Pulseline Ambulance Services Ltd

Pulseline Ambulance Services Ltd

Inspection report

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

Ratings

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

Summary of findings

Overall summary

We have not previously rated this service. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service managed infection risks well. Staff assessed risks to patients, acted on them, and kept good care records. They managed medicines well. The service managed safety incidents and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment and gave patients pain relief when they needed it. The service met agreed response times. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity and provided emotional support to patients, families, and carers.
- The service planned care to meet the needs of people, took account of patients' individual needs, and made it easy for people to give feedback.
- Leaders ran services well and were respected by staff. Staff understood the service's vision and values, and how to apply them in their work. Staff felt supported and valued. They were focused on the needs of patients. Staff were clear about their roles and accountabilities. The service engaged well with patients and contracting organisations to plan and manage services and all staff were committed to improving services continually.

However:

- While policies were up to date, the evidence base or tools used for each did not always reflect the most up to date evidence available.
- Continuing professional development opportunities were inconsistent and lacked structure.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Good	We have not previously rated this service. We rated it as good because: • The provider maintained high standards of governance, staff training, and risk management despite the occasional nature of transfers. • Vehicles and staff provided highly adaptable care for patients with high levels of vulnerability. • There had been significant, sustained improvements in the service since our last inspection. Where arrangements were the same for both urgent and emergency care (UEC) and patient transport services, we have reported findings in the UEC section. We rated this service as good because it was safe, effective, caring, and responsive, with evidence of outstanding practice in well led. Please see the main summary.
Emergency and urgent care	Good	We have not previously inspected this service. We rated it as good because: • Staff held training to an advanced level comparable with major emergency service organisations. This included in life support, safeguarding, and clinical practice. • Safeguarding practices were highly developed, and the service worked collaboratively to adapt processes to specific events and localities. • Audits demonstrated consistently good practice across all parts of the service, including a highly developed infection prevention and control system and clinical practices that resulted in good patient outcomes. However: • Policies did not always keep up to date with developments in technology. • Continuing professional development opportunities were inconsistent.

Summary of findings

We rated this service as good because it was safe, effective, caring, and responsive, with evidence of outstanding practice in well led. Please see the main summary.

Summary of findings

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Summary of this inspection

Background to Pulseline Ambulance Services Ltd

Pulseline Ambulance Services Ltd provides private urgent and emergency care (UEC) transport and patient transport services (PTS). These services are arranged on demand with individual patients, such as for transport between a hospital and a residential care home. Urgent and emergency care services are provided under private contracts with event organisers to transport injured or unwell patients to hospital emergency departments.

Our regulation of UEC includes the transportation of patients, and care received during the journey, from an event to an emergency department. We do not regulate care or treatment provided by staff whilst on site where the patients are not transported elsewhere.

The service has a fleet of 4 ambulances equipped to provide both PTS and UEC and specially modified for the environments in which staff work.

The service registered with us in 2014 to provide the following regulated activities:

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

There is a registered manager in post.

Regulated activities are a small proportion of the provider's work. In the 12 months leading to our inspection, the service provided 23 PTS journeys and 15 UEC transfers.

We last inspected the service in May 2018. At that time, we did not have a duty to rate patient transport services and instead published a narrative report. We issued the provider with a Requirement Notice for Regulation 17 under the Health and Social Care Act 2012. This reflected a need for improvement in governance and risk management. At this inspection we found the service had implemented significant improvements.

Since our last inspection, the provider introduced UEC services. This is provided under our regulation when transferring patients from a public event, such as a sports ground or concert, to a hospital emergency department. Where our findings on PTS – for example, management arrangements – also apply to UEC, we do not repeat the information but cross-refer.

How we carried out this inspection

We carried out an announced comprehensive inspection on 29 September 2023. We announced the inspection to ensure the senior team and vehicles would be available for our inspection team. As part of our inspection, we met the senior team, spoke with 5 members of staff, reviewed recent feedback from patients and inspected 3 of the service's 4 vehicles. We considered over 100 other pieces of evidence to come to our ratings.

Our inspection team consisted of a lead inspector with support from an operations manager.

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

Summary of this inspection

Outstanding practice

We found the following outstanding practice:

- The provider had committed to improve patient and staff safety through the trialling and implementation of innovative, adaptable technologies. Such work was always collaborative with other agencies and the senior team demonstrably valued challenge and engagement from staff and stakeholders for improvement.
- There was evidence of adaptability and customised adaptations across the service. This included in the design of vehicles, which the provider had altered from the manufacturer's standard to improve safety and comfort for patients.
- The adaptability of the service to the needs of patients and contracting organisations was highly developed. The wide range of advanced staff training and the proactive approach to governance and risk management championed by the senior team meant care was consistently safe with risk mitigation individualised to specific events and environments.
- The service had a significant track record of exceptionally positive feedback from contractors, patients, and their relatives. Along with a period of over 2 years without a complaint, the feedback detailed the lengths to which staff went to make sure patients were comfortable and safe. This reflected a commitment to care embedded at every level of the service.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

- The service should ensure that staff access to continuing professional development whicht reflects the nature of the service and the needs of patients.
- The service should ensure route planning used in event risk assessments is based on the most up to date information available.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Good	Good	Good	Good	☆ Outstanding	Good
Emergency and urgent care	Good	Good	Good	Good	☆ Outstanding	Good
Overall	Good	Good	Good	Good	☆ Outstanding	Good

Good

Patient transport services

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

Is the service safe?

Good

Our rating of safe stayed the same. We rated it as good.

Mandatory training

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

All staff who worked in the service were trained to provide care under patient transport services (PTS) regulated activities. This included training in providing care to patients living with mental health needs as well as those receiving care on an end-of-life pathway.

