

# HATS @ Weir Road

## Quality Report


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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from 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?

Outstanding 

Are services well-led?

Good 

### Overall summary

HATS @ Weir Road is operated by HATS Group Limited. The service provides patient transport services.

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced visit to the service on the 21st January 2020, the 29th January 2020, the 6th February 2020, and concluded the inspection on the 1st May 2020 after following up on whistle-blower concerns raised during the inspection period.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

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

We had inspected this service before but did not have the legal duty to rate it previously. We rated it as **Good** overall.

# Summary of findings

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment and assessed patients' food and drink requirements. 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.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for transport.
- 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 and were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

## **Dr Nigel Acheson**

Deputy Chief Inspector of Hospitals (London & South)

# Summary of findings

## Our judgements about each of the main services

### Service

#### Patient transport services

### Rating Summary of each main service

Good



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# Summary of findings

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Good 

# HATS @ Weir Road

## Services we looked at

Patient transport services

# Summary of this inspection

## Background to HATS @ Weir Road

HATS @ Weir Road is operated by HATS Group Limited. The service opened in 1995. It is an independent ambulance service that provides non-emergency patient transport services for sick, injured or infirmed patients eligible for patient transport.

The service is contracted by several NHS trusts. The service takes patients to and from hospital appointments and clinic and day centres, takes discharged patients to

their homes and transfers patients between hospitals. This includes the transfer of high dependency patients, patients with mental health needs, non-emergency transfers, and repatriation of patients to other hospitals.

The service has had a registered manager in post since 2014. The service was last inspected in March 2017, but did not have the legal duty to rate it until now.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector, a hospitals inspector, a mental health inspector, and a specialist advisor with expertise in ambulance services. The inspection team was overseen by Nicola Wise, Head of Hospital Inspection.

## Information about HATS @ Weir Road

The main service provided by this ambulance service was patient transport.

HATS @ Weir Road manages patient transport services (PTS) for people who are unable to use public or other transport to and from hospitals, clinics or day centres due to their medical conditions. The hospitals are primarily responsible for assessing patients' eligibility for patient transport and making the bookings. PTS is free at the point of use for eligible patients. Journeys are pre-booked. The service is provided seven days a week, 365 days per year, with a reduced service provided out of hours.

HATS also provided home to school transport for children with special educational needs and disabilities, staff transport between hospital sites and transport of blood and tissue samples and medical devices. These were outside the scope of this inspection which focused on patient transport.

The service is registered to provide the following regulated activities:

- Transport, triage and medical advice provided remotely.

During the inspection, we visited two hospitals, the main office, and held telephone conversations with staff. We spoke with over 40 staff including patient transport drivers, porters, discharge lounge staff, control and administrative staff, and management. We spoke with over 20 patients and four relatives. During our inspection, we reviewed 10 sets of patient transport records.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service has been inspected once, and the most recent inspection took place in March 2017 which found that the service was meeting all standards of quality and safety it was inspected against.

Activity (April 2018 to March 2019)

- In the reporting period April 2018 to March 2019 there were 302,060 patient journeys undertaken.

The service employed 348 staff. Two hundred and fifty-eight (258) ambulance drivers were trained as

# Summary of this inspection

ambulance care assistants and 16 were employed as emergency care assistants. The service also employed 14 ambulance car drivers and 8 mental health crew. The service employed 52 non road staff. The service could also draw on a bank of drivers who worked for the school transport service.

Track record on safety

- Zero Never events

- 77 clinical incidents, of which 75 classified as minor incidents, 1 as moderate harm and 1 as a major incident.
- Three formal complaints

The service has a fleet of 126 vehicles including cars, ambulances, minivans and soft/hard cell vehicles.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We did not rate safe at our last inspection. We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and premises visibly clean.
- The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- 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.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used monitoring results well to improve safety. Staff collected safety information and made it publicly available.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

Good



### Are services effective?

We did not rate effective at our last inspection. We rated it as good because:

- 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





# Summary of this inspection

- Staff assessed patients' food and drink requirements to meet their needs during a journey. The service made adjustments for patients' religious, cultural and other needs.
- The service monitored, and met, agreed response times so that they could facilitate good outcomes for patients. They used the findings to make improvements.
- The 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.
- 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 supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

## Are services caring?

We did not rate caring at our last inspection. We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Good



## Are services responsive?

We did not rate responsive at our last inspection. We rated it as outstanding because:

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

Outstanding



# Summary of this inspection

- The service had a newly acquired dementia friendly vehicle which had been designed specifically for the needs of those patients with dementia, and included things such as soft lighting, flat flooring and soft music.
- The service was waiting delivery of a paediatric vehicle which was designed specifically for use by children. It was decorated with images children would enjoy and included electronic devices and a gaming system that would suit children of all ages, including the older child.
- The service employed its own porters to take patients to and from vehicles. This meant that patients and crew did not have to wait unnecessarily for hospital porters and did not spend more time than necessary in the hospital setting.
- Staff were given the opportunity to name new vehicles after their charity or ward of their choice. Once the vehicle was retired from the fleet, it was donated to the named charity or ward who could then use the vehicle or sell it and use the revenue as required.
- The service often changed the look of the vehicles through the use of decals. For example at Christmas vehicles were decorated with Santa Claus and other festive pictures, and in November they were decorated in poppies in respect of Remembrance Day.
- People could access the service when they needed it, in line with national standards, and received the right care in a timely way. The service consistently achieved 100% of their key performance indicators.
- 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.

## Are services well-led?

We did not rate safe at our last inspection. We rated it as good because:

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant

Good



# Summary of this inspection

stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in their 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.
- 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 and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation.






# Detailed findings from this inspection

## Overview of ratings

Our ratings for this location are:

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

# Patient transport services

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

## Are patient transport services safe?

Good 

We did not rate safe at our last inspection. At this inspection we rate it as **good**.

