

B. N. Gibson Limited

B. N. Gibson Limited

Inspection report

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

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

We 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 controlled infection risk well. Staff assessed risks to patients, acted on them and kept good transport records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. They provided emotional support to patients, families, and carers.
- The service planned care to meet the needs of people using the service and made it easy for people to give feedback. People could access the service when they needed it.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported, and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients, commissioners, and NHS managers to plan services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service

Patient transport services

Rating

Good



Summary of each main service

We rated this service as good because it was safe, effective, caring, responsive, and well led. See the above summary.

Summary of findings

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Summary of this inspection

Background to B. N. Gibson Limited

B N Gibson Ltd is operated by B N Gibson Ltd and provides non-emergency patient transport services, such as between medical facilities and between hospital discharge units and patients' homes. Most work is commissioned by Integrated Care Boards on behalf of NHS trusts, and the service offers private transport on request. B N Gibson Ltd also provides school transport

The service has its head office in Bilsthorpe, Nottinghamshire and provides transport services across both Nottinghamshire and Yorkshire.

The service registered with us in August 2012 to provide the following regulated activity:

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

A registered manager was in post. Transport services are provided with a fleet of 8 vehicles equipped with facilities for safe moving and handling and are adapted to the requirements of each contract. The service typically operates 5 days per week, Monday to Friday, and had the operational capacity to provide weekend services on request.

We have previously inspected this service in 2013 and 2017 but it was not rated.

How we carried out this inspection

We carried out a short notice announced inspection of the service using our comprehensive methodology on 22 August 2023. We gave the provider 24 hours notice of our inspection because we needed to be sure the service would be in operation with staff and vehicles available.

Our inspection team consisted of a lead inspector, inspector and specialist advisor with support from an off-site operations manager. After our inspection the registered manager sent us a range of data and other evidence to provide details of standards of care.

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

Areas for improvement

Action a service **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 it follows appropriate national infection control guidelines including having appropriately coloured cleaning equipment and disposable mop heads.
- The service should ensure it follows appropriate national guidelines for the appropriate disposal of clinical waste.

Our findings

Overview of ratings

Our ratings for this location are:

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

Patient transport services

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

Is the service 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 and kept up to date with their mandatory training, which was comprehensive and met the needs of patients. Mandatory training included 9 modules such as infection prevention and control (IPC), basic life support (BLS), safeguarding level 2, and patient handling.

Training was tailored to the ambulance and patient transport environment, which ensured staff could adapt generic courses such as IPC to their specific work environment.

All staff who worked with patients completed training on recognising and responding to patients with mental health needs, learning disabilities, autism, and dementia as part of the mandatory training programme.

Managers monitored mandatory training and alerted staff advance of when they needed to update their training. This ensured consistently high completion rates, with 100% of the 22 staff up to date at the time of our inspection.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. All staff completed safeguarding adults and children to level 2.

The registered manager was the safeguarding lead and trained to level 3, along with another member of staff. They worked with contracting NHS trusts and other professional bodies, such as local authorities, social services, and the police where it was required. There had been no serious safeguarding incidents in this service.

Patient transport services

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. During our inspection all staff members were able to describe how to raise a safeguarding concern and gave examples of safeguarding referrals they had initiated. Staff reported this to the registered manager and these were recorded in a safeguarding folder.

Staff liaised with the contracting NHS trust to ensure the appropriate organisation was alerted and acted.

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 and vehicles visibly clean.

Vehicles were visibly clean and had suitable equipment and fittings, which were clean and well-maintained. Staff maintained up to date records of cleaning and infection control measures for each vehicle. During our inspection we assessed 8 vehicles and found them all to be visibly clean, tidy, and ready for use. This included reusable equipment, such as trolleys.

During the inspection process, we noted the service was not following national guidance in using the appropriate colour scheme for cleaning equipment. The service was also not using disposable mop heads, but changing them on a weekly basis. We raised this with the provider, they acknowledged the concerns and put a plan in place to address this immediately. Following on from the inspection, the service provided evidence that appropriately coloured cleaning equipment and disposable mop heads were now in use.

Staff cleaned the interior of their vehicle at the end of each shift and made sure it was sanitised and ready for use for the next crew. They also removed used linen and ensured vehicles were stocked with fresh sheets and pillowcases for the next shift. During our inspection, staff demonstrated good attention to detail in carrying out IPC procedures and cleaning equipment, and explained that vehicles were appropriately cleaned between patients.

