St. John Ambulance

St John Ambulance East Midlands Region

Quality Report

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

Ratings

Overall rating for this ambulance location	Good
Emergency and urgent care services	Good
Patient transport services (PTS)	Good

Summary of findings

Letter from the Chief Inspector of Hospitals

St John Ambulance East Midlands Region is operated by St John Ambulance. The East Midlands Region is part of the East of England & East Midlands Area within St John which covers 12 counties. This inspection and report covered the East Midlands region only. The main service provided by this ambulance service is emergency and urgent care. The service also provides a patient transport service for the local NHS ambulance trust. Where our findings on emergency and urgent care, for example, management arrangements, also apply to other services, we do not repeat the information but cross-refer to the emergency and urgent care section.

We inspected this service using our comprehensive inspection methodology. We carried out the a short-notice announced inspection on 7 and 8 August 2019.

During our inspection we rated the service using our five key lines of enquiry. We looked at if the service was safe, effective, caring, responsive and well led. We were unable to rate caring for the emergency and urgent care service as we didn't see any regulated activities being carried out

The St John Ambulance service has both paid staff and volunteers working within the service. Throughout the report when staff are referred to it means both staff and volunteers.

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.

We rated it as **Good** overall.

- The service had enough staff to care for patients and keep them safe. Staff received appropriate training which the service ensured they completed.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.
- Staff kept detailed and up to date care records.
- The service had an open culture and staff felt able to raise concerns and were assured that their concerns would be acted on.
- Information about how to give feedback or raise concerns was easily accessible in multiple formats.
- Facilities, premises, vehicles and equipment kept people safe. Staff were trained to use equipment appropriately. Staff managed clinical waste well.
- The service-controlled infection risk well.

However,

- The service did not have a patient group directive in place for one medication. There was a lack of audit to monitor prescribing practice.
- The managers did not have full oversight of medicines management procedures and processes within the service at the time of the inspection but took action to address this.
- There were no systems to routinely collect patient feedback.
- Not all staff knew about the communications aids available to ensure patients' needs are met.

Summary of findings

- There were gaps in the management and support arrangements for volunteers, such as no mandatory formal volunteer development review.
- Data was not easily available for the East Midlands Region as this was collected and collated as part of the East of England and East Midlands Area. This data was not routinely split to regional level to allow review at local level.

Following this inspection, we told the provider that it should make other improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Heidi Smoult

Deputy Chief Inspector of Hospitals, on behalf of the Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Emergency and urgent care services	Good 	St John Ambulance is a national charity that is split into four regions. This service sits in the east region and provides first aid cover for events and transfer from site to another provider. Urgent and emergency services were the main activity. The service carried out 116 emergency and urgent service patient journeys from July 2018 to July 2019. Where arrangements were the same across both urgent and emergency services and patient transport services, we have reported findings in the urgent and emergency services section. Staffing, equipment, vehicles and most processes were the same for both the urgent and emergency services and the patient transport services. We have rated this service as good overall. At the time of the inspection, the provider did not ensure that all governance and risk management processes and procedures were in place to meet the needs of patients and make improvements to the service.
Patient transport services (PTS)	Good 	Patient transport services were a small proportion of activity. The main service was urgent and emergency services. Where arrangements were the same, we have reported findings in the urgent and emergency services section. The patient transport service was a new service contracted by the local NHS ambulance trust started in February 2019. At the time of the inspection there had been 124 journeys since the service began.

Good

St John Ambulance East Midlands Region

Detailed findings

Services we looked at
Emergency and urgent care; Patient transport services (PTS)

Detailed findings

Contents

Background to St John Ambulance East Midlands Region

St John Ambulance East Midlands Region is operated by St John Ambulance. The service was first registered in 2011. It is an independent ambulance service based in Chesterfield, Derbyshire. The service primarily serves the communities of Derbyshire and Nottinghamshire. St John Ambulance East Midlands Region is part of St John Ambulance, which is a national charity providing first aid and other ambulance services. St John Ambulance became a separate legal entity and subsidiary of The Priory of England and the Islands of the Order of St John in 1999. St John Ambulance primarily provides first aid across the country and services include emergency and urgent care, non-emergency patient transport, and first aid and ambulance provision for events. St John Ambulance East Midland Region provide first aid cover for events and patient transport services (PTS) to take patient to and from hospital on behalf of a local NHS ambulance trust. The provision of first aid at events is not in the Care Quality Commissions (CQC) scope of regulation. However, if a patient needs to be transferred to another provider from an event for continuing care needs then the treatment and care given to the patient during transport is subject to CQC regulation. The Care Quality Commission also has responsibility to regulate patient transport services. The service is staffed by trained paramedics, ambulance technicians and ambulance care assistants.

The aim of the organisation is to offer first aid to those who need it and to ensure communities are provided with first aid trained staff. St John Ambulance East Midlands Region is registered to provide the following regulated activities:

• Transport services, triage and medical advice provided remotely.

• Treatment of disease, disorder or injury.

The service has two registered managers for the regulated activities. Their focus is split between emergency and urgent care and patient transport services.

The management strategy and leadership model of the service is the same for both the emergency and urgent care service and the patient transport service although each have their own dedicated manager. Some staff deliver both the emergency and urgent care service and the patient transport service. Where our findings on emergency and urgent care service, for example, management arrangements, also apply to the patient transport service we have not repeated the information but cross-referred to the patient transport service core service.

We inspected this this service in 2017 but at that time did not have the power to rate the service provided

At the last inspection the service was given the following actions:

The provider must ensure all premises and equipment are secure at all times – since the last inspection the provider has made sure that the location was now secure.

The provider must ensure there are effective systems and processes in place to maintain security of patient records. Since the last inspection the provider has a process in place to ensure patient records are secure.

Detailed findings

The provider should ensure staff follow organisational policies with regards to the disposal of clinical waste. Since the last inspection the provider has ensured that staff follow the disposal of clinical waste policy.

The provider should ensure there is a standard operating procedure in place to support staff making decisions as to whether an equipment or vehicle fault should result in a vehicle being taken off road. Since the last inspection the provider has a process in place to ensure appropriate decisions are made if a vehicle is to be taken off road.

The provider should ensure that medical gases are securely stored at all times. Since the last inspection the provider has ensure all medical gases are securely stored.

The provider should ensure there is an effective stock control system in place for medical gases. Since the last inspection in 2017 the provider had introduced a process to manage the stock control of medical gases, however four clinal staff we spoke to could not tell us about it.

The provider should consider investigating the causes of the culture identified within some ambulance stations including low morale, poor management practices and inconsistent leadership amongst, in relation to regulated activity. Since the last inspection staff told us the culture within the service had improved.

Our inspection team

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

Facts and data about St John Ambulance East Midlands Region

The service is registered 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 the regional office in Chesterfield, the satellite stations at Newark and Northampton and an event taking place in Northampton. We inspected eight ambulances at the three locations visited. We spoke with 21 staff including registered paramedics, emergency care technicians, the operations coordinator, the safeguarding lead, the fleet manager, the regional accountable officer for controlled drugs and both the registered managers. We were not able to speak with any patients on the day regarding the emergency and urgent care service because we were not able to observe any care within our scope of regulation during the inspection. However, we did speak to two patients who were being transported by the patient transport service. We also reviewed eight comment cards, thank you e-mails and copies of letters which patients had completed before our inspection. During our inspection, we reviewed 12 sets of patient records.

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 in March 2017.

Activity (July 2018 to July 2019):

In the reporting period from 1 July 2018 to 1 July 2019 there were a total of 340 patient journeys carried out. Of these, 216 journeys were emergency and urgent service patient journeys to transport from events to other care providers. The remaining 124 journeys were patient transport journeys.

