

ERS Transition Limited

ERS Medical Midlands

Inspection report

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

Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

Overall summary

We rated this service as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment. The service generally met agreed response times. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and supported them to make decisions about their care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity and 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.
- 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:

- Patients reported services did not always run on time and were not always informed when there were delays.
- There was not a clear process for the management of dirty linen/disposables.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Good 	

Summary of findings

Contents

Summary of this inspection

Background to ERS Medical Midlands

Page

5

Information about ERS Medical Midlands

5

Our findings from this inspection

Overview of ratings

6

Our findings by main service

7

Summary of this inspection

Background to ERS Medical Midlands

ERS Medical Midlands is an independent ambulance service in Nottinghamshire and Bassetlaw operated by ERS Transition Ltd. ERS Transition Ltd took over the services and became the registered provider with CQC in December 2019. The service is registered to provide; transport services, triage and medical advice provided remotely and treatment of disease, disorder or injury. The service has four main transport bases these are: Ashville, Quorn Road, Mansfield and Carlton Forest.

The service currently employs about 190 staff and has 80 vehicles available, 71 vehicles capable of carrying seated or stretchered patients and 9 modified cars. From January 2020 to January 2021 the service averaged 14380 journeys a month.

The current registered manager for this service has been in post since July 2020.

We inspected this service using our next phase inspection methodology. We carried out a short notice announced inspection on 18 February 2021. We conducted this inspection due to receiving concerns about the service. We have not previously inspected this service.

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? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

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

How we carried out this inspection

During the inspection we spoke with twelve members of staff, eight patients, looked at five vehicles and five patient records.

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>.

Areas for improvement

Action the service **SHOULD** take to improve:

We told the service that it should take action because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall.

- The service should ensure that patients are kept up to date when there are delays to the service (regulation 9).
- The service should consider how dirty linen and disposables are stored and disposed of.






Our findings

Overview of ratings

Our ratings for this location 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

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

Are Patient transport services safe?

Good 

We rated this service as good for safe because:

Mandatory training

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

Training consisted of a mix of face to face and online training; compliance rates were 98% for road staff and 100% for volunteer drivers and control room staff. Training courses included manual handling, infection prevention and control and deteriorating patients. Staff told us training was useful and relevant for their roles.

Managers monitored mandatory training and alerted staff when they needed to update their training. The service had processes in place to monitor staff compliance with mandatory training. The service had a trainer who covered the region and delivered face to face training as well as ad hoc training.

The service had driver assessments that were completed by a qualified trainer. Before staff were permitted to work for the service they undertook a driving assessment to ensure they were competent.

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 service had a safeguarding policy which covered both adult and children's safeguarding, which was in date at the time of our inspection. This was accompanied by separate adults and children's procedures to provide easy to follow guidance for staff on how to make a referral.

Patient transport services

Staff received training specific for their role on how to recognise and report abuse. At the time of our inspection 98% of road staff and 100% of volunteers and control room staff had received level 2 safeguarding adults and children's training. The organisation had leads who were trained to safeguarding children and adults level 4 who were available for staff to go to for advice if needed.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff we spoke with during the inspection could describe how they would make a safeguarding referral and were aware of the situations when they would be required to do so.

Arrangements for checking all staff were fit to work with vulnerable adults and children were effective and essential checks had been carried out. The service carried out a Disclosure and Barring Service (DBS) check on all newly appointed staff. We saw all staff working had a current DBS check recorded.

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 premises visibly clean. However, there was not clear processes in place for the management of dirty linen.

We checked five ambulances which were all clean and well maintained. There was a schedule and guidance in place for cleaning vehicles, including deep cleaning each vehicle every twelve weeks, including swab tests for bacteria. Staff carried out cleaning between all patients and an enhanced clean at the end of the day. Managers carried out regular spot checks to ensure cleaning was being carried out thoroughly. Patients we spoke with told us they found the vehicles to be clean and tidy.

During the inspection we found two bags of dirty laundry in the ambulance. One patient we spoke with also told us that they had been on vehicles that had bags of dirty laundry and waste items on the patients seats and that staff had told them they didn't have anywhere to store it on the vehicle prior to disposing of. The services policy states that staff should remove all linen as required but does not include information on what they should do with the linen once it had been removed.