Staff followed infection control principles including the use of personal protective equipment (PPE). Each vehicle was equipped with PPE, antibacterial hand gel, and antibacterial cleaning equipment.

The service arranged a deep clean for each vehicle on a pre-planned rotating basis with an external company.

Staff worked to the same uniform standards as NHS clinical staff, such as the 'bare below the elbow' policy. This was best practice and contributed to good levels of hygiene.

Staff improved standards of vehicle cleanliness because of audits. Staff completed cleaning check sheets which were audited by the administration team.

Environment and equipment

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

The service had a range of equipment to support the safe transport of patients, including bariatric patients. The service used a fleet of 8 vehicles modified to the needs of patients as determined by contracting NHS trusts. Staff stored and secured vehicles safely and in line with legal requirements and insurance policies.

Patient transport services

Vehicles were well equipped with safety equipment such as first aid kits, fire extinguishers, oxygen masks, and straps to secure wheelchairs or other movable seating. The service adapted vehicles based upon patient needs.

Staff included all onboard equipment in daily checks and carried these out before they put vehicles into service. Safety checks included for oil level, water and screen wash, tyre treads and pressure, satellite navigation systems, and lights.

Staff carried out and documented daily safety checks of specialist equipment. Vehicles were equipped with harnesses and adapted secure chairs to enable the safe transport of patients with mobility or other safety needs.

Staff disposed of clinical waste safely. Staff removed waste at the end of each shift, or more frequently if hazardous waste was collected or the vehicle was soiled. This was placed in the clinical waste bin. On the inspection it was noted the clinical waste bin was not attached securely to a wall and the key had been left in the clinical waste bin. We raised this with the provider, they acknowledged the concerns and put a plan in place to address this immediately. Before we left the site, the key had been placed in an appropriate lockable room and the clinical waste bins had been secured to the wall.

The service maintained vehicles to a high standard in line with manufacturer guidance and legal requirements. All vehicles had up to date insurance, servicing, and maintenance documentation.

Staff stored and secured medical gases in each vehicle in line with safety standards.

Staff ensured consumables, such as spill kits and aprons, were in date and ready for use. Each vehicle had a stock of items to support staff and patients during journeys such as antibacterial spray, spill kits, vomit bowls, and incontinence pads.

The main crew base had a sluice room that was well stocked with cleaning equipment and supplies. Where staff provided services a significant distance from the main base, the service arranged for sluice and waste disposal systems more locally.

The service based vehicle and equipment maintenance and safety audits on national and legal requirements. For example, they maintained vehicles to the requirements of the Driver and Vehicle Licensing Agency (DVLA) and carried out annual maintenance and checks on equipment subject to the Health and Safety Executive's Lifting Operations and Lifting Equipment Regulations 1998, including weight testing and mandatory servicing.

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 were trained to use dynamic risk assessments during transport duties. This meant they assessed individual, specific risks based on patient needs and the type of vehicle in use. For example, crews used such risk assessments when supporting patients who used an electric wheelchair.

If a patient was booked for transport and the crew or booking team felt their needs exceeded the scope of the contract and their training, they would not transport the patient.

Staff completed training in emergency first aid at work training. They used a standard operating procedure (SOP) to manage the sudden deterioration of a patient which was available in all the vehicles. While staff were trained in basic life

Patient transport services

support and vehicles, the service did not provide emergency care and the SOP guided staff to support patients until appropriate services arrived. If a patient deteriorated during transit, staff would pull over where it is safe and call upon emergency ambulance services, utilising their first aid training whilst waiting for the ambulance. Staff provided verbal handovers to emergency staff.

Staff shared key information to keep patients safe when handing over their care to others. For the majority of patients, the contracting NHS trust had overall responsibility for patient care, and they provided information to each crew to help them transport patients safely. Staff were trained to support patients with needs relating to dementia and mental health as well as physical needs such as those who required bariatric equipment.

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 to keep patients safe. At the time of our inspection 22 ambulance crew staff worked for the provider on flexible contracts that meant they could choose their own working pattern, including hours and frequency.

The service was compliant with recruitment requirements, such as by obtaining a disclosure barring service (DBS) check for each new member of staff. The service obtained 2 references and details of gaps in employment for new staff in line with national standards. Employment records were comprehensive and reflected a good standard of pre-employment checks.

Managers adjusted staffing levels based on the needs of the service that day.

Records

Staff kept records of patient journeys. Records were clear, up to date, stored securely and easily available to relevant managers.

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.