### Mandatory training

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

Mandatory training was comprehensive and met the needs of the patient and staff and was delivered through face to face and electronic learning sessions. We saw that the service had a 100% completion rate for mandatory training for all staff. Training courses covered key areas which included health and safety, fire safety, manual handling, effective communication, basic life support, infection control, first aid, illness assessment, dementia awareness, mental health and capacity to consent, safeguarding, equality and diversity, information governance and vehicle inspection.

We saw that the service provided role specific mandatory training in addition to the core mandatory training. For example, mental health crews undertook risk assessment, drug and alcohol awareness and restraint training, the emergency care assistants undertook advanced driving and riding and skid prevention recognition and control.

Staff told us about their responsibility for completing mandatory training and that the training they received was relevant to their role. Managers monitored mandatory training and alerted staff when they needed to update their training by email and at their one to one meeting. Staff also received alerts through an electronic human resources

programme used by all staff. Drivers told us they would also receive alerts through the hand-held electronic devices they used within the vehicles. We saw that staff were also informed of available training in the monthly newsletter called Toolbox Talks. Training was monitored by the managers through the electronic compliance dashboard and staff were supported in completing training within working hours.

There was a structured induction programme for staff to ensure they had the skills needed for their roles. Staff we spoke with told us that they found the induction beneficial. Induction programme included one week of induction training, one day of observation, and two weeks of operational support with experienced staff.

During the inspection period we received a whistleblowing concern that staff were receiving certificates for mandatory training they had not undertaken. We spoke to several members of staff about this and did not find any evidence this had occurred.

### Safeguarding

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

The provider had an up to date policy for safeguarding children and adults which complied with national standards.

Training on safeguarding was provided to all staff as part of induction, as well as yearly mandatory training. This was a face to face training. We reviewed the safeguarding training materials which covered the different types of abuse of vulnerable people, reporting and the investigation process.

# Patient transport services

The provider trained eligible staff to level two in adult and children safeguarding. All mental health crew staff were trained in safeguarding to level three. Records showed 100% of eligible staff had completed this training. Some staff we spoke with were unsure about what level of safeguarding training they had completed, although they were all able to demonstrate when they should raise a safeguarding alert. Staff reported that they would contact the control centre at the hospital to raise any concerns.

On our previous inspection, we considered that the safeguarding training focused more on safeguarding children than vulnerable adults. This had arisen because the service also provided home to school transport for children with special educational needs and disabilities. During this inspection we saw that the training and resources available equally focussed on adult and child safeguarding. We also saw safeguarding procedures specific to patients with mental health needs. The service safeguarding lead was the registered manager.

Managers told us that when a concern was received by the office staff, they liaised with the hospital safeguarding team on whether to raise an alert. Both managers and staff we spoke with reported that the most common concerns raised were often about the environment of a patient's house. Staff we spoke with were able to tell us of a recent safeguarding incident where they took a patient home, but the home was not safe as there was no heating or electricity. They told us they contacted the control centre and with the patient's consent, brought the patient back to the hospital. They told us that the managers contacted the hospital and filled in a safeguarding form.

## Cleanliness, infection control and hygiene

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

There was an infection prevention and control policy and system that addressed all relevant aspects including decontamination of medical devices, vehicles and workwear.

All staff completed infection control training on induction, and also as part of their yearly mandatory training. We saw that the service had recently partnered with an external infection control management organisation to enhance their competencies in this area. This involved introducing

an extensive infection control training programme, which included training on what are healthcare associated infections, how they are transmitted, their impact on healthcare professionals and patients as well as infection prevention and control including hygiene, hand hygiene, cleanliness and best practice.

Personal protective equipment (PPE) such as gloves and aprons as well as hand sanitiser gel were available on all of the ambulances that we looked at. We saw crews using hand sanitiser gel appropriately before and after patient contact.

The booking sheet indicated if the patient had a transferable infection and staff checked with the ward on the need to use PPE.

We saw staff were wearing clean uniform and were bare below the elbow. Staff were responsible for laundering their own uniforms.

All vehicles we saw were visibly clean and tidy. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. All cleaning records reviewed were fully completed from April 2019 to January 2020. Cleaning equipment such as anti-bacterial wipes and sprays were available on all of the ambulances that we checked and there were additional supplies located within the stores at each hospital site. Mops were provided at each hospital site for crews to carry out daily cleaning of the interior of the ambulance. We saw checklist prompts for daily cleaning as a reminder for crews on each ambulance. We observed crew members using wipes and spray appropriately to clean stretchers after a patient journeys. However, we saw that one crew member did not clean a chair between patients.

Vehicle deep cleans were scheduled in line with the regular maintenance checks every 56 days and were carried out by an external company. We reviewed records of this for six of the vehicles. In addition, the same external company carried out an outside clean of the vehicle every two weeks. If a deep clean was needed outside the routine schedule because of an infection

risk, this was arranged as soon as possible. Staff told us that vehicles that had transported a patient with an infection risk or when a vehicle was contaminated, it was brought back to base for a deep clean before the next patient was transported to avoid cross contamination.

# Patient transport services

We saw that the chairs and stretchers provided in the ambulances were covered with a washable cover that was able to be wiped down by the ambulance staff.

Linen, such as blankets, sheets and pillow cases were provided by agreement with the hospital where the service was based. Clean linen was stored in closed cupboards in ambulances and was also available for replenishment from the hospital. Staff returned used linen to the hospital where arrangements were made for them to be laundered.

During the inspection period, we received a whistleblowing concern that vehicles at one local hospital were not being cleaned and staff were not provided with cleaning materials. We investigated this further and did not find any evidence that this had occurred.

## Environment and equipment

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

All vehicles reviewed were up-to-date with checks, were well maintained and cleaned thoroughly. Drivers carried out daily vehicle safety checks using their personal electronic device to ensure the vehicle and equipment were safe to use. The daily inspection was set against the vehicle commissioner public service vehicle standards. In addition to completing the checklist, staff also noted any faults or issues and if required, took a photograph to demonstrate the issue. If a fault or issue was noted, this flagged as red on the supervisor's electronic tracker which meant that they could rectify the issue straight way or arrange for a repair.