Track record on safety:

- No Never events.
- No clinical incidents resulting in harm, low harm, moderate harm, death or severe harm.

Detailed findings

- No serious injuries.

Our ratings for this service

Our ratings for this service are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good	Good	Not rated	Good	Requires improvement	Good
Patient transport services	Good	Good	Good	Good	Requires improvement	Good
Overall	Good	Good	Good	Good	Requires improvement	Good

Emergency and urgent care services

Safe	Good
Effective	Good
Caring	Not sufficient evidence to rate
Responsive	Good
Well-led	Requires improvement
Overall	Good

Information about the service

The service provided emergency care at events and transferred 216 patients from events to another acute care provider for ongoing care in the period from July 2018 to July 2019. None of the transfers required the use of a blue light and patients requiring care were not deemed to require emergency treatment. Where our findings on emergency and urgent care – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the emergency and urgent care section.

The service risk assesses all events to ensure appropriate staff and volunteers are available with the correct skill mix in place to provide safe cover. The service is staffed by both volunteers and employees, the employees work in both the emergency and urgent care service and patient transport service.

Summary of findings

We found the following areas of good practice:

- 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 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. Additional training was planned for the paramedics in the service.
- Leaders and staff engaged with patients and staff to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.
- The service made sure staff were competent for their roles.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Emergency and urgent care services

- The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- The service-controlled infection risk well. Staff could describe how they used equipment and control measures to protect patients, themselves and others from infection on most occasions. They kept equipment and the premises visibly clean.
- 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.
- 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.
- 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.
- The service managed patient safety incidents well. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- Leaders were visible and approachable to staff.
- Leaders had the skills and abilities to run the service. 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.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints, investigated them and shared lessons learned with all staff but not always within the service's own response target.

However, we found the following areas that the provider needed to improve:

- The managers did not have full oversight of medicines management procedures and processes within the service at the time of the inspection but took action to address this.
- There was not a standardised document control documentation used to ensure policies were reviewed in a timely manner. However, the service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance
- The service did not have a system in place to routinely collect or monitor information from patients on how the service was performing following treatment delivery.
- Not all staff could not fully explain Duty of Candour. However, staff we spoke with told us they would be open and honest and report incidents to a senior manager.
- Not all staff were aware of the communication aids available.
- The service did not appraise all staff's work performance to ensure they provided support and development. However, managers made sure staff were competent for their roles.
- The service did not collect data for local services, to allow understanding of performance and make decisions and improvements specific for the locality. The service collected reliable data and analysed it for each region. The information systems in place were integrated and secure.
- The leaders of the service did not understand or manage all of the issues and priorities the service faced.

Emergency and urgent care services

Are emergency and urgent care services safe?

Good

We have not previously rated this service. We rated it as **good**.

Mandatory training

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

Staff received initial training when they started working with the service. Update training then took place at unit meetings and staff were reassessed annually. The service did not provide a target for staff compliance with mandatory training. However, up to May 2019 the service's mandatory training was completed by 100% of staff.

Managers monitored mandatory training and alerted staff when they needed to update it. This was done using an IT system which sent alerts to the staff member and training lead when training was due. The system sent a further alert to staff who had not completed the training by the due date. Managers assigned these staff to support roles until they had completed the training.

The mandatory training was comprehensive and met the needs of patients and staff. The service required all staff to complete training in essential subjects. These included safeguarding, conflict resolution, general data protection requirements (GDPR), materials management, equality inclusion and diversity (EID), infection prevention and control (IPC), basic life support (BLS) and driver training.

Sepsis recognition and management was part of mandatory training for all staff, including bank and volunteers as part of their compulsory personal development (CPD). The service's Take 5 campaign also featured sepsis. At the time of our inspection, sepsis was the focus of a recent bi-monthly staff newsletter.

Staff we spoke with confirmed they had access to mandatory training and were up to date with the training required by the service. We saw the tracking system in place that used amber and red flags to highlight when training was about to expire and if it had expired. Although the service provided mandatory training, it also accepted evidence of completion of National Health Service (NHS) mandatory training about the same subject.

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. Additional training was planned for the paramedics in the service.

There were up-to-date provider wide safeguarding policies and procedures in place which were accessible to staff through the trust's intranet site.

Staff received training in safeguarding at level two on induction when they started working with the service and updates on mandatory training. The intercollegiate document 'Safeguarding Children and Young people: Roles and Competencies for Healthcare Staff, published by the Royal College of Nursing in January 2019 states that healthcare staff who could potentially contribute to assessing, planning, intervening and/or evaluating the needs of a child or young person and/or parenting capacity require level three training. Staff identified by the intercollegiate document requiring level three training includes paramedics. Paramedics currently within the service were trained to level two. Managers told us the service had an action plan in place to deliver level three training to all paramedics and provided a copy after the inspection.

Staff had a clear understanding about what constituted abuse. Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff told us they would contact the police if they believed there was immediate danger.

The systems in place within the service were structured and robust to support staff and patients if safeguarding concerns were identified. We saw the service's scheme of work for the safeguarding level two training course. The service had a national safeguarding lead, trained to level four supported by regional leads with district leads in all areas who were trained to a minimum of level three in

safeguarding. Safeguarding supervision was received every two months. Supervision was also available individually and at other times as required. A member of this team was always available by an on-call system to give advice.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service had a standardised cause for concerns form for safeguarding. All staff carried a comprehensive safeguarding pocket card with advice, guidance, telephone numbers, policy statements, reporting concerns flowchart.

Staff had a clear understanding about what constituted abuse and the need to report this. The service's policies and procedures for safeguarding had information about safeguarding and abuse. This included information about female genital mutilation (FGM), preventing radicalisation and child sexual exploitation.

All staff told us they received information about safeguarding updates and changes and learning from referrals in monthly newsletters, emails and at the weekly training meetings.

All new recruits were subject to an enhanced disclosure and baring service check (DBS) and required two references before they could work clinically. The service also required the DBS updated every three years for staff in post. Our review of four randomly chosen personal files supported this practice.

Cleanliness, infection control and hygiene

The service-controlled infection risk well. Staff could describe how they used equipment and control measures to protect patients, themselves and others from infection on most occasions. They kept equipment and the premises visibly clean.

All staff completed infection prevention and control when they started with the service and this was included in their annual mandatory assessment.

The service had a contract with an external provider who deep cleaned vehicles on a 12-week cycle. There was clear guidance for what was cleaned and how this was carried out. In addition, the external organisation provided an extra clean if this was required where a vehicle had become heavily contaminated. The external provider carried out swabbing of the vehicles before and after cleaning to make sure the cleaning was satisfactory. We reviewed the audit of pre and post swabs from January to July 2019 and saw that decontamination was effective. There were three monthly meetings between the external provider and the St John ambulance managers to monitor the effectiveness of the service and deal with any problems or concerns.

We saw daily vehicle checklists that staff completed which showed the vehicle was clean, and that cleaning equipment and sanitary items were available on the vehicle.

We checked eight ambulances and seven were visibly clean. The ambulance in use for the event attended was visibly dirty. The deep clean due on 15 May 2019 had not been completed. The ambulance had been off road for repair and no cleaning was evident following this or prior to the vehicle being used again. We pointed this out to staff, and they cleaned the ambulance before it was used.

Personal protective equipment, such as gloves, aprons and eye shields were available on the vehicles. However, as we were not able to view care we could not confirm staff used personal protective equipment in line with the providers infection prevention policy. This gave guidance to staff about how to reduce the risk of cross infection.

After our inspection the service provided us with a five-year plan regarding infection prevention and control along with monitoring tools to audit implementation. The plan included training for staff, audit plans, recruitment and development. The launch of this plan was scheduled for October 2019.