Please see the urgent and emergency care (UEC) report for more information.

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. Safeguarding policies and risk assessments were highly developed and collaborative.

Patients transferred under PTS arrangements often had high levels of vulnerability. The provider established their needs and risks in advance of accepting a booking and worked with the specific crew allocated to make sure they were equipped to provide care. Where staff transferred patients under a Mental Health Act Section, the provider arranged plans for enhanced care in advance.

Please see the UEC report for more information.

Cleanliness, infection control and hygiene

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

Good

Patient transport services

Please see the UEC report for more information.

Environment and equipment

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

Each vehicle was equipped to provide care under PTS arrangements. This included comfortable seating, space for clinical equipment, and space for a relative or friend to accompany the patient.

Please see the UEC report for more information.

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

Prior to accepting patients for transport, the service required details of medical history and potential risks. This included information needed to manage safe transport, such as if a patient was catheterised or had a do not attempt resuscitation (DNAR) authorisation in place. Staff were fully briefed on this before beginning a transfer and followed the patient's individual care plan if they died during transport.

Please see the UEC report for more information.

Staffing

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

All staff providing PTS care held a minimum of first response emergency and urgent care training (FREUC) to level 3.

Please see the UEC report for more information.

Records

Staff kept appropriate records of patients' care and treatment.

Staff provided a transport service that did not include administering clinical treatment. They kept records of journey details that included the name of each patient and their pick-up and drop-off points.

Most PTS journeys were privately contracted. Where the service accepted a request from another provider, such as a care home or hospital, staff used the documentation requested by the organisation responsible for overall care.

Please see the UEC report for more information.

Good

Patient transport services

Medicines

The service used systems and processes to safely store medicines.

Staff did not routinely administer medicines during PTS journeys. They were trained to store medicines that patients carried with them, including syringe drivers and oxygen, safely during transport.

Please see the UEC report for more information.

Incidents

The service had systems in place to manage safety incidents. Staff recognised and knew how to report incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team. Managers ensured that actions from patient safety alerts were implemented and monitored.

Please see the UEC report for more information.

Is the service effective?

Good

We have not previously rated effective. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

Please see the urgent and emergency care (UEC) report for more information.

Response times

The service arranged PTS journeys on an individual, as-needed basis. The senior team arranged pick up and drop off times directly with patients or those arranging PTS on their behalf.

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.

Please see the UEC report for more information.

Multidisciplinary working

Good

Patient transport services

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.

Please see the UEC report for more information.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff provided PTS care to patients with specialist needs, such as those who had needs relating to end of life care or who were under a Mental Health Act Section. They understood the Deprivation of Liberty Safeguards and worked with each patient's main care provider to ensure journeys were safe and appropriate.

Please see the UEC report for more information.

Is the service caring?

Good

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

Compassionate care

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

Patients and their relatives said staff treated them well and with kindness. Recent feedback from a patient's loved one noted, "[Family member] saw how amazing you were." Another relative said, "Staff were very kind and caring. [Relative] arrived content and relaxed."

Please see the urgent and emergency care (UEC) report for more information.

Emotional support

Staff provided emotional support to patients to minimise their distress.

Staff gave patients and those close to them help, emotional support. The relative of patient recently said, "Thank you for your wonderful service. [relative] arrived brighter than when they left home."

Please see the UEC report for more information.

Understanding and involvement of patients and those close to them

Staff supported and involved patients to make decisions about their care.

Good

Patient transport services

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Feedback was consistently positive. A recent patient noted, “Very happy with the service provided and grateful for the prompt response.”

Please see the UEC report for more information.

Is the service responsive?

Good

We have not previously rated responsive. We rated it as good.

Service delivery to meet the needs of people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services so they met the diverse needs of people. Many patients requesting transport services were being care for on an end-of-life pathway. The senior team ensured the service was equipped to provide appropriate care ahead of accepting a transport request.

Please see the urgent and emergency care (UEC) report for more information.

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.

The service was equipped to transfer patients subject to a Mental Health Act Section or supervision order. Feedback from those organising care and patients’ relatives reflected the provider’s work to individualise care. Recent feedback included, “Continuity and streamlined care. Amazing job transferring the patient. The crew put rock and roll music on during the transfer and [the patient] arrived in good spirits.”

The provider received positive feedback from a complex transport that involved involvement from multiple agencies and require approval from a judge. Staff worked to a transition plan for the patient and made the journey as pleasant as possible considering their needs and feelings.

Please see the UEC report for more information.

Access and flow

People could access the service when they needed it.

Good

Patient transport services

The service planned transport on demand and arranged times with each patient. Patients and their relatives commented on the smooth booking process in feedback. A recent patient noted, "[The] booking process was very efficient."

Please see the UEC report for more information.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received.

Please see the UEC report for more information.

Is the service well-led?

Outstanding ☆

Our rating of well-led improved. We rated it as outstanding.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced through a proactive, forward-thinking approach. They were visible and approachable in the service for patients and staff and had a clear track record of effective leadership strategy. They supported staff to develop their skills and take on more senior roles through 'stretch' goals.

Please see the urgent and emergency care (UEC) report for more information.

Vision and Strategy

The service had a vision for what it wanted to achieve and an ambitious strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to plans across regional specialist health economies. Leaders and staff understood and knew how to apply them and monitor progress.

The strategy included enhancing non-emergency patient transport services (NEPTS) services in the region by providing transport with highly qualified staff. The provider had mapped other services in the region providing NEPTS and proactively gathered feedback from NHS services and other care organisations to identify gaps in provision and need.

Please see the UEC report for more information.

Culture

Good

Patient transport services

Staff felt respected, supported, and valued. They were focused on the needs of patients and continuously sought opportunities for joint working and improvement. 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 and in which the senior team wanted to understand challenges.