Maintenance teams and nominated office personnel were overseen by the transport manager who had ultimate responsibility for ensuring that all areas of compliance were maintained. We saw that the transport manager was a qualified holder of Certificate of Professional Competency (CPC). During the inspection we saw that he and his team travelled to other sites to repair vehicles. This meant that vehicles were not waiting long periods of time to be repaired. We saw that a spare ambulance was available so that, in the event of a vehicle being identified with a fault that meant it was not roadworthy, a replacement was available while repair was arranged.

Each ambulance was fitted with a tracking system which performed several different functions. When staff logged in,

the system enabled managers and control staff to view the status of the ambulance, for example its location and whether it was driving or stationary. This meant work could be allocated efficiently. The system also monitored the performance of the driver.

We saw different vehicles being used throughout the fleet. This included cars, soft and hard celled ligature free vehicles, high dependency vehicles, bariatric vehicles, stretcher vehicles and patient transport vehicles. We saw that age appropriate car seats were available for transporting children. We also saw the newly acquired dementia friendly vehicle which had been designed specifically for the needs of those patients with dementia, and included things such as soft lighting, flat flooring and soft music. This was an innovative practice.

Vehicles had patient chair alarms fitted so when several patients were being transported, the driver would be aware if the crew member was busy with one patient that another was unsafe. Vehicles also had seat belt alarms which would let the crews know if a seatbelt was not secure. This meant patient safety was prioritised at all times. Vehicles were also fitted with wheelchair restraints, and staff trained in their use, meaning staff were able to support patients with travelling in their own wheelchairs.

During the inspection we saw that in addition to the daily checks, every vehicle was inspected on a fortnightly basis by a fleet supervisor. The service also completed standard safety inspection every 56 days, which included 78 separate checks. The service utilised a compliance risk score assigned by the Driver and Vehicle Standards Agency (DVSA), which was used to categorise fleet safety. During the inspection we saw that for the period from August 2019 to January 2020 the service achieved a "Green" rating, which was the highest level that could be attained.

Medical equipment carried on each ambulance varied depending on the needs of the patient being transported. As a minimum, ambulances carried a small basic first aid kit, including resuscitation face mask. For inter-hospital transfers a 'high-dependency' crew was used. They carried additional equipment including automatic suction, an automated defibrillator and basic monitoring equipment for use by the health professionals escorting the patient in an emergency situation. We saw these on one vehicle. The items had stickers to show that they had been serviced in line with manufacturer's guidance.



# Patient transport services

Effective processes were in place to ensure equipment was well maintained and fit for purpose. Staff carried out daily safety checks of specialist and emergency equipment. We saw the check sheets were fully completed. The service kept a record of equipment maintenance which showed equipment had been well maintained.

Clinical waste was disposed of under agreement through the hospital waste disposal system.

Staff disposed of clinical waste safely, waste management was handled appropriately with separate colour coded arrangements for general waste, clinical waste and sharps. Most sharps containers were clearly dated and labelled and not over filled, with details completed for traceability. This was in line with national guidance (Health and Safety Executive Health and Safety (Sharp Instruments in Healthcare) Regulations 2013: Guidance for employers and employees (March 2013).

During the inspection we saw cleaning equipment was stored in a locked cupboard at each site, and the 'Control of Substances Hazardous to Health' (COSHH) folder contained completed risk assessments for each product. The COSHH regulation 2002 required employers to either prevent or reduce their workers' exposure to substances that are hazardous to their health.

We saw that keys for vehicles were securely stored on each site we visited. Keys had to be signed out and back in by the drivers after each shift had been completed.

## 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.

All staff told us patient risk assessments were completed by the provider requesting the use of the service. This allowed the service to allocate the correct vehicle and crew for the journey. Ambulance crews reported that for inter-hospital transfers and journeys for patients discharged from wards, the discharge summary and handover provided from a nurse on the ward ensured they were aware of risks. The mental health crew told inspectors that they completed a second risk assessment prior to transporting a patient to ensure that their needs would be met, and their safe environment maintained.

Patient assessments were primarily of a person's transport and mobility needs and ambulance crews were only

concerned with clinical conditions that might affect transport. In cases where the patient was likely to require treatment, an escort from the hospital was provided. Patients mobility was assessed to determine who could walk and those needing aids such as wheelchair, carry chair or stretcher high dependency (HDU) patients and patients over a certain weight.

All staff working on the ambulances had been trained in basic first aid which gave them the skills to notice if a patient was deteriorating. All staff we spoke with told us if a patient deteriorated, they would call 999 for the emergency services to attend. Staff were familiar with 'do not attempt cardiopulmonary resuscitation' documents that some patients carried with them during their journey and this was clearly documented on the booking forms.

## Staffing

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

The service employed 258 ambulance drivers who were trained as ambulance care assistants. The service also employed 14 ambulance car drivers and eight mental health crew. The service had a low turnover rate of 1.77%. There were 16 staff employed as emergency care assistants (ECAs). These staff operated the 'high dependency' inter-hospital transfers, although they could also be used for patient transport home when required. The ECAs mainly worked Monday to Friday between 7am and 4pm although they reported they sometimes worked overtime on weekends when they were available and it was requested. At the largest site the service also employed porters who would take patients directly to and from the wards in order to create flow and avoid missed appointments and delayed journeys.

Each site had a control centre which had administrative staff a supervisor and dispatch officer to coordinate the service during the working day. During out of hours, the dispatch officer would work at the largest site and would oversee the service needs across all other sites. Each site also had a contract manager and a patient experience manager. Staffing in the control centre was managed at



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consistent levels with a roster system to allow staff to respond promptly to incoming telephone calls. Out of hours control staff were based at the largest site and supported all other sites.

Staff driving licences were confirmed with the Driver and Vehicle Licensing Agency (DVLA) as being valid and appropriate for the class of vehicle they were driving when the staff member was appointed. They were then checked bi-annually with the DVLA with the consent of the employee.