Staff had access to appropriate personal protective equipment and there were procedures and guidance in place to manage patients who had been identified as Covid-19 positive. There were adequate handwashing facilities available with hand gel available in all vehicles. The company had a central team whose responsibility was to conduct hand hygiene and uniform compliance audits at least once per quarter. The operations manager at each location were also required to do ad hoc audits. The most recent audit completed at Carlton Forest was for infection prevention control and scored 88% in January 2021 which was rated as minor-non-compliance with an action plan to be completed by March.

Environment and equipment

The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe.

The service had health and safety policies in place which was based on health and safety legislation and managers had been allocated key areas of responsibility. Equipment including fire extinguishers and compressed gas outlets had been serviced and were in date.

Patient transport services

Ambulance staff completed a paper-based daily vehicle checklist and equipment checklist prior to using the ambulance vehicle. We reviewed completed daily vehicle checks and these were complete and up to date. The service had plans for these to be moved to electronic checks which would be accessible on the hand-held devices staff used.

The vehicles were all hired through an external company and the service had contracts in place for maintenance, servicing and repairs. There were different garages locally to each base so that vehicles did not have to be out of service for extended periods of time. There was a system in place to monitor when vehicles needed to be serviced and all vehicles had a 19 weekly safety service at the garage.

The service also had an external contract for equipment servicing which was completed yearly. If there were any concerns about any equipment they were taken out of use and repaired through this contract.

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.

There was an exclusion and inclusion criteria for staff to follow. This provided guidance about which patients the service was able to transport safely. The online patient booking system had the eligibility questions built in which allowed staff to see quickly and easily who was eligible for transport.

Staff booking the journey would share information about the patients on an electronic booking form which was accessible for staff on handheld devices. This included their name, age, where they were being transported to and if they had any specialist needs. We reviewed five booking forms, and all were complete and up to date with no omissions or errors.

There was a deteriorating patient policy with an accompanying process which was easy for staff to follow. Staff we spoke with knew what to do in the event of a patient deteriorating during the journey. We reviewed two incidents that had been reported where staff had responded quickly and appropriately to deteriorating patients.

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 employed 191 staff members at the time of our inspection, 79 at the Ashville base, 29 at the Carlton Forest base, 48 at the Mansfield base and 35 at the Quorn Road base. The service had enough staff to ensure all shifts were filled. Operations managers at each of the bases were responsible for staffing their shifts. Each manager recorded staffing in a different way but the registered manager had plans to standardise this process.

The service was commissioned for a set number of vehicle hours a day. This could be flexible to meet the needs of the patients and services on that day. For example, a double crewed vehicle could be separated into two single crew vehicles if that was needed. From February 2020 to February 2021 there was an average monthly turnover rate of 1.6%. The average bank staff usage for this period was 10.1% and the average agency staff usage was 0.3%.

Patient transport services

The service had access to agency staff if they had gaps in their rota's and staff told us that it was usually the same agency staff that were used. The service had processes in place to ensure agency staff could safely deliver the service, they gave them a full induction, would have them working with a permanent member of staff and would never be required to drive the vehicles.

Managers had identified that there were gaps in the rota where they were relying on agency staff and had recently taken on new staff to enable these gaps to be filled by bank 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.

Crews received job information via a hand-held tablet before conveying the patient. Staff told us that they received information about the patient's name, date of birth, and if they required any equipment.

Transport bookings were made either through an online booking system or over the phone. ERS staff and referring staff from different hospitals recorded information provided on an electronic system. The system had a number of required fields to be completed, to assess the patient's eligibility, before the booking could be confirmed.

Medicines

The service followed best practice when administering, recording and storing medicines.

During our inspection visit we found oxygen was not stored in line with the British Compressed Gases Association Code of Practice 44: the storage of gas cylinders. Full and empty cylinders were kept together. We raised this with the registered manager who was aware of this and had already ordered a new cage to store the oxygen in. Following the inspection we received photographs of the other unit's storage and this was all stored correctly. Piped oxygen in ambulances we inspected had been serviced and were in date.

Staff told us they had training in how to administer oxygen and the records showed that 98% staff had received the training.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. 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.

The service had an incident reporting and investigation policy with an accompanying serious untoward incident investigation policy. There had been 141 incidents from January 2020 to January 2021. These were categorised into eight categories; safeguarding, transport, care quality, health and safety, running call, operational/HR, transport, theft and information governance/security. Staff knew how to report incidents and managers across the service were involved with reviewing incidents with a sign off from a central team within the head office.

Patient transport services

Staff received learning from incidents through information sheets and discussions with managers. In the vehicle bases they had notice boards where learning would be shared with stickers for staff to say what was new on the board.