Please see the UEC report for more information.

Governance

Leaders operated highly effective governance processes, throughout the service and with partner organisations. Governance was measured quantitively and qualitatively and the service had a track record of quality assurance as a result. 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.

Please see the UEC report for more information.

Management of risk, issues, and performance

Leaders and teams used systems to manage, assess, and improve performance effectively. They identified relevant risks and issues and identified actions to reduce their impact. Risk management was holistic, and the service had extensive, tested plans to cope with unexpected events. Staff contributed to decision-making to support consistent quality of care.

The senior team carried out a risk assessment on the needs of each patient who requested a patient transport service (PTS) journey. This included the need for crews to facilitate the transport of clinical equipment such as catheters, Controlled Drugs, and oxygen, as well as anyone accompanying the patient. Staff had a risk management plan for each patient that enabled them to ensure journeys were safe.

Please see the UEC report for more information.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.

Please see the UEC report for more information.

Engagement

Leaders and staff actively and openly engaged with patients, staff, contracting organisations, and other providers to plan and manage services. They collaborated with partner organisations to help improve services for patients. This approach demonstrably led to high quality care.

Good

Patient transport services

The provider often worked with social services to arrange PTS journeys for vulnerable patients. Feedback from social workers indicated consistent levels of satisfaction with the service. Recent feedback noted, "[Staff] did an amazing job, were really pleasant, and made the transition as smooth as possible."

Please see the UEC report for more information.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders were focused on piloting and implementing technology-led innovation and participation in trials with other organisations.

Please see the UEC report for more information.

Good

Emergency and urgent care

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

Is the service safe?

Good

We have not previously inspected safe. We rated it as good.

Mandatory training

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

All staff received and kept up to date with mandatory training, which was comprehensive and met the needs of patients and the service. Staff completed up to 49 training modules depending on their role. All staff completed training in areas such as health and safety, risk management, and infection prevention and control (IPC).

The training programme reflected the diversity of potential patients across the events at which the service provided cover. This included providing urgent and emergency care (UEC) to elite sportspeople and delivering care in a high-pressure, complex environment. Paramedics maintained blue light driver training in line with national standards.

The provider developed the training programme in recognition of the uncertainty of patient needs at the time they presented for care. For example, the service provided cover at major public events that could include a need for UEC with members of the public, event staff, and event participants. All staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism, and dementia.

The senior team monitored mandatory training and alerted staff when they needed to update their training.

The training programme met national standards for the type of service and included airway support for acutely unwell patients such as upper airways, nasopharyngeal airway devices, and respiratory support.

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. Safeguarding policies and risk assessments were highly developed and collaborative.

Staff received training specific for their role on how to recognise and report abuse. This included protecting patients from harassment and discrimination, such as those with protected characteristics under the Equality Act 2010.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. They knew how to make a safeguarding referral and who to inform if they had concerns. At the time of our inspection the service operated across 10 local authority areas. The senior team maintained up to date contact details for the adult and child safeguarding teams, including out of hours crisis teams, for each area. Staff had access to the contact details on demand and made sure they understood local authority boundaries before they began work in a specific area.

The safeguarding policy was adaptable for use in different environments, which reflected the nature of the service. For example, staff had to consider local safeguarding policies at major events and worked to the most risk-averse standard where multiple policies existed.

All staff were trained to adults and children safeguarding level 3 and the registered manager, operations manager, and a paramedic were trained to level 4. Staff also completed the national preventing radicalisation ('PREVENT') training, which enabled them to respond to concerns about welfare, coercion, and human trafficking.

A duty manager was contactable at all times crews were on duty and provided urgent support in the event of a safeguarding need. Staff knew in advance who to contact at events where they had a safeguarding concern. This approach ensured staff had access to the information and specialists they needed during urgent situations.

Cleanliness, infection control and hygiene

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

Vehicles were clean and had suitable furnishings which were clean and well-maintained. The service had a centralised cleaning and decontamination area. This was well equipped and stocked to keep vehicles safe and ready for use. The provider stocked a wide range of personal protective equipment (PPE) and ensured each vehicle had sufficient supplies before leaving base.

The service was compliant with the Control of Substances Hazardous to Health 2002 (COSHH) Regulations and had an advanced system to manage chemical safety and the use of cleaning products. Staff documented all processes, using a comprehensive tracking system, and the senior team audited practices continuously. Audits demonstrated consistently compliant practice.

The senior team carried out an annual risk review of COSHH processes, data sheets, and management collaboratively with staff. This included refresher training or changes to the handling of specific chemicals following manufacturer updates.

The service was equipped with mixing equipment for cleaning compounds and chemicals used for safety, such as snow foam. This meant trained staff could make the most efficient use of chemicals based on the condition of each vehicle after its return to base.

The service performed well for cleanliness. Cleaning records were up-to-date and demonstrated all areas were cleaned regularly. In addition to daily and post-journey cleaning, the service carried out a routine deep clean of each vehicle

every 2 months or after an incident such as contamination with a bodily fluid. Audits for vehicles, the garage, and equipment cleaning were detailed and consistent. There were no gaps in cleaning or checks in the previous 12 months and there was evidence staff took swift action when a standard was not met. This represented a significant, sustained improvement since our last inspection.

Environment and equipment

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

The design of vehicles followed national guidance. All 4 vehicles could be used interchangeably for patient transport services (PTS) and UEC journeys and were equipped to manage all aspects of care from patient comfort to advanced life support. Onboard specialist equipment included adult and paediatric harnesses for safe transport and maternity kits in addition to standard emergency equipment such as suction tubes.