All staff required Disclosure and Barring Service (DBS) checks and overseas applicants were checked with the UK Border Agency for their right to work in the country. We reviewed recruitment records and saw that appropriate pre-employment and pre-appointment checks were carried out.

We saw that any bank staff received a full induction.

For long journeys, the service made sure that two members of staff were allocated so that there could be sufficient rest periods from driving.

There were enough staff to cover planned absences including annual leave and sickness at historical levels. The service was able to draw on staff within their Home to School transport service to cover some fluctuations such as a higher level of sickness.

The rota was designed to reflect the variable patterns of demand across the day and week. In the event of an unexpected surge, the service was able to move crews from less busy services and sites to support the site experiencing the increase in demand.

## Records

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

Patient notes were comprehensive. All staff, including bank staff, were able to access electronic records easily. The service managed peoples' records in a way that kept people safe. Records were kept securely electronically.

We reviewed eight patient transport records and saw all staff had completed electronic patient records fully with risk assessments identified. The service did not use paper

records. We saw staff used hand held digital tablets to recall people's records. We saw in patients' records there were notes made about extra support that may be needed or preferences the patient had asked for.

Staff had access to information that they needed to deliver safe care. The service had electronic records that contained key information that were accessible by booking staff, control room staff, and vehicle crews. We saw records contained tick boxes for common conditions, a section for mobility, a notes section for this journey and a notes section for the patient that recorded previous issues. Booking staff told us that when they recorded a note there was a box to tick that alerted the crew to read the additional notes section. Records we reviewed were completed as expected.

The service had clear process to identify and record patients that had a 'Do not attempt cardio pulmonary resuscitation' (DNACPR) order. Vehicle crews we spoke with, felt confident in their understanding of this process which was recorded at the booking stage. Ambulance crews were alerted to this via their digital tablets. Crews then ensured they had a valid DNACPR order before transferring a patient.

The service had an information security policy. The policy included the reference to data protection compliance. The General Data Protection Regulation (GDPR) is a legal framework that sets guidelines for the collection and processing of personal information from individuals who live in the European Union (EU).

## Medicines

The service managed medical gases safely. As part of their registration they did not prescribe or administer medicines. The service maintained the administration of patients own oxygen. We saw that the crews did not alter oxygen rates. We saw that emergency supplies of oxygen were available in some vehicles. We were told that this was for use by professionals escorting patients, such as a nurse, in case of emergency.

The service stored medical gases safely. We saw that most cylinders of oxygen were in date and stored securely on vehicles and in purpose built secure cages at both ambulance stations. We saw one cylinder that was not in

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date in one ambulance. Staff told us that this ambulance was the 'spare' ambulance and not in use and informed us that all equipment would be checked prior to the vehicle being used.

Staff checked that the vehicles that had oxygen cylinders were full at the start of each shift. Cylinders on vehicles were positioned so the fill gauges could be seen. Cylinders and regulators appeared to be dust and oil free and ready to use.

We saw that not all ambulances had oxygen cylinders available. Managers told us that only the high dependency vehicles always carried oxygen. When a patient was being transported with home oxygen, an oxygen cylinder was provided if the ambulance did not already have one.

The medical gases storage cages were compliant with The Department of Health Technical Memorandum 02-0. We saw clear, marked segregation of empty and full oxygen cylinders to prevent crews accidentally taking an empty cylinder on the vehicle.

## 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, the wider service.

Staff told us they had received training on how to report incidents, the type of incidents that needed reporting and who the incidents needed to be reported to. Every staff member we spoke to knew how to contact control and the contract manager in order to report an incident. We saw the service had an up to date incident reporting policy.

Staff confirmed that incidents that related to business continuity such as staffing, or vehicle problems were reported to the contract manager by mobile phone. When accidents occurred the transport crew submitted a vehicle accident report form to the supervisor in charge at the end of the shift.

Staff reported 26 incidents using the electronic reporting incident reporting system in the 12 months before inspection, with two of these being serious incidents. Incidents related to delays in patient journeys and giving first aid assistance. Learning from incidents was shared verbally with the reporter and then confirmed electronically by email. Staff confirmed they had received

feedback about incidents from their line manager. Staff told us that incidents and lessons learnt were also shared with all staff through the HR Toolkit and monthly newsletter Toolbox Talks.

The service had an up to date duty of candour policy and we saw that duty of candour had been applied. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person, under Regulation 20 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

During the inspection period, we received a whistleblowing concern that the service failed to report incidents. We spoke to several staff about this after the inspection and did not find any evidence to corroborate this information.

## Safety Performance

The service used monitoring results well to improve safety. Staff collected safety information and made it publicly available.

Ambulances were fitted with a tracker device to monitor the type of driving and would send an electronic alert to the manager in the event of poor driving such as harsh braking. As a result of this analysis, the service had installed forward-facing cameras to the dashboard of each vehicle to help review incidents visually and protect the driver from false claims in the case of an accident. The service's insurance company had approved the technology.

The service continually monitored safety performance, patient safety was presented at the clinical quality and governance and 'steak and chips' meetings. Steak and chips meetings were monthly senior management meetings where performance, concerns and issues were raised. We reviewed minutes from three meetings from April 2019 to December 2019, which were detailed and included actions taken.

# Patient transport services

**Are patient transport services effective?**  
(for example, treatment is effective)

Good 

We did not rate effective at our last inspection. 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.

The service had policies and guidance documents to support staff to provide evidence-based care. Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. We reviewed ten policies which related to the service. All policies were up-to-date and had yearly or three yearly review dates on them. The policies were developed by the senior team, referenced national guidance, were available on the service's electronic intranet page and as hard copies.

Staff told us they were able to access up-to-date-policies to plan and deliver high quality care according to best practice and national guidance. Staff were informed of updated guidance through team meetings, clinical governance meetings, newsletters and emails. All policies could be accessed through the mobile phone application while away from the location.