Records and patient information were stored securely in line with the requirements of the contracting NHS trust. Each trust had different instructions for staff on the handling of documentation.

Medicines

The service followed best practice when administering medical gases or transporting patients with their own oxygen.

Staff followed systems and processes to manage medical gases safely. They segregated full and empty cylinders in line with manufacturer guidelines and secured cylinders safely during transport.

Patients or their escorts were responsible for carrying their own medicines safely.

Patient transport services

Incidents

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

At the time of our inspection, most of services were provided for the patients of an NHS trust. The NHS contract had specific requirements around incident reporting, which meant crews often reported incidents to both the NHS organisation and the service itself.

Staff knew what incidents to report and how to report them. The service had an open culture encouraging staff to raise incidents and learn from the incidents. Staff raised concerns and reported incidents and near misses in line with the service's policy. In the previous 12 months, staff reported 26 incidents and near misses, including safeguarding incidents and driving incidents. all of which resulted in no or low harm to a patient or staff.

The service had a policy in place to manage serious incidents, including staff and patients involved in road traffic accidents. There had been no such incidents and staff maintained up to date knowledge as good practice.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong.

Staff received feedback from the investigation of incidents, both internal and external to the service. The team worked with contacts at the NHS trusts which meant staff learned and updated practice alongside colleagues from other organisations. Staff provided examples where patients and their families were involved in these investigations and feedback was provided and both the patients, families and staff were supported.

The provider operated the incident reporting process as a learning exercise, and the senior management team facilitated a culture of no blame to encourage open and honest discussion. Staff reported near misses as part of a culture of reflective learning in safety. Leaders told us they encouraged staff to always report anything no matter how small and there would always be a no blame culture.

Is the service effective?

Good 

We have not previously rated this service. 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 followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.

The service updated policies following changes to national standards, or feedback from other organisations.

Patient transport services

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.

Managers gave all new staff a full induction tailored to their role before they started work. The induction included a patient transport service course tailored to the needs of patients. Each new staff member was required by the service to undergo a probationary period.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Managers supported staff to develop through yearly, constructive appraisals. This included a practical observation of their work to assess standards of patient care and communication in line with expected standards. We saw evidence of regular staff appraisals within staff files.

The service introduced a mentorship scheme to support the learning and development for new staff. Experienced staff were encouraged to take part and the service had introduced a mentorship checklist which was used to ensure new staff were competent in their roles. The staff team had a wealth of diverse experience amongst them, and mentors helped them share their expertise with colleagues.

Multidisciplinary working

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

Staff held regular multidisciplinary meetings with contracting providers to discuss patients, contract performance and improvements in their care.

Staff worked across health care disciplines and with other agencies when required to care for patients. Many patients who used the service were vulnerable and living with varying degrees of frailty. Staff recognised the need for more coordination between hospitals, the transport service, and adult social care services to help protect people from avoidable harm.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity.

Patients were under the overarching care of an NHS trust, whose staff were responsible for assessing mental capacity. This meant staff were not responsible for assessing mental capacity as hospital staff had already established this prior to booking transport. However, if a patient refused to board a vehicle or was confused about where they were being taken, staff liaised with hospital colleagues to decide if the patient could be safely transported.

Staff completed capacity to consent training and ensured patients consented to being assisted before each journey.

Staff received and kept up to date with training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards as part of an approach to understanding the needs of patients they transported.

Patient transport services

Staff were trained to understand do not resuscitate (DNACPR) documentation, which they used in the event a patient deteriorated or died during a journey.

Is the service caring?

Good 

We have not previously rated this service. 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.

Staff were discreet and responsive when caring for patients. They took time to interact with patients and those close to them in a respectful and considerate way.

Patients informed us that they were treated with dignity, kindness, compassion, courtesy, respect, understanding and honesty. During our inspection we reviewed 17 positive feedback notifications from patients who had used B.N. Gibson Patient Transport Services. Feedback included the phrases such as 'great service, nothing was too much trouble, staff were and amazing.' We interviewed 5 patients and carers after the inspection by telephone and everyone spoke positively about their experiences.

Staff informed us that they took time to listen to patients and would not rush patients as the conversation may be that persons only contact in that day or week.

Staff followed policy to keep patient care and treatment confidential.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. Relatives and carers of patients living with mental health needs provided consistently positive feedback about the service.

Staff understood and respected the personal needs of patients and how they may relate to care needs. One carer stated that her child, who is non-verbal, travels daily to an NHS Day Centre for Learning Disabilities and is always relaxed and calm due to the staff.