Prior to beginning a shift with a vehicle, staff completed a safety review, which included a range of checks on IPC, maintenance, and equipment. The senior team audited checklists monthly and found consistently good practice, with immediate escalation where a member of staff found a missing item or defect. The service had a minimum acceptable standard at which each vehicle could operate safely. Where staff found a deficiency, such as low oil or tyre pressure, they took the vehicle out of service until the issue was corrected. This was a rare occurrence because the provider used an extensive continual programme of maintenance that ensured vehicles were ready for service.

The senior team had custom designed and fitted each ambulance to be identical, with stocks and location of equipment and consumables the same in each vehicle. This supported staff who worked at different frequencies for the service and meant stock control and equipment maintenance was consistent.

Staff followed a high standard of security to manage consumables in each vehicle. Each storage cabinet or drawer was fitted with a tamper-proof sticker that displayed ‘void’ if the unit had been opened or tampered with. The senior team used a stock control system which provided continual assurance to staff that all items on board vehicles were ready for use. This included a labelling system displayed the earliest expiration date of items in the unit to help staff manage stock and reduce wastage. The system provided assurance of effective stock control and auditing systems for staff when they picked up a vehicle.

The service was compliant with the Health and Safety Executive Health and Safety (Sharps Instruments in Healthcare) Regulations 2013 in relation to sharps waste. Staff labelled sharps bins in line with required standards and stored and used them safely.

The service managed clinical waste in line with national standards. When vehicles were in use, staff segregated and managed hazardous waste in line with the provider’s policy.

The provider had established good safety management protocols in the garage and in front of the office building, such as to support vehicle manoeuvring.

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.

Good

Emergency and urgent care

Staff used the national early warning scores (NEWS2) tool to identify and support deteriorating patients. The provider established the life support capability of each crew based on the specific contract requirements and local level of risk. Paramedic crews were trained to advanced life support (ALS) and provided high dependency care. Technician-led crews were trained to immediate life support (ILS). This was in line with Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines and the provider had an up-to-date deteriorating patient transport policy which staff accessed on demand.

Each vehicle was equipped with lifesaving equipment, including a manual monitor defibrillator with cardiopulmonary resuscitation (CPR) feedback, an automatic external defibrillator (AED), emergency medicines, and oxygen.

The service was committed to national work to reduce the use of restraints. There had been no instances of patient restraint in the previous 12 months and staff completed training in alternative safety management techniques.

Staff shared key information to keep patients safe when handing over their care to others at emergency departments. This included mental health risks and needs and information such as the intent to self-harm.

Staffing

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

The service had enough staff to keep patients safe. The managing director, who was the registered manager, and the operations manager owned the business and were the organisation's only 2 permanent staff. A team of 5 paramedics and 4 ambulance technicians worked on an as-needed, self-employed basis.

The registered manager planned staffing levels in advance based on the number of vehicles involved in an event and the contractual agreement with the organiser. They used the national green book and purple book guidance to establish the type of staffing needed for any event which had the potential for a UEC transfer. The provider accommodated requests for enhanced staffing levels by event organisers and had always met 100% of planned staffing.

The provider was compliant with national recruitment legislation. The senior team obtained 2 references for each new member staff and ensured everyone had an appropriate Disclosure Barring Service (DBS) check. All 5 staff files we checked during our inspection included the required evidence and the senior team maintained an annual audit of documentation.

The senior team made sure all staff had a full induction and understood the service before they worked without continual supervision. The induction programme was individualised and did not set a time limit for completion. Instead, it enabled managers and mentors to support staff to work through their training and familiarisation at a pace appropriate to their experience and existing competencies. This was good practice and provided assurance that the diverse staff backgrounds and experience were appropriately supported to provide care in the service.

Paramedics held Health and Care Professions Council (HCPC) registration and ambulance technicians held first response emergency and urgent care training (FREUC) to level 5, which was an industry standard for technicians working in ambulance UEC settings. The service had scope and recruitment practices for other grades of qualified staff, including emergency care assistants, who would have FREUC to at least level 4.

The flexible staffing model reflected the nature of the service and meant the senior team could plan for event cover and PTS in advance.

Records

Staff kept appropriate records of patients' care and treatment.

The service had developed patient documentation by combining the most useful elements of templates from other providers nationally. This reflected the work of the senior team to harness the experiences and expertise of staff, most of whom had experience in NHS ambulance services. During an emergency transfer, staff documented the treatment given and monitoring of vital signs. They kept a copy of the form for the provider and gave a copy to the receiving emergency department. This system provided assurance that care could be traced and reviewed in the event of a query.

The provider trained staff to use the most appropriate care and treatment template based on the level of clinical need. For example, they knew the differences between first aid documentation and urgent care documentation.

Medicines

The service used systems and processes to safely administer, record and store medicines.

The senior team stocked each vehicle with a prepacked medicine, which contained medicines in line with JRCALC guidance, including Entonox and adrenaline. Staff followed systems and processes to administer medicines safely, including documenting doses administered and following a witness signature procedure that required a second staff member to observe the dose.

Staff documented stock checks and tamper checks before and after each shift and the use of medicines when handing over patients to emergency departments.

Controlled Drugs (CDs) were carried on vehicles only if under the license of the practitioner. Staff were required to follow the provider's policy regarding CD management, which was in line with Home Office requirements. The most common CD carried was morphine and the provider coordinated this in advance with the requirements of events organisers and paramedics holding a CD licence.

Each vehicle was equipped with a locked safe to store CDs for transport and a drug destruction kit for safe disposal. At the end of each shift a paramedic documented any remaining CDs and disposed of them in line with national requirements. The provider required paramedics to hold an up-to-date CD book and follow an administration process, which included signed observation of a second member of staff.

Staff worked to medicines management standards set by the HCPC for their level of qualification. All staff completed an exam on medicines management on joining the provider and the senior team provided regular updates and checks on knowledge and practice.