Environment and equipment

The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The service had 41 vehicles in the east region including ambulances. The service had a contract with an external provider which provided a system to monitor servicing and Ministry of Transport (MOT) testing of vehicles. The system sent alerts at 90 days, 14 days and seven days before a vehicle needed attention.

The service was in the process of moving to an electronic system of reporting vehicle defects through a driver app on a mobile phone. This was being implemented in stages and was being supported with the paper process requiring staff

to fill in a vehicle defects form. The vehicle defect forms were given to manager who or either calls or emails the provider. Staff told us defects of vehicles and equipment were attended to promptly.

Since the last inspection a process to declare a vehicle off road has been put in place which involved the driver and fleet co-ordinator making the decision together. If the issue was a safety issue for example an issue with brakes, then the vehicle was immediately removed from use.

The service's ambulance drivers required a category C1 driving license (a category C1 driving licence is required to drive any vehicle weighing between 3,500km and 7,500kg). The service ensured these were valid and in date using the Fleet management system. Staff stored vehicle keys securely when they were not in use. Keys were stored in key pad locked cupboards.

The service had enough suitable equipment to help them to safely care for patients. Staff ensured all required equipment was on the vehicle by completing a daily check list. This detailed all the equipment that should be on the vehicle and recorded that staff had checked the equipment was in working order. Staff confirmed that faulty equipment was replaced quickly and was available when required.

The service had suitable equipment to transport children if required. They had adjustable harness straps, or they used the parent's car seats to transport children.

Ambulances were all equipped with tracking devices with a contract in place to ensure they were updated regularly to ensure that all crews had access to up to date travel information.

Staff disposed of clinical waste safely. Staff followed the organisational policy for the disposal of clinical waste and could describe the process of labelling the waste appropriately with event details and securing bags appropriately. This was an improvement from our previous inspection in 2017.

Vehicles had waste disposal bins. The service had a contract with an external provider for the disposal of clinical and general waste. Clinical waste bins were held securely at the ambulance 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.

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. All ambulance operations staff were issued with a current pocket guide of the Joint Royal Colleges Ambulance Liaison Committee protocols. All staff we spoke with told us they would use these.

Staff completed structured patient assessments and clinical observations on patients, as part of their care and treatment to assess for early signs of deterioration. If a patient deteriorated, crews informed the receiving hospital's emergency department, so hospital staff were aware before the patient arrived.

Staff completed risk assessments for each patient at the start of any care episode and updated them when necessary and used recognised tools. For example, the FAST test (the FAST test is used to identify a person having a stroke) and the AVPU scale (the AVPU scale is used to measure a person's level of consciousness) were part of the patient report form.

At our last inspection in 2017 we were told that an early warning score was being introduced for use by the crews. (An early warning score allows staff to identify a seriously ill or deteriorating patient.) This was in the process of being implemented and was part of the training module for new staff. Currently 50% of all east midlands staff had completed this and the service had a plan for 100% of staff to be trained by the end of the year.

Staff shared key information to keep patients safe when handing over their care to others using the individual patient record form with a copy given to the facility the patient was being transferred to.

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 had enough staff of relevant grades to keep patients safe. The head of event operations confirmed that

the service only accepts work that they know they have the staff to safely provide cover. The service had 2320 total volunteers and ten permanent staff who were a mix of emergency care assistants, ambulance technicians and paramedics.

Staffing levels and skill mix required for event work was planned using an electronic planning system. The event coordinator completed an online form; the information they submitted would produce a score indicting how many volunteers were needed at each event and the skill mix. This was dependent on the type of event, location and expected number. Event staff reviewed the suggested staffing numbers and discussed with the customer before they asked volunteers to sign up for an event.

Managers did not use external bank and agency staff. In the event of an unfilled shift or sickness the service first tried to fill with volunteers and then went to its internal casual bank which comprises of St John's own staff. The casual bank was paid work and both contracted staff and volunteers can be registered.

Recruitment of volunteers for events was a national challenge for the organisation. The service had a continual recruitment process on going.

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.

Ambulance crew completed patient report forms (PRF), which were based on the Joint Royal Colleges Ambulances Liaison Committee (JRCALC) guidelines.

Records were clear, up to date and complete. During the inspection, we reviewed 12 historic patient records that confirmed this.

Staff stored completed patient record forms (PRF) securely in a folder at events, which was kept by the event lead. At the end of the event the completed forms were posted to the Birmingham office where they were scanned and then destroyed. The service carried out a quarterly audit of 20% of randomly selected batches of PRFs to check receipt at the Birmingham office. There had been no missing PRFs during that time. This is an improvement since our last inspection in 2017.

Regular quality audits of records were undertaken, and changes made where necessary to ensure safety of patients. We saw that monthly audits of the completion of the PRF were undertaken and reported in the monthly assurance and quality report with findings and actions required.

Medicines

The service did not always dispose of medicines safely; specifically, they had no procedure or record for disposing of partially used medicines. However, following actions taken after the inspection, the practice was now considered safe. The service did not have a patient group directive to support the safe administration of one medicine not included in the Human Medicine Regulation 2012 Schedule 17. However, the service used systems and processes to safely order and record medicines.

The organisation had a Home Office Controlled Drug Licence. A home office drug licence is issued in accordance with the Misuse of Drugs Act 1971 and meant the service could ensure stocks of certain medicines could be held for use by paramedics, nurses and doctors working on behalf of the company.

Not all the service's procedures had been reviewed in line with the service's timescales for reviewing policies. The controlled drugs (CD) local operating procedure was due for review by April 2018. Following our inspection, the service told us that a review of the CD local operating procedure had taken place, was still valid and an extension to June 2020 had been agreed.

During our inspection, we found an unlabelled envelope filled with out-of-date morphine (a CD) and diazepam. Diazepam is a medicine used to treat anxiety, alcohol withdrawal, muscle spasms, and certain types of seizures. We informed the service's managers who were unaware of this. Therefore, we could not be assured that the provider had robust processes in place to ensure that CD's would be stored, recorded and disposed of safely. Following our inspection, the provider told us the out of date medicine had been disposed of, and it was confirmed a process was in place to dispose of quarantined and out of date medicines monthly which was then reported at the governance meeting.

Emergency and urgent care services

The medicines supply service manual did not include details of how to dispose of partially unused medicines. Staff told us there were no denaturing kits on ambulances. Denaturing kits are used to ensure any partially unused or out-of-date CDs are made unfit for use until they are destroyed. We spoke to one paramedic during our inspection who told us that if they needed to dispose of any unused liquid CD they would squirt it on the grass. This meant that we could not be assured that medicines were disposed of safely putting patients and public at risk of harm. Following our inspection, we were told that denaturing kits were now in provided for each ambulance station safe and in all medicine bags that stock CDs.

The service did not have a patient group directive (PGD) in place for one medicine. PGDs are required to enable registered paramedics and registered nurses to legally administer medicines not regulated by the Human Medicine Regulation 2012 Schedule 17 without a prescription. We were told that the service had one medicine (tranexamic acid) available to be given to patient if needed. Tranexamic acid is a medicine used to treat or prevent excessive blood loss from major trauma, postpartum bleeding, surgery, tooth removal, nosebleeds, and heavy menstruation. Following our inspection, the service was undertaking a legal review of the services requirement to ensure PGDs were in place for prescription only medicines.

Staff knew which medicines they could administer dependent on their role and scope of practice. This was outlined in the medicine's management procedure, which was last reviewed in January 2019. Paramedics had access to the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidance, which provided them with clear instructions about the administration of medicines.

The service had a safe system for ordering and receipt of medicines. Medicines were issued to the appropriate staff and monitored centrally at the supplies service for expiry date and stock level. A paramedic's supply of medicines was issued to them personally and delivered by registered post; a signature was required on receipt and each delivery has a unique number to allow it to be tracked.