Emotional support

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

Staff gave patients and those close to them help and emotional support when they needed it.

Staff supported patients who became distressed during shared transport and helped them maintain their privacy and dignity. Staff and patients were able to give examples of staff providing emotional support when they were distressed. Staff understood the emotional and social impact that a person's care, treatment, or condition had on their wellbeing and on those close to them.

Patient transport services

The service received 17 unsolicited thank you emails from patients and relatives in the last year. Recent feedback told us that staff had been, 'reassuring', and staff had 'given me confidence to travel'.

Following bereavements of their service users, a card and flowers were delivered to the next of kin.

Understanding and involvement of patients and those close to them

Staff supported patients, families, and carers and involved them in transport decisions.

Staff provided transport services with respect and dignity for patients. For example, they offered blankets to protect privacy or improve comfort, and adapted their communication style to meet the needs and expectations of each person.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this.

As part of the inspection process we interviewed 5 patients. Patients told us staff always treated them with 'respect, understanding and honesty'.

Is the service responsive?

We have not previously rated this service. 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 and the communities served. It also worked with others in the wider system and local organisations to plan care.

NHS trusts that contracted the patient transport service (PTS) established the level of need of patients in advance of specific journeys.

Vehicles were appropriate for the services being delivered. They were equipped with a range of specialist and multi-purpose equipment, including to secure wheelchairs, harnesses, and comfortable seating.

The service did not routinely transport patients being treated under a Mental Health Act Section. However, staff were trained in awareness of mental health.

The service worked proactively with NHS colleagues to ensure transport met individual needs. The service had regular meetings with the Patient Transport Officer from the NHS trust they provided services for.

Staff were able to establish if a patient was unsuitable for transport with the service and provide examples. If a patient presented for transport was clinically unstable, or who would be unsafe to transport, they worked with the trust's control centre to identify alternatives.

Patient transport services

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 the service.

Staff made sure patients living with mental health problems, learning disabilities and dementia received safe, comfortable transport. Vehicles were equipped with blankets, pillows, and sheets.

Staff had access to a translation app so they could communicate with patients whose first language was not English.

Staff supported patients with specific needs. Each ambulance team had access to a radar key which are used to access disabled toilets across the country. This allowed quick and easy access for any disabled patients using their patient transport services.

Access and flow

People could access the service when they needed it, in line with contractual standards.

The service provided patient transport services to NHS patients under specific contracts with individual trusts. The contract or commissioning arrangement established how patient transport was assigned to crews, along with geographic restrictions and expected journey times. The service was flexible and adaptable to trust needs and worked with operations leads and commissioners to change vehicle and crew availability.

Managers worked to keep the number of cancelled journeys to a minimum and monitored this through governance systems. There was one instance of a cancelled journeys at short notice by the provider in the previous 12 months.

The service determined ambulance numbers and crew levels on a contractual level. Some NHS trusts booked a predetermined block of work for a specific period and others required an on-demand approach.

Learning from complaints and concerns

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

Patients, relatives, and carers knew how to complain or raise concerns. All staff informed us that they knew how to handle complaints. Each vehicle included information about how to leave feedback and complaints procedure. Staff were trained and empowered to report any potential concerns with service managers in order to tackle any potential issues.

NHS trusts held overall responsibility for the care of most patients, which meant patients could contact patient advice and liaison services (PALS) to resolve to a complaint with a contracted transport provider. Contracting NHS trusts would share any complaint information with the provider.

During our inspection we reviewed patient complaints. B.N. Gibson Ltd received 5 complaints in the last 12 months. All complaints were responded to professionally and openly following their complaints policy. Complaints were tracked so that they could identify if there were any trends. The Directors at B.N. Gibson Ltd advised that they welcomed all feedback, positive and negative and used the information to learn and improve the service that they provided.

Patient transport services

Is the service well-led?

Good 

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

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced and worked to address them. They were visible and approachable in the service for patients and staff.

The service had a CQC registered manager in place that worked alongside another manager and led the day-to-day service with support from office-based staff.

A duty manager was on call 24/7, which meant staff always had on-demand support. The provider was highly responsive to such requests.

Leaders were visible and approachable for both patients and staff.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services. Leaders and staff understood and knew how to apply them and monitored progress.

The provider had a clear vision in place. The induction for new staff included learning about the vision and values and embedded this in supervision and developmental work.

The vision and strategy were focused on sustainability of services.

Organisational values reflected what the service needed to be. These were compassion, safe service, integrity, teamwork, sound governance, and professionalism.