The provider had an up-to-date policy for managing and reporting medicines errors, including in relation to administration and loss. There had been no reported medicines errors in the previous 12 months, reflecting a track record of good safety standards.

Incidents

Good

Emergency and urgent care

The service had systems to manage safety incidents. Staff recognised and knew how to report incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team. Managers ensured actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. They said it was easy to raise concerns with the senior team, including near misses and non-clinical incidents. The registered manager and operations manager were responsible for investigating incidents in line with the provider's policy.

Staff had reported 1 incident in the previous 12 months. This was a non-clinical incident that involved vehicle theft. The senior team worked with other agencies to identify future risk reduction and provided support to staff impacted by the theft. The team identified learning to reinforce a policy which required staff to not put themselves at risk or in danger during a crime.

Systems were in place to manage serious incidents, including for staff debrief and support and learning with other agencies and providers. The service had not experienced a serious incident and the senior team ensured policies and training were up to date, so staff were prepared.

Staff understood the duty of candour and gave examples of how and when they would use this in line with the provider's policy.

Managers shared learning with their staff about incidents and near misses that happened elsewhere, including those shared by other providers at events.

The registered manager monitored a range of organisations for safety alerts, including JRCALC, NHS England, and the Medicines and Healthcare products Regulatory Agency (MHRA). They updated policies and made sure staff were up to date before they delivered care. The senior team checked MHRA medicine safety alerts and changed medicines carried or their usage guidance if an alert was relevant to the service.

The senior team responded quickly to safety alerts issued by vehicle manufacturers, such as removing vehicles from service following a recall alert relating to issues with fuel pipes.

Is the service effective?

Good

We have not previously inspected effective. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

Good

Emergency and urgent care

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance issued by organisations such as the National Institute for Health and Care Excellence (NICE) and the Joint Royal Colleges Ambulance Liaison Committee (JRCALC). Staff could easily access policies and standard operating procedures, which formed part of their induction and initial training. We checked access and induction records as part of our inspection.

Staff protected the rights of patients subject to the Mental Health Act 1983 (MHA) and followed the Code of Practice. They were trained to provide care and treatment to patients with mental health needs and when under escort by police or other agencies.

Staff routinely included the psychological and emotional needs of patients when handing over to emergency departments.

The senior team reviewed policies and standard operating procedures on an annual basis or more frequently to match a change in national guidance or legislation. The standard of policies had improved significantly since our last inspection. While policies were evidence based, this had not kept up pace with the provider's focus on innovative practice. For example, 1 policy to support navigation referenced an out-of-date route planning system. Vehicles were equipped with the latest satellite navigation technology and staff were trained in its use but the reference to other systems in policies presented a contradiction.

The provider audited the completion of patient triage and treatment reports as part of auditing and benchmarking of care standards. This included a review of the vital signs staff monitored, handover reports to emergency departments, and administration of medicines. In the previous 12 months staff had met or exceeded the minimum standard of 98% compliance in all cases.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Vehicles carried pain relief recommended by JRCALC and staff were qualified and trained to administer it.

Staff recorded pain relief accurately and included this in handovers to emergency departments.

Response times

The service monitored and met agreed response times so that they could facilitate good outcomes for patients.

The provider worked with event organisers to establish expectations for urgent and emergency care (UEC) in advance. This took account of the responsibilities of other providers working at the event and the decision-making process for transferring patients to emergency departments. The provider worked flexibly to ensure the needs of patients were met.

There was no standardised response time, or national standards, for UEC transfers against which to benchmark practices. However, the service had met 100% of requirements from organisers and feedback from organisers, patients, and NHS emergency departments indicated a rapid response in all cases.

Journey times for PTS were arranged individually with the patient or the person booking on their behalf. This included pick-up times and estimated journey times. In all cases the service had met expectations and plans in the previous 12 months.

Patient outcomes

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

There were no national clinical audits against which the provider could benchmark care. In addition, most of the provider's work at events was outside of CQC regulation, which meant the potential for establishing patient outcomes was limited. Instead, the provider measured this using feedback from patients and other organisations involved in organising care.

The service had an international reputation for UEC, including a specialist portfolio of international medical repatriation work. The senior team worked to strict protocols that meant they accepted requests for UEC transfers only where vehicles, resources, and staff experience meant patient outcomes could be realistically achieved.

Non-emergency PTS journeys were sporadic, and their frequency was not sufficient to generate large-scale data analysis. However, in 100% of journeys in the previous 12 months the service met all of the pre-planned requirements of the patient.

Competent staff

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

Staff were experienced, qualified, and had the right skills and knowledge to meet the needs of patients. All staff were experienced in UEC, and many held advanced qualifications. Staff maintained a wide range of training and competencies in addition to their mandatory training, which supported the delivery of effective care. For example, staff took training to carry out electrocardiograms (ECGs) and to interpret results.

Staff were self-employed and responsible for maintaining their own competencies and continuing professional development (CPD). While staff records demonstrated a wide range of professional training, the nature of the staffing model meant whole-team CPD was not consistent and structured. Staff said they had ad-hoc opportunities for development, and this was an area that would benefit from more focus. The senior team recognised a need for a more planned approach to CPD and had developed an annual plan beginning in early 2024.

New staff undertook practical training and competencies including a full driver assessment. Staff were required to demonstrate safe standards of vehicle operation to pass their induction. The senior team carried out annual assessments of driving standards and maintained an overview of practice by auditing daily checklists, which crews completed before they entered a vehicle into service.

Clinical mentors supported new staff until they completed their induction and training period and could demonstrate competence and confidence in their work.

