service commissioned an external staff survey. Manager's told us that responses to all surveys over the previous two years had been broadly positive.

During our inspection we observed a copy of a quarterly staff survey sheet. This could be completed anonymously and asked key questions such as whether staff felt 'proud to work for Spark Medical' and if they would 'recommend Spark Medical as a place to work'.

Managers told us about how staff can use a quick reference (QR) code which comes through as a freedom to speak up alert on an electronic system, for review and any relevant actions. We observed during our inspection that the service had named freedom to speak up staff members. This meant that staff could have the opportunity to raise any issues or concerns with designated and trained colleagues.

We observed amenities provided for staff, such as a coffee machine within the crew break area and an onsite gym for employees to use. This was a direct result of a program of 'you say, we did', improvements from staff.

We reviewed the services whistleblowing policy, which also incorporated freedom to speak up. We noted that the policy demonstrated key processes, actions and accountabilities of staff.

Managers told us that the promotion of equality and diversity was implemented as a module of mandatory training. This meant that staff could have a good underpinning knowledge of equality, diversity and protected characteristics.

Governance

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

We reviewed the structure of the organisation, which demonstrated a clear line of management from front line crew to the Directors of the service. We noted that head of functions were also in place for portfolios including; governance, operations and safeguarding.

We reviewed information which detailed that the responsibility for oversight of all incidents, accidents, investigations and reporting sat with the head of governance and contracts. The head of governance interlinked with the other heads of function, to provide advice and support for their portfolio, where required.

Patient transport services

We requested copies of the provider's service level agreements that were in place with partner organisations, during our inspection. This demonstrated a clear legal framework with stated responsibilities and terms, for the provider and the contracting NHS ambulance and acute trusts.

During the inspection we spoke with the registered manager and head of governance. They told us that information or updates from a governance point of view is disseminated to staff via daily team talks and a weekly ambulance operations newsletter. In addition, a 'lesson learned' poster is located within the ambulance station and updated quarterly.

We reviewed minutes of daily team talks given. The minutes recorded who provided the team talk and at what time this was given. Standing agenda items that were discussed issues/incidents from the previous day and week, safeguarding updates, commissioners' updates and any other business. The minutes of the daily team talks were written up and provided electronically to staff for their reference.

We were provided with information which detailed that the head of governance had responsibility for monitoring key performance indicators (KPIs) across contracts as well as helping to shape key messages, shared learning and lessons learnt with the wider team.

The head of governance also held responsibility for ensuring that policies and standard operating procedures were kept up to date and ensuring that the correct approval process has been followed for these. We noted that during and following inspection, all policies that we reviewed were within the review date.

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.

We reviewed the provider's risk register. We noted that it contained a description of risks, colour coding and categorisation as either tolerable or treatable. Each risk had a designated owner and a description of the controls implemented, to reduce the risk, were applicable.

Managers told us that a member of senior leadership team would raise risks for consideration during senior team meetings, from analysis of their day to day portfolios. The risk register was reviewed by the head of governance on a monthly basis. This meant the service could be very well sighted on its risks and implement appropriate controls to mitigate such.

Managers told us about the plan for any contingencies. This included designated back up locations such as another unit within the same locality and the ability for staff to work remotely.

During our inspection we requested a copy of the services business continuity plan. Upon review, we noted that the comprehensive policy detailed specific business continuity risks and demonstrated the roles and responsibilities of key persons to mitigate the specific risks detailed.

We observed the business continuity risk assessment for the service which complimented and expanded on the business continuity plan. This provided further guidance, as to how to appropriately categorise any business continuity risk and how to minimise the impact.

Patient transport services

Information Management

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

Data was collected and processed through an electronic system. This included training compliance, any incidents and also, feedback from staff members and patients. This meant that managers could make real time decisions about operational capability.

Documentation was processed electronically. If any paper documents were completed, these were collated within the ambulance station, electronically entered into the services system and then securely stored within a locked room in the ambulance station. Documents were retained for a period of six months before being removed and destroyed.

The electronic system used was password protected. Staff were able to access the electronic system with their own username and password and could see system information relevant to their role and seniority.

We noted that all staff were required to complete data security awareness as part of mandatory training.

We reviewed provider information which detailed that the head of governance was responsible for making alerts and notifications to external agencies. This meant that staff could easily identify the colleague who

Engagement

Leaders and staff actively and openly engaged with patients, staff and their commissioners to plan and manage services. They collaborated with partner organisations to help improve services for patients.

The service worked closely with patients to seek out and act on feedback. For example, welsh language information leaflets came from feedback, provided by patients.

We observed that feedback leaflets were available for patients and their families, to complete. Along with listing various ways to contact the service such as email, telephone and in writing. In addition, patient feedback leaflets contained information about other relevant organisations, such as the healthcare ombudsman service.

We noted that staff engagement within the service was very positive. Please refer to the detail above, regarding the staff survey and employee welfare improvements that have been made.

Senior leaders told us that their main collaboration with partner organisations was through being commissioned to provide transport and response ambulances and crew.

We did note however that leaders were sighted on the benefits of partnership working and were enthusiastic about working further with commissioners, to improve services collaboratively, if they were further requested to do so.

Learning, continuous improvement and innovation

Patient transport services

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

The service recognised the importance of learning and development. Managers told us that they encouraged the team to share their own expertise or learning with the wider team.

The service also considered better ways of working, with input from staff. Senior leaders told us they were proud of the implementation of an electronic app to input transport journey data. The electronic app was devised and implemented following staff suggestion, that manually entering journey data was a highly laborious task.