The service did not follow its own procedures for storing the controlled drug register. The register was locked in the CD safe, which was not in line with St John Ambulance East Region (North) Controlled Drugs Local Operating Procedure. However, the CD safe and registers were stored securely and in line with legislation. Mangers said that the local operating procedure would be reviewed in light of our feedback.

The prescription pads used in the service were private prescription pads and there was a method of recording issue of these pads and the prescriptions on the patient record forms. The prescription pads were only used for urgent requirements for Prescription Only Medicines, for example antibiotics. Only registered prescribers could be issued with a prescription pad. However, the service did not have an audit program in place to ensure clinical staff were prescribing and administering medication safely. Following our feedback, managers told us the policy had been revised, strengthened and publicised internally.

Following our inspection, the service provided information regarding the stock control system in place for medical gases. However, four clinical staff we spoke with did not know about the process. They told us that they ordered new supplies if they felt stock of full cannisters was low. This was on an ad hoc basis with no process to review requirements on a regular basis.

After the inspection, managers told us they followed a safe system for managing medical gases. General storage within the gas cages was that there were two rows for O2 (full), two rows for Entonox (full) then all empties at the bottom. For large events, the cylinders would be included within the logistics order so would be delivered to the event then returned after. They had monthly contract management meetings with the gas supplier and at those meetings they reviewed the cylinder holdings across all St John locations for full for empty exchanges and also identified old cylinders that were getting close to their expiry date for replacement. Managers said there had not been any reported incidents of cylinders not been available for replacement.

The service stored medical gases securely on its vehicles. We saw staff checking the gases on the vehicles.

At ambulance stations we saw all empty and new medical gas canisters were now in date and locked in a metal cupboard in a secure compound. This was an improvement from what we found during our previous inspection in 2017.

Emergency and urgent care services

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. All staff we spoke with told us they received information about updates and changes in monthly newsletters, emails and at the weekly training meetings.

Incidents

When things went wrong, staff apologised and gave patients honest information and suitable support and would report to a senior manager. The service managed patient safety incidents well. Managers investigated incidents and shared lessons learned with the whole team and the wider service. Managers ensured that actions from patient safety alerts were implemented and monitored. Some staff could not fully explain Duty of Candour.

Most staff we spoke with knew how to report incidents and near misses in line with the service's policy and could describe what an incident and near miss was. They told us how they would report incidents using incident report forms available online. Staff also confirmed they would tell their manager.

The service had no never events since the previous inspection previous inspection in March 2017. Never events are serious patient safety incidents that should not happen if health care providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.

The service had a low number of incidents being reported. At this inspection we were told that from July 2018 to July 2019, the service reported seven incidents relating to ambulance operation services in the East Midlands district. The number of incidents reported reflected the decrease in patient journeys undertaken by the service in the 12 months preceding our inspection. There were no incidents reported that caused harm.

The organisation monitored incidents well and had an incident management framework policy supported by an incident reporting procedure. The procedure set out how the organisation would learn from and act on incident reports from all staff to improve the quality and safety of its service delivery. The policy set out the accountability, responsibility and reporting arrangements for all staff in relation to incidents. During our inspection we saw investigations that had been undertaken following incidents that were detailed, highlighted improvements required, and actions taken.

Managers shared feedback about incidents with staff at weekly training sessions and through a monthly newsletter, the intranet and individual conversations.

Although all staff told us they would be open and honest with patients if things went wrong, some could not explain fully what duty of candour was. The duty of candour is a regulatory duty that requires providers of health and social care services to disclose details to patients (or other relevant persons) of 'notifiable safety incidents' that had caused above moderate harm.

Are emergency and urgent care services effective?

Good

We have not previously rated this service. We rated it as **good.**

Evidence-based care and treatment

Not all policies we saw had been reviewed within their review date. However, policies were based on up to date national guidance and best practice. Managers checked to make sure staff followed guidance.

The service delivered care and treatment in line with national guidance. The Patient Report Form (PRF) in use followed the Joint Royal Colleges Ambulances Liaison committee (JRCALC) guidance. Staff we spoke with told us they received a pocket-sized version of the guidelines which they could keep with them at all times to refer to. However, we did not see any care delivered in line with regulated activity.

The service had processes in place to protect the rights of people subject to the Mental Health Act 1983. Mental health first aid training had been delivered to managers and mental health first aid champions had been identified to support understanding.

We reviewed six organisational policies and procedures. Four policies were out of date and there was no standardised document control. Despite the policies not

having been formally reviewed they were in line with evidence-based practice and no major changes were required. For example, they referenced up to date National Institute of Health and Care Excellence (NICE) and best practice guidance.

In 2018, the national organisation received a certificate of approval from the International Organisation of Standardisation (ISO) 9001:2008 for quality management system, which was applicable to commercial training services and ambulance operations. This included design, development of training courses in health and safety related subjects.

Pain relief

Staff assessed and monitored patients to see if they were in pain and gave pain relief in a timely way. The service had a suitable assessment tool.

Staff told us that patients received pain relief soon after requesting it. They told us they used a pain scoring system of zero to ten, zero meaning no pain and ten meaning the worst possible pain. The patient report form has prompts to record and update a patient's pain score.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

Managers carried out a comprehensive audit programme. We saw details of clinical audits undertaken in 2019 on care of patients with head injury, burns, chest pain, completion of patient report forms and patient observations. The audits showed areas of good practice including completion of all patients details and reviewed care given in each category. The learning and actions required following the audits were identified. For example, the audit showed that patients suffering from chest pain were not always given aspirin in line with guidance, this was passed to the clinical team. We saw evidence that the audit findings were then discussed at the governance meetings at local and national level. We were told that staff received individual feedback on the care they had given, and that wider learning was undertaken by the clinical team. Staff we spoke with confirmed this.

The service took part in relevant quality improvement initiatives. An external provider had recently completed a benchmarking process regarding safeguarding within St John Ambulance. At the time of the inspection the service were waiting for the final report.

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.

Employees contracted to the service had all received an appraisal in the last 12 months. However, managers told us that they do not have a target for volunteers to take part in a volunteer's development review (VDR) as this was not mandated. At the time of inspection, they had completed 94 VDR out of 2320. However, volunteers we spoke with confirmed they did discuss training needs with their line manager and were supported to develop their skills and knowledge.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Staff underwent a formal, documented clinical competence check every year. If extra training was identified at the competence check then the staff member would not be allowed to work clinically until training, education and re assessment had been undertaken to ensure competence.

Managers gave all new staff a full induction tailored to their role before they started work. Staff confirmed that they had completed an induction programme which included theoretical and practical learning, reviewing policies, shadowing members of staff and the allocation of a more experienced "buddy" to work with. All new starters received a welcome to St John document which included background about the service, its vison, values, strategy and expectations.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. A training manager was in post who was responsible to coordinate appropriate training for staff. All staff we spoke with confirmed that training was appropriate and easily available on line from home and at the training centres.

Managers made sure staff received specialist training for their role this included driver training, medical gas updates,

conflict management training and major incident practical training. Staff told us about training in major incidents that had been carried out alongside the police and the fire service.

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.

Staff said they had good working relationships with the various managers based at the hospitals they transferred patients to and from.

Staff told us there were effective handovers between themselves and hospital staff when they took patients to other providers for any continuing care needs. Staff told us the copy of the patient record form (PRF) was used as a handover document and left with the new service. However, during our inspection, we did not see this as no patient was transferred to a new service. The PRF documents we saw included a handover of care to an NHS hospital, the information was clear and complete.

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.

All staff had received training about the Mental Capacity Act 2005 when they started working in the service. This was including in the safeguarding training on induction with clear written guidance in the service's clinical legal handbook. Staff we spoke with showed awareness and understanding of the Mental Capacity Act 2005 code of practice and consent processes. They described how they would support and talk with patients if they initially refused care or transport to ensure understanding.