The senior team carried out a practical annual appraisal with each member of staff. Records reflected a thorough process, which included tests of knowledge in key areas such as safeguarding and the Mental Capacity Act 2008 (MCA). Regular practical supervisions supplemented this process. The senior team carried these out unannounced and during shifts to gauge the standards of care and identify training or development needs.

Multidisciplinary working

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

The nature of the service meant care was delivered in complex regulatory and organisational environments that involved other providers and organisations. The provider had effective systems showing areas of responsibility at any given event. Staff had clear frameworks from which to provide UEC that was within their capability and with support from staff working for other organisations. For example, emergency response at a sports event could involve multiple agencies when treating and stabilising a patient, with responsibility for transport to hospital assigned to this provider. The senior team established this information in advance of accepting an event contract and staff were fully briefed in advance, with access to on-demand support in urgent situations.

Consent, Mental Capacity Act and Deprivation of Liberty safeguards

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

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They gained consent from patients for their care and treatment in line with legislation and guidance.

When patients could not give consent, staff made decisions in their best interest, considering all the information they had about the patient at the time. Staff clearly recorded consent in the patients' records.

Staff kept up to date with training in consent best practice and the MCA. They understood the relevant consent and decision-making requirements of legislation and guidance, including the MHA and the MCA and they knew who to contact for advice.

Staff adhered to the Deprivation of Liberty Safeguards in line with approved documentation.

They delivered care and treatment with informed consent from patients, or in line with contractual frameworks where a patient was unconscious. We saw evidence of this from looking at patient records and speaking with staff.

Staff were trained to carry out MCA assessments in line with JRCALC guidelines if a patient refused transport to a hospital in an acute medical emergency. Where staff found a patient had capacity and refused emergency treatment, they followed the patient's wishes even if this was medically inadvisable, in line with legislation.

The provider had a capacity and consent policy appropriate to the environments in which staff provided care and treatment. Based on national guidance, the policy included scope for best interest decision-making such as where a patient had self-harmed or where staff provided care to vulnerable children and young people.

Good

Emergency and urgent care

Is the service caring?

Good

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

Compassionate care

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

Feedback from patients reflected respectful, considerate care delivered by staff who were compassionate and caring. The service received consistently positive feedback from patients and their relatives. For example, a recent patient commented, “You could not have acted quicker or been more helpful.” Another patient noted, “Fabulous company, fabulous team.” Patients, their relatives, and contractors persistently said they would recommend the service. A recent patient said, in relation to the ambulance crew, “Kind, experienced, professional. I have no hesitation in recommending [the service].”

Emotional support

Staff provided emotional support to patients to minimise their distress.

Staff gave patients and those close to them help, emotional support and advice when they needed it. They recognised the needs around this relating to the care environment, such as when a patient was injured or unwell in a crowded public space. For example, each vehicle was equipped with equipment such as privacy screens and blankets and staff described how they protected privacy in such instances.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. This formed a key element of training and the provider’s service standards. For example, unwell or injured patients at a public event had specific needs around discretion and privacy, particularly during an accident or incident. Staff carried privacy equipment and knew in advance how to get rapid support to protect patient privacy during an emergency.

Patient feedback reflected good standards of emotional support from staff. A recent patient said, ”Paramedics were absolutely fantastic, made a traumatic situation seem under control.”

Understanding and involvement of patients and those close to them

Staff supported and involved patients to make decisions about their care and treatment.

Staff made sure patients understood their care and treatment. Care and treatment were provided in urgent and emergency circumstances and staff described how they involved patients in treatment decisions, including whether to be taken to hospital.

Good

Emergency and urgent care

Staff supported patients to make informed decisions about their care. They were trained to manage challenging and difficult conversations and knew how to deliver care in line with a patient's consent and wishes.

Patients could give feedback on the service and their treatment and staff supported them to do this. The provider had a number of channels through which to accept feedback, including paper forms on vehicles, a digital tool, and by e-mail, letter, or phone after treatment.

Is the service responsive?

Good

We have not previously inspected responsive. We rated it as good.

Service delivery to meet the needs of people

The service planned and provided care in a way that met the needs of people. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services, so they met the needs of people as needed by specific contracts. For example, events contracts could include those playing sports, spectators, and staff working at the event. The provider established specific areas of cover and responsibility for urgent and emergency care (UEC). The provider had a wide range of expertise and resources to deliver on-site care. The senior team provided vehicles, equipment, and staff following risk assessments for the location and potential need for UEC.

The service had systems to help care for patients in need of additional support or specialist intervention. The senior team established contact details for specialist NHS services in each area and provided crews with this information in advance. Regulated activities took place only when staff transferred patients from an event to a hospital. Where staff identified complex needs, they discussed these with hospital staff as part of the handover.

Staff arranged patient transport services (PTS) on demand and to meet the needs of the patient. This included accommodating a staff escort or family member during the journey. Most PTS journeys were arranged privately with the patient, or their loved ones, and the provider was equipped to provide NHS support on request. Staff worked with each patient to accommodate their needs, including carrying oxygen or mobility equipment, adjusting the temperature inside the vehicle, and providing conversation to reduce anxiety or facilitating a quiet space.

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.

Feedback from patients, other providers, and relatives demonstrated staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet their needs. They completed training to support adaptive communication and the provider established contact details for local support for each event or cover location.

Good

Emergency and urgent care

Staff understood how to support patients living with dementia and learning disabilities by using 'This is me' documents and patient passports. As care was provided on an urgent and emergency basis, staff were not usually aware of a patient's background or existing health conditions. Instead, they worked with patients to adapt communication and care during emergencies to meet their needs.