The registered manager was responsible for duty of candour within the service. Information on duty of candour was contained in the statutory notifications policy. Duty of candour is a statutory (legal) duty to be open and honest with patients or their families, when something goes wrong that appears to have caused or could lead to significant harm in the future. The service had provided one duty of candour apology within the last year.

Are Patient transport services effective?

Good 

We rated this service as good for effective because:

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.

Policies that we reviewed referenced legislation and were based upon sector appropriate national guidance. Any updates to policies were identified through the central management team and cascaded down to the service.

The company had an audit schedule that was completed by a central team. The management team within the locations told us they were involved in these audits and received actions to improve performance. We saw evidence of action plans that had been completed following learning identified in audits.

At the time of our inspection the service did not transport patients subject to the Mental Health Act 1983, although the registered manager told us they had plans to develop their service to include this in the future.

Nutrition and hydration

Staff assessed patients' food and drink requirements to meet their needs during a journey.

The service generally carried out short journeys and carried bottles of water on board should the patients need a drink. The registered manager told us that staff would request a packed lunch from the sending service should a patient need food for a longer journey.

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.

Patient transport services

The service collected data to monitor performance against key performance indicators. The service monitored when patients were dropped off for their appointments, 83% of patients were dropped off within an hour of their appointments. For patients receiving renal therapy 92% of patients were dropped off within an hour of their appointment.

For patients who had pre-booked departure times, 55% were collected within 60 minutes which was the target. For patients whose transport was booked on the day the target was to collect them within two hours of them being ready, this was achieved for 91% of patients. For patients receiving renal therapy the target was to collect them within 60 minutes of their appointment, 79% of patients were collected within the target in January 2021. Patients who had pre booked departure times were updated on the system when they were ready to be collected. This helped reduce delays and ensure there were no wasted journeys.

During the Covid-19 pandemic the priorities across the healthcare system had been focused on moving people out of hospital beds as soon as they were ready. This resulted in all key performance indicators being suspended and instead a focus on moving people out of hospital within one hour of them being ready for discharge. Managers recognised that this had impacted on some of the other key performance indicators as staff and vehicles were moved from their routine work to support the urgent demand.

Staff identified where there was change in demand for the service and this was discussed to get funding for extra vehicles and staff to support the system.

Staff told us that where there were delays that sometimes could not be helped such as traffic or breakdowns either the ambulance staff or control room staff would phone the patient and the hospital to let them know and to check that the patient could be seen later.

Competent staff

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

Staff told us they had either yearly or twice yearly appraisals dependent on their role. They told us this was a useful time for them to be able to reflect on their experiences and look for areas for growth. For 2020 75% of staff had received their yearly appraisal, so far in 2021 29% of staff had received their appraisal. It was recognised by the service that appraisal completion rates could be improved on and individual managers had targets to complete a set number of appraisals per month to help ensure everyone was completed by the end of the year.

The service had recently conducted a review of its staff records. This was to ensure that all staff files had all the required information.

Staff received a two week induction and ongoing training which was relevant to the service needs. Inductions included driving competency assessments, training courses, shadowing sessions where staff could observe experienced staff carrying out the roles and assessing staff competency in using the equipment on the ambulances. Due to the current pandemic and social distancing within the vehicles new staff were no longer taken out on vehicles as a third person but were placed with an experienced member of staff to shadow them.

Patient transport services

Staff who had experience of working in patient transport but were new to the company when the new contract were started were supported to attend training delivered by the company to ensure everyone was working at the same standard and following the same guidance.

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.

Managers had regular contact with contract providers, and patient transport staff worked with staff at the hospital to ensure they had the required information to transport the patient safely. This meant that support was in place to ensure that patients received the appropriate care. The service was linked in with the local healthcare system and attended daily meetings where the pressures in the system were discussed and support shared.

The service worked with other agencies to enable patients with specific needs to be able to access the service. Where it was identified that the service could not meet the needs, they worked with other providers to ensure the patient received support for their needs.

We saw that office staff, ambulance staff and management continued to work well together. There was a management on call rota available for different levels of staff so that guidance or advice was available out of hours up to the senior management level.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

Staff completed consent, Mental Capacity Act training and Deprivation of Liberty Safeguards (DoLS) training level as part of their yearly mandatory training. At the time of our inspection 99.3% of front line staff had completed this training. All staff we spoke with understood how to support patients to make informed decisions and explained the process of gaining consent from a patient prior to transport. Staff reported how they would not take a patient if they did not want to go with them and would refer them back to whoever had booked the journey.