Staff we spoke with told us they clearly recorded if a patient had capacity and if consent was obtained and on the patient report form. We saw evidence of this on all the PRFs we reviewed.

Are emergency and urgent care services caring?

Not sufficient evidence to rate

We were not able to make a confirm a rating about this key question in emergency and urgent care service. The service had little feedback from patients, and we were not able to observe any activity during the inspection.

Compassionate care

Staff spoke about patients with compassion and kindness, showing they respected their privacy and dignity, and took account of their individual needs. However, we did not see any care given to patients.

Staff spoke about patients with compassion and could showed understanding of the personal, cultural, social and religious needs of patients and how they may relate to care needs.

We saw eight patient feedback comments, emails and copies of letter which were all positive about the care that they or their relatives had received.

Emotional Support

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

Staff spoke about how they would support patients to minimise their distress and how they would ensure cultural needs were met. For example, staff told us they would support cultural differences that would mean some staff would not be able to provide care to some patients.

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 spoke about how they involved patients and families to understand their conditions and make choices about their care.

Emergency and urgent care services

Are emergency and urgent care services responsive to people's needs?

Good

We have not previously rated this service. We rated it as **good.**

The service planned and provided care in a way that met the needs of local people and the communities served.

Managers planned and organised services well to provide safe transport to hospital or other providers' if needed at all events they covered. Staff confirmed that each event was given a risk score using the electronic planning system, this meant that the staffing numbers and skills needed were consistently measured and used in planning care.

The facilities and premises were appropriate for the services delivered. The service only accepted event work following a risk assessment and were sure they had enough vehicles and personnel to provide safe cover. The premises we reviewed were secure with facilities to allow safe storage of medical gases and allow cleaning of the vehicles.

St John Ambulance collected feedback after each event, from staff and the service who contracted them. This information is used to review performance and identify any improvements or changes needed. For example, staff told us of review of provision for some events due to difficulty in finding cover.

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. However, not all staff were aware of the communication aids available.

The service had a multilingual emergency phase book with prompts in 41 different languages and instruction on sign language. However not all staff we spoke too were aware of this.

All staff spoken to were aware of the availability of a telephone translation service for patients whose first language wasn't English and confirmed this was easily accessible at all times.

All ambulances within the service were fitted with a lift or a ramp.

The service does not have provision in place to transfer bariatric patients. However, staff told us that if needed they would contact the local NHS ambulance trust to request transfer.

For patients living with dementia and those with reduced mental capacity their support needs were assessed at point of accessing the services and recorded on the patient report form. Staff told us that relatives and careers would be able to stay to support through care given if appropriate.

Access and flow

People could access the service when they needed it and received the right care in a timely way.

People access the service on an as required basis without appointments. Managers planned and organised services for individual events using a risk score generated by an electronic planning system. The risk score was then used to identify the amount of staff and skills needed to ensure staff were available, so people could access and receive the right care in a timely way.

From July 2018 to July 2019 the service carried out 116 emergency and urgent service patient journeys from an event to another care provider. The provider did not report on turnaround times at emergency departments. However, staff and managers did not share any concerns in this area.

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, investigated them and shared lessons learned with all staff but not always within the service's own response target.

Patients, relatives and carers knew how to complain or raise concerns. Each vehicle had patient feedback forms available for patients to complete. They had details of how to contact the office and make a complaint. Ambulances had information on the outside of the vehicle displaying the contact detail of the St John Customer Services and a 'Q Code' which if scanned takes people to the feedback page of the website. The feedback page explained how to

complain along with timescales and processes in place if a patient was not happy with the response they received. There were also links to a patient experience survey, this was also available to complete anonymously.

Managers investigated complaints and the service had up to date policies and procedures to support this. The service reported that from November 2018 to March 2019 the East of England, East Midlands & London Ambulance Operations received 12 complaints. Of these seven were completed within the service target time frame of 20 days. We were told that the service had appointed a complaints' manager to improve the complaint response times.

The service reported the number of compliments and complaints using the monthly ambulance operation assurance and quality report which was presented to the executive team at the Quality Risk Group. However, the report did not include actions taken. A review of the 12 complaints received was undertaken following our inspection and no themes or trends were identified.

Managers shared feedback from complaints with staff. All staff spoken to told us that they received feedback from complaints by the service monthly newsletter, intranet updates and face to face at training sessions and the information was used as a learning point.

Are emergency and urgent care services well-led?

Requires improvement 

We have not previously rated this service. We rated it as **requires improvement.**

Leadership of service

The leaders of the service understood and managed most of the issues and priorities the service faced and they had the skills and abilities to run the service. 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 local managers reported into the national leadership structure through an identified director who in turn reported directly to the chief operating officer. Leaders of the service had the skills and knowledge they needed. The registered manager of the service had eight years' experience within St John ambulance with volunteer and operation management previously. The service provided us with a copy of the fit and proper person checklist that directors signed before starting work with the organisation.

The managers understood some of the challenges facing the quality and sustainability of the service. For example, recruiting, and retention of volunteers, and the requirement to review costs to attract new business to ensure sustainability of the service. However, during our inspection we did identify issues that they were not aware of. For example, the issues with medicines.

Leaders were visible and approachable. All staff we spoke to told us they would feel confident to discuss issues with any of the managers knowing that they would be taken seriously, and issues would be dealt with. This is an improvement since our last inspection in 2017.

Leaders encouraged staff to develop new skills and to take on more senior roles. All staff we spoke with said that they could access training as required and are encouraged to develop new skills and gain new experience.

Vision and strategy for this service

The service was developing a new vision for what it wanted to achieve.

The service was developing a new vision. Staff and volunteers had been involved in its development. Staff we spoke with told us that they had been invited to take part in a meeting over the internet to discuss the vision and give feedback on its development.

The strategy was aligned to local plans in the wider healthcare economy. The strategy included plans for the next ten years and described being at the heart of communities, helping to transform out of hospital care, having a positive impact on the people treated and supported, and the communities served.

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.

Emergency and urgent care services

All staff we spoke with told us they felt supported, respected and valued. They had confidence in their manager and felt able to raise concerns with them. They wanted to make a difference to patients and were passionate about performing their role to a high standard. They described being proud to work with the service and it was described as the St John family.

The service made changes to deliver better care to patients after staff feedback. For example, staff told us about changes made to the provision of service to an event following concerns raised by event staff.

Equality and diversity were promoted within the organisation. An example was given of a member of staff with dyslexia (dyslexia is a condition that can cause problems with reading, writing and spelling) who was given a scribe to assist in completion the patient records.

The culture encouraged openness and honesty at all levels. Leaders and staff understood the importance of staff being able to raise concerns without fear of retribution. Staff and managers described a no blame culture that meant staff did report issues appropriately. This was an improvement from our previous inspection in 2017.

Governance

The service had governance systems in place, but these were not consistently operating effectively. However, 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 was a governance framework in place. Monthly governance meetings were held locally, which were then reported to the monthly executive leader team meeting. We saw minutes of the meetings and the content included discussion about, incidents, learning and any extra training requirements, complaints, service issues, risks and any up and coming changes or challenges. The service had an assurance and quality team in place which was led by the head of assurance and quality, who worked closely with the medical director reporting to the people and organisation executive director.

The managers did not have full oversight of medicines management procedures and processes within the service. The managers we spoke with were not aware of the quantity of out of date drugs in an unmarked envelope in the regional centre. There was no process to audit or review St John prescription use, no patient group directions (PGD) in place for one prescription only medication and storage of controlled drug registers was not in line with the service procedure. After our inspection we were told that the service was in the process of implementing a national policy for the management of controlled drugs and a national medicines manager had been appointed to review medicines management and increase oversight.