The senior team had custom designed each vehicle to adapt the basic manufacturer standards to a transport environment that provided more comfort for patients with consistent attention to detail. For example, they had a window installed adjacent to the treatment trolley where the manufacturer design included a windowless wall. Windows were fitted with one-way glass, which ensured privacy because it enabled the patient to see out while blocked a view into the vehicle.

All staff completed training in providing care to patients living with a learning disability or dementia.

The service had good relationships with local NHS trusts, which managers established in advance of new contracts, and maintained during on-going contracts. This meant NHS ambulance services were available to provide support in the event of a major incident or staff needed additional equipment and expertise. We saw evidence of this from feedback provided by NHS contract managers.

Access and flow

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

The service was adaptable and flexible and worked with a range of organisations and other providers to meet patient need. The senior team established this in advance and agreed to UEC cover only when staffing and equipment could meet potential demand.

The provider worked with NHS trusts and private contractors to meet the needs of people who received care under specific contracts. For example, the senior team had provided staff with training and equipped vehicles to carry out COVID-19 testing on behalf of an NHS trust that needed to increase capacity.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service had systems to treat concerns and complaints seriously, investigate them and share lessons learned with all staff, including those in partner organisations.

The service clearly displayed information about how to raise a concern in vehicles, on the website, and through contractual arrangements with events organisers. Where the service provided PTS services for private patients, the provider supplied information about what patients could expect, including details of the complaints process.

Staff understood the policy on complaints and knew how to handle them. The service had received no formal complaints and staff were trained to resolve minor concerns at the time they were raised and to escalate more serious issues to a manager.

Is the service well-led?

Good

Emergency and urgent care

Outstanding ☆

We have not previously inspected well-led. We rated it as outstanding.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced through a proactive, forward-thinking approach. They were visible and approachable in the service for patients and staff and had a clear track record of effective leadership strategy. They supported staff to develop their skills and take on more senior roles through 'stretch' goals.

The managing director was the registered manager and led the service alongside the operations manager. Both individuals were registered, highly experienced paramedics, and worked clinically in addition to their leadership roles.

The provider had a clear chain of command in the event of an emergency that interrupted usual service operation and paramedics were trained to provide interim leadership and decision-making in an emergency.

Staff and patients spoke highly of the senior team and said they were always available for help and support, including pastoral support after challenging shifts.

The leadership team had a demonstrable sense of pride and accountability and had a track record of building the service with care and treatment to meet the needs of specialised contractors. Patient and staff safety was a core priority and was embedded in all elements of the service.

The service encouraged and supported ambulance technicians to progress through the paramedic training scheme as part of a leadership strategy focused on securing long-term, highly qualified, and experienced professional staff to deliver urgent and emergency care (UEC).

Vision and Strategy

The service had a vision for what it wanted to achieve and an ambitious strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to plans across regional specialist health economies. Leaders and staff understood and knew how to apply them and monitor progress.

The provider's vision focused on meeting the needs of contracting organisations and their potential patients by providing a secure, skilled, and highly specialised workforce. The vision reflected the diverse nature of the workforce and the on-demand model of care by focusing on the challenges associated with high profile service environments, such as elite sports events.

Staff embodied the organisation's values of safety, a caring focus on patients, and an open and honest culture that was team oriented.

The provider had a well-developed strategy that included plans for steady expansion of coverage informed by a technology-centred approach to safe care in challenging environments.

Good

Emergency and urgent care

The service established high standards for staffing and the exclusive use of qualified professionals reflected a strategy of providing care only with experienced staff with advanced levels of training.

Culture

Staff felt respected, supported, and valued. They were focused on the needs of patients and continuously sought opportunities for joint working and improvement. 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 and in which the senior team wanted to understand challenges.

The senior team promoted an ethos of professionalism, empowerment, and accountability amongst the team. Staff represented the provider at high-profile events and demonstrated a clear sense of pride, confidence, and enthusiasm in their work. The service often attracted interest from the media and press and staff were trained to ensure the discretion and privacy of patients, which were core values of the organisation.

Staff reported good relationships with the owners. They said communication was handled well and reflected the small nature of the team. For example, staff said they had no hesitation in speaking with either senior leader if they needed to raise a concern.

Mentors worked with new staff to support their introduction to the organisational culture including care and treatment ethics. They empowered an ethos of individuality in the workplace and the senior team demonstrably valued diversity and equality.

There was an embedded, demonstrable focus on collaborative working with events organisers, NHS ambulance trusts, and the police. Joint working and an empowered, motivated team meant staff across all roles worked well for the benefit of patients.

The senior team supported ambulance technicians to progress onto the paramedic degree if this formed part of their long-term career plans.

Governance

Leaders operated highly effective governance processes, in the service and with partner organisations. Governance was measured quantitively and qualitatively and the service had a track record of quality assurance as a result. 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.

The director and operations manager carried out monthly performance and safety operational meetings that included key performance indicators from each contract, such as feedback and rebooking. They included staffing, vehicle cleaning, and maintenance planning in the process. Each contractor required a different level of information from the provider about performance, insurance, and capability. The senior team consistently met all requirements and expectations.

The senior team had a full understanding of the interaction between the different regulations to which the service was accountable. For example, staff provided care nationally and internationally and were required to work to the standards of organisations such as sports associations in addition to health authority regulation. The senior team mapped

compliance between organisations and always chose the highest standard of practice. They had a clear understanding of the areas of governance which applied to regulated activity and audits, staff training, and risk management provided continual assurance of high standards. The service had a significant track record of good outcomes, with no avoidable safety incidents, harm to patients, or complaints.

The registered manager planned a rolling programme of audits up to 1 year in advance. They supplemented the programme on request from specific contractors.

The provider had a programme of vehicle oversight. This included safety and maintenance checks at intervals determined by the manufacturer and following a defect report. The senior team scheduled services around maintenance needs to ensure there was never a conflict of interest.