Staff also received mental health, dementia and learning disability awareness training as part of their induction and an update in their yearly refresher training. The service had a care to care policy which included information on consent and mental capacity which was based on the Mental Capacity Act 2005 and contained information about gaining consent and supporting patients who lacked capacity.

Are Patient transport services caring?

We rated this service as good for caring because:

Compassionate care

Patient transport services

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

Staff described how they would maintain patient dignity and independence throughout the journey. All eight patients we spoke with spoke highly of the patient transport staff and said they were courteous and polite.

From February 2020 to February 2021 the service received 17 compliments. Themes from the compliments included how caring and helpful staff were and how well looked after they felt.

Emotional support

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

Staff offered emotional support to patients, families and carers. One of the compliments the service received said how staff had reassured the patient. Another patient fed back how they put the patient at ease to help their anxiety about the appointment they were attending. Staff described being very focused on meeting the needs of the patients, they described how they would support the patient through the journey and reported building positive relationships with the regular patients they transported.

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 described being focused on the needs of the patient and involving them in discussions about their journey and what support they might need.

Patients carers/family members were permitted to travel with patients when required on the vehicles and staff described working with them to ensure patients were safely cared for.

During the last year patient eligibility for the service had been suspended due to the Covid-19 pandemic and differing needs of the local system. When the eligibility criteria had been reintroduced, the service had identified that this could have been confusing for patients. They had developed a script for the control centre staff to use to ensure the messages were clear with escalations if patients were not happy.

Are Patient transport services responsive?

We rated this service as good for responsive because:

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.

Patient transport services

The service was planned and managed in line with the commissioning agreement in place with the local clinical commissioning group (CCG). Managers told us the planning of the service was done through the contract agreements between themselves and commissioners. The service had monthly meetings with commissioners to review progress against the contract and to raise and address any issues or concerns. Staff reported that since the contract had begun communications with the CCG had improved and relationships strengthened.

In the last year throughout the Covid-19 pandemic the service had worked with the local health system to meet the needs of the system. This had meant changing their priorities to support the system. Where patients were not eligible for this service they had started to work with the voluntary sector so patients could be referred to them.

Meeting people's individual needs

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

The service was tailored to each patient's individual needs and risk levels. If required patients could be transported on their own and at suitable times to meet their needs.

Managers made sure staff, patients, loved ones and carers could get help from interpreters when needed. On each vehicle there was an information pack which included communication aids and information in different languages.

The service had plans in place to support patients who were near the end of their life to be taken to their preferred place of death. Specific staff within the service were alerted to ensure these journeys were prioritised.

Staff described how they worked with other agencies to support patients with specific needs to access the service and provide alternative plans if they were not able to access the service.

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. However, patients were not always aware of what the service's targets were or informed if there were delays.

The service operated 24 hours a day, 365 days a year. Managers monitored the number of journeys that took place and worked with local NHS trusts to adjust to the needs of both hospitals and patients. The service worked towards national guidelines and this had been varied in the last year due to the pandemic.

Staff explained how there could sometimes be delays in the service due to events out of their control such as breakdowns. Three out of the eight patients we spoke with, fed back that there could be delays in being picked up and that they weren't kept up to date with when they could expect the staff to arrive. However, the delays they described were mostly within the targets for the service.

Learning from complaints and concerns

Patient transport services

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 could describe how they would support patients to make a complaint and in each vehicle there was an information sticker with details on how to make a complaint. Complaints were reviewed by managers and were signed off by a central team within head office. Any learning identified was fed back to teams and incorporated into training if required. If patients required an independent resolution then they would be directed to the local NHS complaints teams to review their complaint. During the inspection we heard of an example of where this had happened and the trust had completed a second investigation for the service.

The service had a complaints, comments, concerns and compliments management policy, this included information for staff on their responsibilities and processes to follow.

There were 100 complaints raised to the service from January to December 2020, this was 0.05% of regulated activity delivered. Of these 17 were upheld and 83 were partially upheld.

We reviewed three complaints that were received by the service in December 2020, these were all investigated fully with staff members asked for statements, we also saw evidence of communication with the patients who had made the complaints.

Are Patient transport services well-led?

Good 

We rated this service as good for well led because:

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.