There was no process to ensure policies and procedures were reviewed. Without a planned policy review process, there was risk that policies would not include current national guidance resulting in staff delivering a service to patients that did not follow current national guidance. We reviewed six clinical policies of which four were out of date. Following our inspection, the service told us that a review of the clinical guidelines had been undertaken to ensure that guidance followed the current national standards.

The incident reporting policy provided clear guidance about how staff needed to report incidents, what documents they needed to report incidents on or who they should notify. During the inspection we found that incidents were reported on incident forms and verbally.

Data was collected at regional level which included information for the whole of the East of England and East Midlands Area. This made the identification of performance, issues and concerns for the East Midlands Region unclear.

The service collaborated with external providers for vehicle cleaning and management of the fleet every three months to monitor the effectiveness of the service provider and deal with any problems or concerns. We saw minutes of these meetings which included action plans with action taken.

Management of risk, issues and performance

The service had systems and processes to manage all risks and performance issues. However, the systems and processes did not always work well. There was major incident plans and the service worked with other providers to test plans in the event of a major incident occurring.

There were arrangements in place for identifying, recording and managing risks. However, not all risks were identified for example the management of medicines. We saw local

risk registers which fed into a national risk register if the risk was high. The national risk register reflected local risks. For example, the difficulty in recruitment of volunteers was included in both documents.

Information from monthly local risk meetings was shared with throughout the organisation. We saw reports and action trackers from the lessons learned meeting which showed issues and actions taken. The information from this was shared with the executive team and front-line staff by the assurance leads and directorate managers.

The service had a national policy for emergency preparedness, resilience and response, version six was awaiting final sign off by the executive team at the time of our inspection. This covered significant and major incidents. It includes business continuity information and standard operating procedures to be followed in the event of a major incident. Staff we spoke with were aware of the major incident plans.

The staff understood their role in major incidents and told us that they had worked with the police and fire brigade in a series of major incident simulations. These covered the most likely major incidents to arise. Managers told us there were plans to deliver more sessions in the future. Staff described these sessions to us as useful and feedback was positive.

Information Management

The service did not collect data for local services, to allow understanding of performance and make decisions and improvements specific for the locality. The service collected reliable data and analysed it for each region. The information systems in place were secure.

The service held large amounts of information and data about the service. Data was collected for the east region which included London, the East and East Midlands districts, but not separated out for the east midlands district. This meant that data for the east midlands district was not easily available to analyse performance to make decisions and improvements.

The service produced monthly quality reports with data for each region which analysed performance and trends. The quality reports included 17 months' worth of data on performance. For example, complaints, compliments, incidents, vehicle cleanliness, patient report form compliance and safeguarding referrals.

Information technology systems were used effectively to monitor and improve care. The service had computer-based systems that monitor performance, staff training, vehicle management and key performance indicators. We saw that the monthly ambulance and operations assurance and quality report had key data about performance, incidents, assurance, safeguarding referrals and audits undertaken. Staff we spoke with confirmed they receive updates and information though the intranet and at training sessions.

Information was held securely on password protected computers. Information was available to staff dependent on their role and level of seniority in the service.

Public and staff engagement

The service did not have a system in place to routinely collect or monitor information from patients on how the service was performing following treatment delivery. However, leaders and staff did engage with patients and staff to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Comment cards were available for patients to share their view of the service in all ambulances. Requests and how to give feedback via the St John website is on the copy of the patient report form given to the patients following completion of their care. However, staff we spoke with told us patients were not routinely asked to provide feedback.

The organisation actively engaged with staff though various means. There was a national newsletter sent to volunteers and employed staff, with further regional newsletter. We saw this contained information specific to each staff group, such as any changes to contracts, requests for cover at events and updates on clinical practice and training requirements.

The organisation recognised staff achievements in various ways including immediate feedback and praise, acknowledging a contribution through mentions in newsletters, star of the month award and thank you letters. The service has an initiative that staff can be awarded a HEART Card if they have been identified as doing over and

above what is expected. The HEART card was based on the St John values humanity, excellence, accountability, responsiveness and teamwork. There was also an annual national everyday hero awards event which celebrated skills of people who have helped save lives and support their communities. Staff we spoke with told us about thank you e mails they received, for example one member of staff was involved in a recent major incident and he received an individual thank you from managers of the service.

The service undertook a survey in May 2019 in the East Region seeking staff views about communications, reward and recognition and engagement. We were told that the findings of this survey would be discussed with the regional leadership team in September 2019 to agree actions required.

The service collaborated with external providers for vehicle cleaning and management of the fleet regularly to monitor the effectiveness of the service provider and deal with any problems or concerns. We saw minutes of these meetings which included action plans with action taken.

The service engaged with the public using a variety of systems. The organisation's publicly accessible website contained information for the public in relation to what the service was able to offer, how to make a complaint and linked to an on-line patient experience survey. There were systems and processes in place to identify how the organisation would engage with the public, in relation to concerns, compliments and complaints. However, the supporting documents had not been reviewed by the published review date.

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 had a formal process for quality improvement. We saw a document outlining a seven point improvement model. This process included defining, measuring and improving the service with input from patients and service users.

All staff we spoke with explained how training and learning was readily available to improve the services and patient care and that managers supported their requests to improve their skills.

At the time of our inspection the service were waiting for the final report following an external benchmarking process to review the safeguarding provision.

Patient transport services (PTS)

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

Information about the service

Patient transport services were a small proportion of the organisation's activity. The main service is urgent and emergency services. Where arrangements were the same, we have reported findings in the urgent and emergency services section.

The patient transport service was a new service contracted by the local NHS ambulance trust started in February 2019. At the time of the inspection there had been 124 journeys.

The service employed nine full time members of staff on one ambulance.

These staff did not only work for the service and also assisted with events and urgent and emergency care.

The service did not use one specific ambulance but used any appropriate for transporting patients.

Summary of findings

We found the following areas of good practice:

- The service-controlled infection risk well. The design, maintenance and use of facilities and premises kept people safe. Staff completed and updated risk assessments for each patient and removed or minimised risks. The service had enough staff to care for patients and keep them safe. Staff recorded notes on a patient log and updated them with details of their care.
- Staff provided good care and treatment. The service ensured staff were competent for their roles. Staff clearly recorded if a patient had capacity and if consent was obtained on the patient notes.
- 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.
- The service planned and provided care to meet the needs of local people and took account of patients' individual needs. The service was inclusive and made reasonable adjustments to help patients access services.
- Leaders were visible and approachable to staff. They supported staff to develop their skills and take on more senior roles. Staff felt respected, supported and valued. They were focused on the needs of patients

Patient transport services (PTS)

receiving care. The service promoted equality and diversity in daily work. Staff were clear about their roles and accountabilities. The service engaged well with staff to plan and manage services.

However, we found the following issues that the service provider needs to improve:

- We found some equipment had gone past it's scheduled maintenance date.
- Some policies and procedures were out of date.
- Staff lacked some necessary equipment and failed to ensure the patient was always safe during transfer.
- The service did not routinely monitor the effectiveness of care and treatment for patients.

Are patient transport services safe?

Good

We have not previously rated this service. We rated it as **good.**

Incidents

For findings under this section, please see the urgent and emergency care report.

Mandatory training

For findings under this section, please see the urgent and emergency care report.

Safeguarding

For findings under this section, please see the urgent and emergency care report.

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 on most occasions. They kept equipment and the premises visibly clean.

All staff completed infection prevention and control (IPC) as part of their mandatory training when they started with the service. This was also included in their annual mandatory assessment. Staff showed good IPC understanding.

The organisation's standards of dress policy and procedure for adult volunteers stated no jewellery or nail polish could be worn. All staff we observed followed policy.