There was a clear policy and training for staff to manage a patient death during UEC transport to hospital. The senior team had arrangements to provide counselling and support for staff following such incidents.

Management of risk, issues, and performance

Leaders and teams used systems to manage, assess, and improve performance effectively. They identified relevant risks and issues and identified actions to reduce their impact. Risk management was holistic, and the service had extensive, tested plans to cope with unexpected events. Staff contributed to decision-making to support consistent quality of care.

The senior team had a deep focus on managing risk where this involved other organisations or issues. They maintained a risk register for both UEC and PTS parts of the service, which focused on vehicle reliability, the growing dependency on technology, and patient safety. The risk management system included consideration of supply chain pressures. For example, they worked with the oxygen cylinder supplier to manage a national shortage and maintain stock and ensure urgent replenishments were available on demand.

Staff completed a daily run sheet to monitor response times, including time of arrival at an emergency. The senior team had developed the system progressively as the service developed and it included end-to-end tracking for crews and patients, which provided assurance of performance.

The service used a security and safety system to protect staff and vehicles. This included remote monitoring of access to the garage and protection for staff who were lone working.

The risk management system for vehicles was extensive and included safety monitoring above and beyond that required by manufacturers and insurers. For example, the service changed a vehicle's headlights when staff noted they were dull despite being within the safety margins for the vehicle. This reflected a continuous, embedded focus on safety.

The service had contingency plans to ensure continuity of care in the event a vehicle was unexpectedly out of service. Staff had tested the system during a recent recall notice from the vehicle manufacturer due to faulty fuel pipes. Governance and operations systems meant the service continued to operate during this period with no impact on patient care.

Risk assessments and policies reflected the environments in which staff worked. For example, the senior team carried out an assessment of local operating procedures, safety systems, and escalation procedures before accepting a contract. This meant staff and potential patients were assured of care from a team with risk management and support systems in place.

The provider prepared local information ahead of event coverage to ensure crews had immediate access to support in an emergency or major incident. For example, the provider required details of the nearest NHS hospital emergency department, adult and paediatric trauma centres, and the nearest stroke unit. The senior team also located the nearest hospital with primary percutaneous coronary intervention (PPCI) facilities. PPCI is an emergency treatment for patients who have experienced a heart attack.

Prior to commencing cover for an event, the senior team liaised with the local NHS ambulance service to make them aware of their presence and role. They established protocols for communication with the local emergency control centre for support in the event staff attended a trauma situation.

The provider had a high level of emergency preparedness and risk management adapted to each event at which they provided UEC cover. This included specific, practised protocols for major incidents and emergencies and direct contact details for senior staff.

The provider implemented a lone working policy that required a specific set of mitigating factors to be in place. This included a predetermined method of communication with a senior member of staff and a defined means of raising the alarm and getting help. The policy supported crews away from the fixed base in unfamiliar environments. Staff told us such policies worked well in practice and reflected a sound focus on safety.

Staff used a severe weather risk assessment to modify the service and keep themselves and patients safe. The provider had implemented policies to reduce the risk of delays or interruption to the service caused by weather challenges. For example, the team stopped adding water to screen wash solutions and used de-ionised water instead, which does not freeze and means staff could more easily keep windscreens clean.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.

All staff agreed to a data protection policy which reflected the flexible working nature of the service, including providing care and treatment to patients with unknown medical backgrounds. This formed part of a wider information governance and data protection policy that met the needs of contractors, which required advanced security and confidentiality.

The provider stored, archived, and destroyed confidential documents in line with contractual requirements. The garage had a secure, confidential document drop box for returning crews which enabled the safe handing over of operational records.

All staff undertook information governance and cyber security training. As the provider introduced more technology to operational and care systems, the senior team updated information security training and worked with contractors to make sure patient information was secure and managed in a way that reflected their policies.

Good

Emergency and urgent care

Engagement

Leaders and staff actively and openly engaged with patients, staff, contracting organisations, and other providers to plan and manage services. They collaborated with partner organisations to help improve services for patients. This approach demonstrably led to high quality care.

Staff encouraged feedback after each UEC transfer if this was appropriate based on the condition and needs of the patient. Feedback was consistently positive and reflected themes of high-quality care and professionalism. A recent patient noted in their feedback, “You really are an impressive organisation.” Another patient said, “Excellent professionalism, reliability, and trustworthiness.”

Feedback from contracting organisations reflected long-standing relationships and focused on the responsiveness of the service to meet specific requirements. For example, a contractor had complimented the service on the team’s “slick” approach to adapting vehicles as safe spaces from which to deliver COVID-19 testing to reduce pressure on an NHS trust. Events organisers frequently contacted the senior team to complement staff on their approach to providing UEC in high pressure environments. A recent organiser contacted the service and noted, “It’s good to know there are people out there like you. Thank you so much.”

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders were focused on piloting and implementing technology-led innovation and participation in trials with other organisations.

The senior team had a considerable focus on technology and innovation as part of their strategy to provide care and services at the leading edge of the sector. For example, they had fitted 1 vehicle with a live 360-degree camera system that linked with driving controls to provide the driver with continual video surveillance of the exterior conditions. The system could be linked with NHS and police emergency vehicles and the senior team had remote digital access. Staff were piloting the system to assess its ability to enhance their safety and that of patients when carrying out high speed emergency transport. Staff said the results of the pilot would inform a decision about whether to install the system across the fleet.

The registered manager was testing a new electronic risk management and operations platform that would digitise all aspects of the service. This included audits, vehicle maintenance, incident management, and live risk assessments. The senior team were testing the system across different systems and checking compatibility with field operations at sports events. Staff were taking part in the trial and providing feedback to the senior team to help ensure the system offered the adaptability and support they needed.