Managers monitored their staff's adherence to guidance. Managers supervised staff on patient journeys which allowed managers and staff to keep up to date with current practices and identify any concerns.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice. Staff told us how they supported patients, knew how to access policies and to contact appropriate staff when support was needed.

The service had developed a specific mental health service since the last CQC inspection in 2017. This service had a mental health lead and a crew of eight. There were five specific mental health designated vehicles at locations covered by the service. This crew were mental health healthcare assistants who described themselves as

'specialist team members.' The mental health crew collected patients from a variety of locations, assisted in the transfers from one hospital to another, and also collected patients from A&E departments, police stations, courts, patients' home and community locations. We saw the mental health team were involved in transporting patients liable to be detained under the Mental Health Act (MHA) or those who are already detained but transferring to another detaining authority. They also transported patients subject to deprivation of liberty safeguards (DoLS) as well as other patients with mental health needs.

The mental health lead had developed a range of mental health specific policies and procedures in line with the Mental Health Act and the latest mental health NICE guidance. We saw a robust Mental Health Transport Policy that covered a range of information to assist staff in the operation of their role specific to mental health patients. This included a standard operating procedure for patients detained under a section of the Mental Health Act (MHA) and Deprivation of Liberty Safeguards (DoLS). There was also a booking checklist for controllers that prescribed more detailed questions to assist crew with risk assessment and planning for patients' subject to the MHA or DoLS, a formal vehicle selection process that gave guidance on types of vehicle for a range of circumstances. We also saw a handover checklist for mental health crew that they completed prior to moving the patient from the collection location. Inspectors were also shown a mental health specific risk assessment form that was tailored to the transport of mental health patients and was used in addition to the HATS generic risk assessment. Mental health crew we spoke with were aware of the Mental Health Act, and the Mental Health Act Code of Practice.

## Nutrition and hydration

Staff assessed patients' food and drink requirements to meet their needs during a journey. The service made adjustments for patients' religious, cultural and other needs.

Staff made sure patients had enough to drink, particularly those with specialist hydration needs. Staff supported patients with their hydration needs to promote their wellbeing and meet the patient requests during transfers. We saw that water dispensers and hot drinks were available in the transport lounges and that staff offered these regularly to patients waiting for transport. Staff ensured that patients were provided with a snack box in

# Patient transport services

the lounge in case they were there during a meal time. We saw that staff made sure that adjustments were made for patients' cultural needs. Staff told us they were able to order specific snack boxes such as halal for patients if needed.

We saw that every ambulance had bottled water available if required by patients. For longer journeys of over two hours, snack boxes were ordered from the requesting hospital for the journey. There would also be a prepared plan to stop for rest and refreshment in order to meet the individual needs of the patient, as a maximum after the first two hours travelling.

## Response times

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

The service collected booking time, departure time and arrival times of all journeys. These were monitored against their key performance indicators (KPIs). The KPIs were set by the commissioners for this service. The service recorded their performance monthly and over the past 12 months the service had sustained these achievements meeting 100% of their KPIs. We saw positive feedback about the service from commissioners and the continuous delivery of KPIs.

The service had satellite navigation and tracking systems in every vehicle. This meant, for example, when any vehicle was stationary the control team were automatically notified. Vehicle crews arriving at any location were tracked for time, location and when patients were being collected.

## Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. However, the service had not provided any evidence of being accredited under relevant clinical accreditation schemes such as the Kidney Care UK standards.

We reviewed the key performance indicators (KPIs) and found the service had 19 indicators and had exceeded all their targets. The records we reviewed showed for the indicator that required patients to arrive on time for their appointment or admission, the service achieved 98 % across all sites from March 2019 to September 2019 with an agreed target of 90%. We saw that the service employed its

own porters at the busiest site. The porters would take the patients directly from the ambulance to their appointment which ensured that patients arrived at their appointment on time.

The second indicator we reviewed was for the patient's outward departure within 90 minutes of the patient being booked as ready to leave. The service achieved 100% across all sites against an agreed target of 90%, with most patients leaving within 30 minutes of being booked as ready to leave.

A further KPI we reviewed was for patients who spent less than 60 minutes on the vehicle for a journey that was up to six miles in distance. The service achieved 100% across all sites against an agreed target of 90%.

## 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 required to complete training and have their competencies assessed, to ensure they had the appropriate skills and knowledge to manage patients safely and effectively. Staff shared with us the education competencies developed which included additional training outside of the mandatory training requirements. Managers told us training courses were tailored to staff needs. For example staff with learning needs received courses with altered content to allow them to have a better understanding of the course.

We saw that the mental health team had all been trained in the prevention and management of violence and aggression (PMVA) at level 2. This meant that 100% of the mental health staff had received training in restraint. We saw that they were required to complete PMVA refresher training on an annual basis. The mental health crew we spoke with told inspectors that the previous PMVA refresher was of poor quality and as a result, the mental health lead had replaced the training organisation with an organisation used by a mental health trust. Staff reported that the refresher training was now a better quality. The mental health teams had a period of secondment to mental health care facilities to gain a better understanding of the needs of patients who had mental health concerns.

# Patient transport services

Managers ensured that all staff, including bank staff completed a full induction programme before they started work. Staff told us they had received a good induction and were supported in their work until managers were confident with their work and their competencies were completed.

Managers supported staff to develop through yearly, constructive appraisals of their work. Data supplied showed that 100% of staff had their appraisal completed within the last 12 months. Appraisals were used to look at staff strengths as well as areas for development. Managers told us that if staff had development needs then training would be offered that was tailored for their individual needs. Two members of staff told us that they were able to progress within the company after discussing their goals during their appraisal.

## **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 to plan and deliver holistic patient care. Staff told us that all staff worked well together and promoted the service by putting patients first and meeting their needs. There was a clear process for the transfer of patients from one service to home or another service. Managers told us about their attendance at relevant external meetings and how information was shared with others appropriately.