On the day of our inspection, the service's ambulance was visibly clean. Our review of personal protective equipment (PPE), such as gloves, aprons and eye shields showed these were available on the vehicle. We observed staff using the correct PPE when transporting patients.

The service had an infection, prevention and control (IPC) procedure which gave guidance to staff about how to reduce the risk of cross infection. This was last updated in June 2019. This document was based on reviewing and

writing relevant sections from NHS England and NHS Improvement's standard infection control precautions: national hand hygiene and personal protective equipment policy published in March 2019.

The service's regional clinical manager was the IPC lead. The service had a five-year IPC plan for the region developed by the IPC lead which detailed key steps for implementation.

We saw evidence of the service's adenosine triphosphate (ATP) swabbing procedure on the vehicle to educate and monitor cleaning technique and performance. ATP is an energy molecule found in all living cells that allows cellular metabolism to take place. ATP swabbing procedures were reported to the service by an external contractor. Reports were fed back to the East Midlands region assurance and quality manager and regional IPC lead. ATP swabbing reports were also discussed at vehicle cleaning forums attended by district and operations managers, logistics and the IPC lead (on behalf of the clinical team).

At the time of our inspection, the organisation was developing national quality monitoring tools in IPC categories such as medicines management, clinical care and medicines logistics. The initial concept was presented at a national conference (Clinical Education Day) in March 2019 but there had been a delay in the full launch due to the restructure of the regional clinical teams. A formal roll out was scheduled for October 2019.

The service's manual cleaning process and environment cleaning and disinfection process were accessible to all. 'Take 5' processes prompted questions and featured in monthly lessons learnt bulletins. However, not all staff were reading these even though they were following processes.

At the time of our inspection, the organisation carried out local IPC quality checks and acted on the results to review data which improved performance. The organisation was not undertaking any national IPC audits. However, a national programme was being launched in 2020, and audit tools were available on their intranet site.

Environment and equipment

The design, maintenance and use of facilities and premises kept people safe. Staff were trained to use them. Staff managed clinical waste well. We found some equipment had passed its due date for maintenance.

The service used one ambulance vehicle from those based at the region's head office. This was not always the same vehicle.

The service had a fleet management policy. Ambulances in the service's fleet were also used for events and urgent and emergency care (UEC) when required.

The service's main office had several items of expired equipment in an unlocked locker cabinet. Seven fire extinguishers and an automated external defibrillator (AED) did not have clear 'do not use' tags so could be mistakenly used by staff. Shore line cables which had been reported in January 2018 had also not been removed or repaired. Shore line cables supplied electrical power to the service's ambulance before and after use.

The organisation had a Control of Substances Hazardous to Health (COSHH) procedure. COSHH regulations 2002 is the law that requires employers to control substances that are hazardous to health. Staff at all hub office locations could easily access this procedure. However, the main office kitchen was not compliant with this procedure as bleach was accessible under the sink. This meant staff and volunteers were at potential risk of exposure to harmful substances.

All vehicles were fitted with a shoreline and plugged into the wall to recharge when returned to sites. There was a Take 5 for shoreline use poster which gave staff guidance on the correct procedure.

Frontline ambulance assurance checks were used along with daily checklists to ensure all correct equipment was onboard and processes were followed.

The service had an asset database which served as a stock policy. Staff recorded the equipment and listed the current state of vehicles and their servicing records. Each hub office had a process of ordering and issuing consumables. Their main site storeroom was open to all staff who signed out any stock they used in a logbook. Stock levels were dependant on activity requirements which varied throughout the year. Service leads told us they felt it was inappropriate to specify definitive stock levels which vary with demand. They had no issues with stock availability to meet patient demand. The logistics coordinator would order more as required, for example if the Newark ambulance site store volunteer contacted them. All stock

we checked was in date, sealed and securely stored. The service used single-use disposable linen and slide sheets which were disposed of at hospitals or in non-clinical waste at their main office.

The service had bariatric sheets which staff had been trained how to use. They had one bariatric vehicle in the region which was moved according to where it was needed. As a small service, staff had no access to other bariatric equipment so would use the local ambulance trust if required.

Staff were not issued radios. At the time of our inspection, staff work phones had been discontinued and they were reluctant to use their own mobile phones. This meant there was a risk staff could be contacted out of hours or exchange personally identifiable information.

The service's main office canteen first aid boxes were not cross-checked and had no designated staff member to complete this. Monthly box checks were not carried out rather these were undertaken quarterly or less frequently. These boxes were for staff and volunteer use.

The service did not transport any patients under the Mental Health Act (MHA) 1983. The service had completed an assurance and quality building check document in January 2019. This ensured all areas of each site were fully audited pre-visit, onsite and post-visit.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient but did not always remove or minimise risks.

We saw patient assessment ambulance pathways which all staff followed. Staff completed risk assessments for each patient on arrival and updated them when necessary using recognised tools.

However, the service did not always follow these risk assessments when transferring patients. We observed two patient transfers and in one case, staff did not apply breaks to the wheelchair and stretcher whilst these were in use. This was not in accordance to the provider's policy. We raised this with the service leaders, who informed us that whist we had observed one crew who did not apply the brakes, all the ambulance crews were trained in manual handling and took part in continuous professional development (CPD). Service leaders informed us that there had been no reported incidents concerning failure to apply brakes since the electronic incident management system was introduced in February 2018. For these reasons local managers were satisfied that control measures were in place and this risk was not appearing on local risk registers. Service leaders took action and spoke with the individual crew concerned to refresh their knowledge and rectify their practice. One of the areas in the staff's current CPD module focused on wheelchair use and securing, and this module involved monitored practice of brake application.

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.

At the time of our inspection the service employed nine full time staff. These staff worked weekdays between the hours of 8am-4pm. Actual staff numbers were the same as planned.

We checked six staff personnel files. All staff were enhanced disclosure and barring service (DBS) checked, had completed induction and technician training and the required level of safeguarding. Automatic emails were sent to staff three months ahead of their DBS being due for renewal Their line managers were also emailed prompts two months before renewal date.

The service had a recruitment policy whereby potential employees should have two reference checks confirmed prior to starting work. However, long-standing employees only needed one reference as per the policy at that time.

Records

Staff recorded notes on a patient log and updated them with details of their care. Records were clear, up to date, stored securely and easily available to all staff providing care.

The service staff did not complete patient report forms (PRF) as they were not providing treatment.

Patient details were phoned through by the local ambulance trust's control team. Staff recorded these notes on a patient log and posted them in sealed envelopes to a mail address at the end of the day.

Patient transport services (PTS)

Records were clear, up to date and overseen by staff at all times. During our inspection, we reviewed the two transported patient notes which confirmed this.

Medicines

The service did not use any medicines or oxygen.

Are patient transport services effective?

Good

We have not previously rated this service. We rated it as **good.**

Evidence-based care and treatment

The service provided care based on national guidance and best practice. Managers checked to make sure staff followed guidance. However, some policies and procedures were out of date.

Staff had the relevant mental health training, skills and equipment in order to convey patients as required subject to the Mental Health Act 1983. Staff were not qualified to transport patients to hospital in the event of an emergency. If a patient's condition deteriorated staff would contact the local ambulance trust (with whom they were contracted). The organisation used clinical quality monitoring tools for which the regional clinical team allocated people to collect data. We saw a document with tool links and instructions on where and when to collect this data via smart surveys. Results were collated by the national clinical team (NCT) on a quarterly basis and presented at both a national and regional level.

Pain relief

Staff were not required to assess and monitor patients to see if they were in pain.

The service did not provide pain relief for patients.

Patient outcomes

For findings under this section please see the urgent and emergency care report.

Competent staff

The service ensured staff were competent for their roles. Managers appraised all staff's work performance to ensure they provided support and development.