Culture

Staff felt respected, supported, and valued. They were focused on the needs of patients. The service had an open culture where patients, their families, and staff could raise concerns without fear and in which senior staff genuinely wanted to understand challenges.

Service leaders promoted an ethos of professionalism and accountability in care delivery and staff. Staff had a sense of pride in their work during our inspection and the senior team went to great lengths to ensure they supported everyone in the team.

There was a plan in place for mentors to be introduced to new staff to the organisational culture during the induction process for new staff. While the culture had key markers, such as work ethic and organisational values, the service empowered each member of the team to be themselves at work.

Patient transport services

Staff told us they liked working for the provider and said they felt supported by a helpful office team.

Staff spoke positively of the provider's response to suggestions and feedback and said the working culture encouraged them to raise concerns and suggestions in a supportive environment that respected differences of opinion and used them to drive change. Managers were able to provide examples of discussing potential changes to the service with staff.

Feedback from the contracting trust? reflected very high levels of satisfaction with the working culture.

Governance

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

Leaders operated effective governance processes. The service worked with the contracting NHS trusts to carry out governance audits at a frequency dictated by the individual contract. These processes worked in tandem with the provider's own governance system and meant the leadership team had a sound understanding of the competing requirements and pressures on the service.

The registered manager planned a rolling programme of audits up to 1 year in advance. This ensured regulatory and legislative requirements were always met. These audits included care plans, ambulance crew audits, first aid checks, personnel files, complaints, feedback, incidents and near misses, vehicle checks, risk register, data breaches and vehicle cleaning.

The service had regular staff meetings.

We reviewed 6 staff files in total and found that they were complete with all the appropriate information which included proof of identification, disclosure and barring service checks, driving license checks and references.

Management of risk, issues, and performance

Leaders and teams used systems to manage, assess, and improve performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.

Staff used a comprehensive auditing and management system to ensure vehicles and standards of practice were consistently maintained. Managers carried out regular audits of vehicle cleaning standards, benchmarking audit findings against the checklists staff completed daily. The service used this as a quality assurance system to check routine cleaning policies and procedures were effective.

The leadership team reviewed risks daily as part of an approach to continuity and ensure known risks were managed in line with service needs.

The service used a risk register to log, track, and manage risks. All risks had clear actions in place. The service immediately updated the risk register with any concerns raised during the inspection process.

Plans were in place to support crews and patients in the event of vehicle breakdown, road accidents, and severe weather.

Staff did not lone work and were always part of at least a two-person crew.

Patient transport services

Information Management

The service collected reliable data and analysed it. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

New staff signed a data protection commitment that reflected the flexible working nature of the service, including providing care for the patients of the contracted NHS trust. This formed part of wider information governance and security training. Information security and confidentiality policies reflected NHS requirements and were a contractual element of each transport arrangement.

Staff accessed information specific to individual trusts as required.

Staff used a data protection policy and an information governance policy to guide their handling of personal data and information. Mandatory training included the policies and senior staff monitored how staff managed confidential information during the course of their work. The service had no data breaches or information-related incidents in the previous 12 months.

Crews handled a range of personal information, including from formal transport records and verbal information from NHS transport control centres.

Engagement

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

The service encouraged feedback from each journey. Each vehicle had feedback cards that encouraged patients and anyone accompanying them to provide feedback. Patients also provided feedback by letter, e-mail, and telephone. Feedback was consistently good, and patients frequently agreed that crews were polite and professional and that they felt safe and cared for.

The service received frequent written compliments from patients and the leadership contacted individual members of staff where they were named in positive feedback.

The service engaged with the contracting NHS trust to ensure their commissioning and patients' needs were met. The service engaged in formal governance or operational meetings. This led to effective lines of communication and meant the service maintained an up-to-date awareness of feedback and acted quickly on compliments and complaints.

Staff provided examples of working with staff when changes were being made to the service. Staff were actively engaged in team meetings.

Learning, continuous improvement and innovation

All staff were demonstrably committed to continually learning and improving services.

The service demonstrated a desire to be more environmentally sustainable over the last year since new leaders had taken over. The service now recycled half of its waste, previously they did not recycle anything. The service installed bike racks for staff to use to allow them to cycle to work.

Patient transport services

The service was in the process of a fleet refresh, with old vehicle parts being stripped and re-used in new vehicles that were being adapted for ambulance care. This helped from a business perspective but also was much more environmentally friendly than ordering everything new for the vehicles.