Managers told us how they worked well with other organisations, for example, clinical commissioning groups. The service coordinated with local stakeholders to provide effective care. Managers had regular meetings with the local clinical commissioning groups to discuss performance data, for example any complaints or feedback. Organisations we spoke with told us they had good working relationships with the provider.

## **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 to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Mental health crew understood the relevant consent and decision-making requirements of legislation, and had a good awareness of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and they knew who to contact for advice.

The service had up-to-date consent, Mental Capacity Act, and DoLS policies. All staff said they could access policies through the service's intranet page. All staff understood their roles and responsibility regarding consent, MCA and DoLS. Staff understood how and when a patient had capacity to make decisions about their care. When patients were assessed to lack capacity, staff made decisions in their best interest, taking into account the patients' wishes and following discussions with the family or carer.

The mental health team told us the service promoted practice that avoided the need for physical restraint, such as effective communication to de-escalate, and positive behaviour support. We were told that where restraint was necessary, it was used in a safe, proportionate and monitored way. Staff were able to give examples of when they had been able to de-escalate, as well as examples of when restraint had been used as an exceptional circumstance. Staff told us that, their use of restraint was documented and monitored by the service. When escorting a sedated patient, a registered professional was required as an additional escort. We saw that there was information in the vehicle of the different sections of the MHA.

Managers monitored the use of Deprivation of Liberty Safeguards and made sure staff knew how to complete them. Staff gained consent from patients for their transfer in line with legislation and guidance. All staff had completed up to date online training on MCA and DoLS with 100% compliance seen on training records.



# Patient transport services

## Are patient transport services caring?

Good 

We did not rate safe at our last inspection. 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.

All patients we spoke with told us ambulance crews were respectful and caring. Staff were passionate about providing good experiences for patients and building relationships with patients who regularly used the service.

Patients we spoke with confirmed that staff treated them with kindness, compassion, dignity and respect.

We observed staff introducing themselves to patients and their relatives. All staff wore identification badges with their name and photograph on display for patients who might need reassurance.

We accompanied three crews on different journeys. We observed good rapport between crews and patients. We saw crews treating the patients with utmost respect, ensuring that patient's dignity and modesty were maintained and that they were warm and comfortable during their journeys. All vehicles we checked had an extra supply of clean blankets to support patient dignity when transporting them.

Individual needs of patients and relatives were assessed at the point of booking. Staff involved in the transfer were made aware of the requirements and appropriate support was provided. Staff told us some mental health patients who required transport did not want to be transported in an ambulance as they believed they were not sick. Staff used plain unmarked vehicles to transport these patients so that their dignity was maintained.

### Emotional support

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

Staff were encouraged to be engaging and compassionate and we observed this during the inspection. Staff we spoke with were aware that travel to or from hospital may be a stressful time for patients and described how they reassured patients to alleviate their fears.

Staff were aware of the diversity of patients they transported and respected religious, cultural and other needs, including those patients with dementia. Staff told us that the service would provide same sex crews for patients if required. We observed crews being friendly, calm, and attentive to the patients.

### Understanding and involvement of patients and those close to them

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

We observed excellent communication from the staff to the patients and their carers. It was evident the drivers knew some of the patients and their relatives well. On one journey we observed the crew knew that the patient was to be transferred into a specific chair on returning to their home so that their relative was able to attend to their needs.

Control centre staff kept patients and their families informed as part of the eligibility process. Control centre staff told us they kept patients and their relatives updated if there were any delays.

## Are patient transport services responsive to people's needs? (for example, to feedback?)

Outstanding 

We did not rate responsive at our last inspection. We rated it as **outstanding**.

### Service delivery to meet the needs of local people

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

# Patient transport services

The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. The service engaged well with the wider community to plan and manage services, and all staff were committed to improving services.

The service delivered was based on the contracts with local health services providers who required patient transport services in their local and wider community. The service held monthly meetings with commissioning partners to assess their performance and ensure they were meeting agreed key performance indicators. We saw that the service consistently met all key performance indicators.

We saw that the number of crews increased in the afternoon as demand for transport increased at this time. We also saw that some days had more crews on duty as demand for transport was higher on these days. Staff told us that in the event that the demand for transport increased unexpectedly, the service assessed the activity at other sites and use their vehicles and crews to support the surge, so that performance indicators were met and patients continued to be transported in an efficient and timely way.

## 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.

Staff told us they risk assessed patients prior to transfer to ensure that their requirements were clearly identified. For example, if the patient required the specialist bariatric vehicle and equipment, or if a patient with mental health concerns did not want to travel in a marked ambulance. There was a system to alert staff of any patient specific needs, for example, transfer in wheelchair with no lift access in their home.

Dementia awareness training was included in the Mental Capacity Act mandatory training session through online learning. We saw that 100% of staff had completed this training. The service had recently added a dementia friendly vehicle to their fleet. This vehicle had adjusted storage, soft lighting, flat flooring and music available to provide a calm environment for patients with dementia requiring transport. Each site had a dementia champion who staff could refer to for advice and support if needed.

The service was waiting delivery of a paediatric specific vehicle to transport children. We saw the blueprint for the vehicle which was designed to reflect its use for children. It was decorated on the outside with images children would enjoy. Inside the vehicle were electronic devices and gaming system that would suit children of all ages, including the older child. Managers told us they had originally planned to call the vehicle the bumbleance, but on reflection decided that this would not be age appropriate for the older child.

The service used an interpreting service which was available 24 hours a day. It was instantly accessible by all control staff and road crews alike, wherever communication was a barrier to appropriate care for the patient. Information on how to access this support service was displayed in the control room and available via the mobile phone device system for crews away from base. Additionally, many of the staff were multilingual and could provide instant real-time assistance to colleagues. Staff who spoke more than one language had the flag of the country displayed on their identification cards. We saw that some staff had also been trained in sign language including Makaton.

Staff supported patients when they were transferred between services, one ambulance staff sat with patients in the back of the vehicle during transfers. Patients travelling in secure vehicles were given a comfort package to help provide a calm environment when being transferred.