Service staff had all received an appraisal in the last 12 months.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients.

Managers ensured staff received specialist training for their role. This included driver training and conflict management training.

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 we spoke with told us they clearly recorded if a patient had capacity and if consent was obtained on the patient notes. We saw evidence of this on notes we reviewed.

The service had a detailed and in date policy for Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) which advised staff what to look for. A DNACPR order in the right circumstances helps ensure a patient's death is dignified and peaceful when cardiopulmonary resuscitation is not clinically appropriate.

Are patient transport services caring?

Good

We have not previously rated caring. We rated it as **good.**

Compassionate care

Staff spoke to patients with compassion and kindness, showing they respected their privacy and dignity, and took account of their individual needs.

We saw two staff transporting patients and their care was compassionate. For example, one staff care assistant lent a patient their sunglasses for the whole journey.

Patient transport services (PTS)

Ambulance staff drivers drove safely and there was a separate member of staff in the back of the ambulance to accompany patients at all times. This staff member checked on patient's wellbeing at least twice.

Emotional support

Staff provided emotional support to patients to minimise their distress.

Staff spoke to patients with compassion and showed understanding of their personal, cultural, social and religious needs and how they may relate to their care.

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 spoke about how they involved patients and families to understand their conditions and make choices about their care.

We saw staff interacting well with patients and their health and social care workers at local care homes. We were unable to observe staff supporting or involving families or carers.

Are patient transport services responsive to people's needs?

Good

We have not previously rated responsive. 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.

The service delivered a contract which catered for local people on behalf of the local ambulance trust. The service had good communication links with the local ambulance trust control and external providers. We heard how staff engagement with external healthcare professionals was good.

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. However, staff lacked some necessary equipment.

Patient eligibility was pre-assessed at the local ambulance trust's call centre, so staff received all relevant information on the booking in order to meet their individual needs.

We saw two staff transporting patients in wheelchairs and with limited mobility.

Staff knew and followed the correct transfer policy. They used straps and harnesses to safely transfer patients on the vehicle's tail lift.

Staff we spoke to had had dementia training with an external provider in the last year.

Patients whose first language wasn't English had access to telephone translation services through language line. Service staff we spoke to confirmed this was easily accessible at all times.

However, vehicles had no visual aids such as picture charts onboard to immediately help staff understand patients with communication difficulties.

Access and flow

People could access the service when they needed it.

The service did not record waiting times as patients were seen soon after being referred by the local ambulance trust. Arrival time key performance indicators (KPIs) were not shared with the operational staff so the service were unaware of the local ambulance trust targets.

The service prioritised urgent transfers on their schedules on an ad-hoc basis when patients or their carers rang to meet demand.

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, investigated them and shared lessons learned with all staff.

The service reported that from November 2018 to March 2019, they had received no complaints. The organisation had in date policies such as the feedback and complaints procedure from April 2019 to support this. Ambulances had

information on the outside of the vehicle displaying the contact detail of the St John customer services and a 'Q Code' which if scanned took people to the feedback page of the website.

Staff told us that if patients asked to make a complaint, they would refer them to the NHS patient advice and liaison service (PALS). PALS offers confidential advice, support and information on health-related matters. They provided a point of contact for patients, their families and carers. However, this ignored the fact the organisation had their own complaints' procedure.

The service also logged complaints onto their own feedback app to track their investigation and share any learning. The organisation's feedback procedure was publicised on their website.

Managers told us that in the period reviewed there were 12 complaints submitted to the organisation. These were reported on a monthly basis and the Feedback and Complaints Manager reviewed subject matter to identify any trends that require reporting. Of these 12, no trends were identified.

The provider made provision to respond to complaints. We reviewed the organisation's feedback and complaints' procedure updated in March 2019. This followed a formal, three stage process of local resolution, regional and final review.

The service had no information available on vehicles for patients who wished to complain. As patients were not given copies of their patient report forms (PRFs), they were given no service contact information for direct feedback.

The service reported the number of compliments and complaints using the monthly ambulance operation assurance and quality report. Managers told us they investigated complaints. However, no themes or actions taken were included so we saw no examples of learning.

Are patient transport services well-led?

Requires improvement

We have not previously rated Well-led. We rated it as **requires improvement.**

Leadership of service

For more findings under this section, please see the urgent and emergency care report.

Leaders were visible and approachable. All staff we spoke to told us they would feel confident to discuss issues with managers knowing they would be taken seriously, and issues would be dealt with. Seven staff complemented their line manager and one staff member told us he felt well supported in the transition between managers. This was an improvement since our last inspection in 2017. Staff we spoke to had recent and monthly appraisals with their line manager up until the end of July interim period.

Vision and strategy for this service

For findings under this section, please see the urgent and emergency care report.

Culture within the service

For more findings under this section, please see the urgent and emergency care report.

The service promoted equality and diversity. We saw the organisation's equality, inclusiveness and diversity policy (EID) launched in October 2013. This included a discrimination policy and took into account the Equality Act 2010 and the protected characteristics. It is against the law to discriminate against someone because of a protected characteristic.

Governance

For findings under this section, please see the urgent and emergency care report.

Management of risk, issues and performance

For more findings under this section, please see the urgent and emergency care report.

We saw the national risk register for all the service's regulated activity. This reflected local risks.

Information Management

For findings under this section please see the urgent and emergency care report.

Public and staff engagement

For more findings under this section, please see the urgent and emergency care report.

Patient transport services (PTS)

We saw and heard about several examples of staff wellbeing. Staff could access a 'My wellbeing' hub via their intranet log-in or directly online. However, no staff we asked had accessed this hub. Service staff and volunteers were offered a confidential assistance programme from a workplace wellness team 24 hours a day. The service's main office also had a quiet room staff could use.

We saw the organisation's five values clearly displayed throughout the service's main regional office and most staff could recite them to us. The service's main office had a rewards and recognition board to highlight thanks sent by members of the public at events. The service had no patient partner groups who could suggest improvements to the service. We found the service did not have a system in place to routinely collect or monitor information on how the service was performing from patients. Comment cards were available for patients to share their view of the service in the ambulance. The service requested patient feedback via their website on the reverse of the PRF given to patients after completion of their care or handover. However, patients were not routinely asked to provide feedback.

Innovation, improvement and sustainability

For findings under this section please see the urgent and emergency care report.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital SHOULD take to improve

The provider should ensure patient transport staff (PTS) complete manual handling training and continuous professional development to correctly apply breaks to equipment when in use so there is no risk to the patient from them being unsecured. Regulation12(2)(e) Safe care and treatment.

The provider should ensure they have a system to audit prescribing practice of all staff. Regulation12(2)(c) Safe care and treatment.

The provider should ensure that patient group directives requirements are reviewed to support the safe administration of medicines. Regulation12(2)(g) Safe care and treatment.

The provider should ensure the level of safeguarding training provided to all staff involved in regulated activities is at the required level. Regulation13(2) safeguarding service users from abuse and improper treatment

The provider should ensure oversight of all governance issues. Regulation17(2)(f) Good governance.

The provider should consider how policies and procedures are managed appropriately, reviewed in date with standardised document control processes.

The provider should consider how to make all staff are aware of the regulatory Duty of Candour.

The provider should consider how all clinical staff can receive training in early warning scoring systems to allow identification of a seriously ill or deteriorating patient.

The provider should consider routine collection of patient feedback for service improvement.

The provider should consider how to make all staff are aware of the multilingual emergency phase book and can access visual aids such as picture charts onboard.

The provider should consider reporting data at local level to ensure transparency and openness.

The provider should consider how they implement an effective process to ensure first aid boxes are cross-checked monthly.

The provider should consider undertaking national infection prevention control (IPC) audits.