Staff felt supported by both their immediate line managers and the senior leadership team within ERS Transition Limited. Staff told us how the managing director had come to spend time with them when they were out with patients to see what it was like for staff working on the front line.

The management structures within the service were organised so there was visible leadership at all sites, this supported staff to feel supported and able to easily raise any concerns.

Staff told us they felt supported to develop and take on more senior roles and staff told us this process was open and fair.

Vision and Strategy

Patient transport services

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.

ERS Transition Limited had a vision to be recognised as the leading provider of healthcare transport services in the UK by 2022. Managers had away days where they discussed how their year had gone and developed their own mission statements to help the company achieve its vision. All layers of management had a mission statement that they were focused on for the year and they all linked into the areas mission statement. The registered managers vision for this year was to lead the midlands team to deliver exceptional quality driven services in order to grow a profitable patient focused business.

Staff could describe the company's values of integrity, compassion, respect, professionalism, patient focus, innovation and working in partnership and displayed these in our interactions. These were printed onto staff ID badges.

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 reported feeling respected, supported and valued both by each other and the management team.

Throughout our conversations with staff they displayed how they were focused on the needs of patients and told us that the company were focused on patients.

Staff working within the service promoted equality and diversity, managers made sure that development opportunities were open to all staff and that the process was clear and transparent. Staff described a culture where they were focused on delivering the best service for all patients and that they looked for innovative ways of working to ensure the service was available for patients with a wide range of needs.

Staff and patients both reported being able to raise any concerns or ideas and felt listened to.

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.

There were clear lines of accountability throughout the service. Staff were aware of the roles and responsibilities and who they could go to for advice and support.

The service held regional governance and performance meetings and site staff meetings. With national patient safety meetings and mission performance reviews. These meetings were all linked together with different chairs within the organisation.

Patient transport services

Any SLA's the service had with external companies were monitored through the head office team. Managers described working closely with partner organisations to effectively meet the demand of the local healthcare system.

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 company had a central risk register that was managed by the central team, risks from the service fed into this with a weekly call where updates could be given. The risk register was formally reviewed monthly to check on progress and the current level of the risk.

The team had processes in place to manage foreseeable risks including the weather. Leaders within the different bases were involved with the implementation of these plans to ensure the service could continue to run safely.

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.

Staff reported that the systems used to manage information were easy to use and contained useful information. The service used an online patient booking/allocation system which was available for staff out on the road via their hand-held devices. These were all password protected so that information was secure. There was also a fleet check system which contained all the required information on the vehicles used; a HR system for all staff records and a video recording/tracking system so that vehicles could be tracked if required.

The service ran reports on different areas of their service and on their performance against their targets. This was fed into the commissioners and they also submitted their raw data so that the data quality and accuracy could be scrutinised.

Engagement

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

The service conducted a yearly staff survey. The results from October 2020 showed that the service scored in the top half of the ratings for all the questions. The survey consisted of 28 key question themes; including values, transparency, recognising and rewarding people and enabling collaborative working.

Patient transport services

From November 2020 the service had developed quarterly site rep meetings. These meetings were the opportunity for representatives from each site to feedback any concerns that staff had. During the pandemic the senior leadership team within the organisation had held two meetings with staff at the bases so they could share updates and ask any questions they had.

There were patient feedback forms available on the vehicles. These were collated monthly and results separated into the four sites. The service had identified that this was an area where they wanted to strengthen and had set targets for leaders to achieve certain numbers of feedback cards completed a month.

The service had identified that they wanted to strengthen relationship and ensure continued engagement from stakeholders across the local healthcare system. To do this they planned to hold six monthly meetings where they were invited to feedback to allow the service to adapt to meet the needs of the local population.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged innovation.

The service was focused on developing and improving the service. Where gaps in the service provision were identified these were discussed and developments planned. The managers in the service linked in with other managers across the organisation, this was to share learning and any new ideas. The service was also silver accredited with the Investors in People organisation which offered standards for people management, they hoped to improve from silver to gold or platinum through a three year plan.

The service was engaged in several improvement projects. This included moving to electronic vehicle daily checklists and monitoring of driver behaviours through a vehicle tracking system to improve safety of the service.

ERS Medical was also proud to have been awarded the Armed Forces Covenant Employer Recognition Scheme Silver Award. This award demonstrated their support for service personnel through employment and through their policies and processes.

The service was also working with a partner organisation to help develop an electric ambulance to ensure it was designed to meet the needs of patients. ts.