## Access and flow

People could access the service when they needed it, in line with national standards, and received the right care in a timely way.

Managers monitored waiting times and made sure patients could access services when needed and received service within agreed timeframes and national targets. Patient journeys were booked through online and call centre notifications from NHS hospital and other contracting services. The control centre staff at each location then allocated journeys to crew staff. Out of hours the control centre was based at the largest site and supported all locations.

During the inspection we saw that transport lounges were being used to support patient flow. The service employed their own porters at the largest site. This meant that patients were able to be taken directly to their

# Patient transport services

appointments on arrival and directly to the lounge once they were made ready for transport. Patients and crews were not reliant on hospital porters to transfer the patients to the lounge. This meant patients and crews were not waiting unnecessarily, and journeys were able to be undertaken more efficiently. We saw patients with long term conditions who had regular hospital appointments were spending less time in the hospital waiting for transport.

The service transported patients from their home or care home to their hospital appointment and back. The service had a high dependency vehicle which could transfer patients with a health care professional escort. The service also had mental health vehicles and crews that could transfer patients with complex mental health needs.

Vehicles were tracked through an online tracking system which increased the control centre staff's ability to allocate patient journeys to the appropriate staff. The tracking system supported the service in meeting the demand from other services and ensured that staff arrived on time as well as reduced patients' waiting time. Delays for outpatient appointments were rare. The policy for patients travelling long distances was for patients to be ready to leave home two hours before their pickup time. We were told that when a planned journey had to change, for example if another patient no longer required transport that day, this allowed the journey to continue without delays of waiting for patients to be ready. Patients we spoke with did not mind this request because they were waiting in their own homes and they knew this meant they would get to their appointments on time.

We saw no delayed transport journeys and saw that the service had met all key performance indicators in relation to delays.

## 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.

The complaints and concerns policy was clear. Where possible complaints were dealt with at the time by the site manager. A complaint could be followed up jointly with hospital staff. The focus was on learning from outcomes of the investigation. The manager told us that patients

generally complained to the hospital rather than the transport service as they perceived their travel as part of their hospital experience. The Patient Advice and Liaison Service (PALS) took the lead in responding to formal complaints or calling the patient. The service responded to PALS on complaints within the three to five day timelines specified in the contract. Outcomes were used for training purposes. Complaints received directly were acknowledged within 24 hours, with a response time of 72 hours (excluding weekends and bank holidays).

Staff understood the complaints policy and could easily access it via the electronic human resources programme, and the driver electronic devices. Staff told us they knew how to handle complaints and if concerns could not be resolved informally they supported patients and their families to make a formal complaint.

Managers investigated complaints and identified themes. All service complaints are initially dealt with by the contract manager. Complaints were also recorded on the service incident reporting platform. When individual members of staff were named in a complaint, managers set up one to one meetings and staff completed reflection to review future practices.

Managers shared feedback from complaints with staff and lessons learned were used to improve the service and prevent reoccurrence. For example, one patient told us that the service will now ring her before they leave to collect her. Staff told us that refreshments were more readily available for patients following a complaint. Complaints and lessons learnt were fed back through HR toolkit, team meetings, toolbox talk and training.

From April 2019 to December 2019 the service received three complaints. All were fully investigated with appropriate actions taken and shared with staff through staff meetings and the governance group. Complaints and compliments were a standing agenda item at the weekly governance meeting where issues which had service or human resources implications were considered by the management team and actioned appropriately.



# Patient transport services

## Are patient transport services well-led?

Good 

We did not rate well led at our last inspection. 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. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

There was a clear management structure with lines of responsibility and accountability. The service was led by a registered manager, a director of operations, and a patient experience lead. They were supported by a clinical lead, operations lead, head of fleet, health and safety lead, quality governance lead, training and development lead, human resources, finance lead as well as contract managers at each site. Staff told us senior managers were very visible and were frequently seen across all sites.

Staff we spoke with were very positive about the leadership and told us that managers were approachable. All staff spoke highly of the current local leadership. Staff knew the different managers and their areas of responsibility. Staff said they felt supported and gave examples of when they had received support with personal circumstances such as child care issues. During the inspection we observed positive interaction between staff and managers. Staff told us they felt comfortable and able to raise any concerns they had with the management team.

Staff told us that managers encouraged and supported staff to develop their skills and take on more senior roles. For example, we saw that two clerical staff had recently been trained to develop skills as control officers and were now working in a more senior role.

### Vision and strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

The service worked in partnership each of the hospitals contracting the patient transport service. Its vision was to be a nationwide service, meeting the transport needs of patients with staff that were well trained, safe, caring, smart, enthusiastic and proud of the job they did. All staff we spoke with understood the vision and demonstrated the HATS values of Respect, Courtesy, Integrity and Teamwork in their roles.

The service had developed a quality strategy with business delivery objectives which included goals and targets. The strategic plan included increasing governance, streamlining operating practices, maintaining a headline net profit, and commencing the process of internal promotions.

The strategy was delivered through an operational plan which focused on continuous improvements and used the Care Quality Commission's five key questions. This was shared

with staff through the staff newsletters and staff meetings.

### Culture

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

The culture of the service was positive and team-based. Staff told us the culture of the service was to put the patients and their families at the centre of all care. Staff confirmed that they felt supported, respected and valued and described the culture as open and positive. The service held an annual awards night to recognise staff who had gone above and beyond their expected role. The service also donated defibrillators to local schools and trained the school staff in how to use them.

Leaders were accessible and supportive. The senior management team had an open-door culture and staff confirmed they felt confident to raise any concerns and knew they would be listened to. Staff told us they were aware of the whistleblowing policy and were not aware of any recent concerns raised or the need for anything to be raised.

The service promoted equality and diversity in daily work, and provided opportunities for career development. In May

# Patient transport services

2019 the service received official correspondence from the government that, because of their work in employing adults with disabilities and learning difficulties, they had granted HATS the status of a “Disability Confident Employer”.

## Governance

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

There were effective governance structures, processes and systems of accountability to support the delivery of good quality services and high standards of care. The governance, compliance, and quality policy were within date.

We saw that the service held quarterly quality and governance meetings. We reviewed the minutes of these for the past three meetings. We saw the agenda included action logs, self-audit, human resources, training and education, fleet, procurement, incidents, risk register, complaints practice, information technology, patient ambassador groups, patient survey results, and secret shopper. We saw that the meetings were well attended by the board, senior, middle and lower management.

The service used several dashboards to monitor the safety of their service. This included performance on control room performance (talk time, allocation time, and abortive journeys), inward and outward journeys, infection control practices, capacity and demand. The service monitored performance through the use of observational, manual and electronic audits. During the inspection we were shown that software used to monitor journeys, that enabled the organisation to generate a variety of reports for audit purposes. These included response times, driver safety, and incidents.

## Management of risks, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

We saw the service had a risk register covering potential risks of harm to patients and staff. This was last reviewed in September 2019 as part of the business continuity plan.

The risk register identified risks under categories such as staff welfare, passenger safety, first aid, infection control, violence and aggression, moving and handling, vehicles, vehicles pick up and set down, control of substances hazardous to health (COSHH), use and storage of oxygen, information governance and data protection, electronic devices and parking. We saw risks were scored before and after control measures, and red/amber/green (RAG) rated to clearly identify the highest risks. Managers were able to tell inspectors what the highest risks for the service were. This included lone working, aggressive patients, equipment failure, loss of data and vehicle damage.

There was a separate risk register for operational risks covering issues such as adverse weather, major incident, unavailability of fuel for vehicles, telecommunications failure, and other risks such as workplace disruption from gas or water failure. Managers were able to identify their highest risks, with these being severe weather, loss of data and surges of activity. We saw appropriate measures had been undertaken to control these risks. We did not identify significant risks beyond those identified by the service.

## Information management

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

The service collected electronic and paper-based information to monitor safety, quality and performance. Paper records were stored securely in locked filing cabinets within the office. Staff accessed electronic records securely with individual usernames and passwords.

The service used a satellite navigation system which staff cleared at the end of each shift to prevent an unauthorised person from accessing patient sensitive information.

Staff had access to a secure section on website where policies, clinical reports and updates could be viewed. Each staff member had their own username and password.

The service had an up to date information governance policy, and staff we spoke with knew where to find the policy if required.

## Public and staff engagement

# Patient transport services

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

Patients, families and carers were encouraged to provide feedback to the service. Feedback was reviewed by senior staff and used to improve the service. For example, based on patient feedback each ambulance now carried bottled water.

Each service contract had a team of Patient Ambassadors who attended monthly meetings organised and run by the service. These Patient Ambassadors offered a direct voice of the patient and influenced operational strategies and practices to continually drive the quality of care received by patients.

We reviewed the latest patient survey which was overwhelmingly positive, with 98% of respondents recommending the service. We also saw that the service had recently introduced a 'secret shopper' where an unknown person would use the service and feedback to the managers in order to make any improvements.

The service had regular staff meetings and utilised technology such as closed messaging groups and mobile phone applications to keep in touch with their colleagues. There was a 24 hour on call system that staff could use if they had concerns or issues that needed urgent resolution.

There was a staff notice board in the staff room. This had various forms and information on it including safeguarding, duty of candour, compliment and complaints, and the toolbox talk newsletter. We saw that the service completed staff surveys. We saw the results of these being positive with most staff recommending the service as a place to work.

During the inspection, we saw that all staff were encouraged to become involved in their local community. Staff were allocated protected time to be involved in community projects and were actively encouraged to do so. We were told that some staff had volunteered at local centres at Christmas, with one dressing up as Santa Claus for the children. We were also told of staff being encouraged to be actively involved in mental health awareness. We saw photographs of a recent mental health awareness day where staff dressed up in colourful outfits including one manager being dressed as Elvis Presley.

Managers involved staff in the procurement of the fleet. Each vehicle in the fleet was named after a charity or ward. Staff were given the opportunity to name new vehicles after their charity or ward of their choice. This was then displayed on the outside of the vehicle. Once the vehicle was retired from the fleet, it was donated to the named charity or ward. The charity or ward could then chose what they wanted to do with the vehicle. Some charities would continue to use the vehicles for transport. Others would sell the vehicle and use the funds within their charity. We saw that the service often changed the look of the vehicles using decals. For example, we were shown pictures of some vehicles at Christmas which had been decorated with Santa Claus and other festive pictures. We also saw that vehicles had red poppy decals in November in respect of Remembrance Day. This was outstanding practice.

## **Innovation, improvement and sustainability**

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

In May 2019, HATS were recognised by the government as "Disability Confident Employer" because of their work in employing adults with disabilities and learning difficulties.

We saw that staff who spoke more than one language wore badges to indicate the languages they spoke.

On vehicles used in a regular service taking patients with mental health needs to a day centre, the service had removed the ambulance stickers to avoid the stigma patients perceived in being collected by an ambulance, so the vehicle looked more like a minibus.

We saw the service had introduced an air cleansing system into its vehicles. Managers told us that the air quality within vehicles was typically 2 to 2.5 times worse than the air at pavement level, so occupants (both their vulnerable passengers and crews) were exposed to dangerously high levels of pollution. Managers told us that the air cleansing system removed harmful pollutants, specifically particulate matter and nitrogen dioxide, from vehicle cabins, protecting all of the occupants and reducing their personal exposure. We were told that the system removed up to 95% of nitrogen dioxide and 98% of particulate matter in approximately 10 minutes.

## Patient transport services

We saw that the service used smart vehicle technology to monitor drivers' performance including acceleration, braking, speeding and turning. Drivers had access to their

own driving style reports via a mobile app. This encouraged drivers to see their own scores and performance at the end of each day. Drivers would lose points for poor driving, and were encouraged to improve.

# Outstanding practice and areas for improvement

## Outstanding practice

- The service had a newly acquired dementia friendly vehicle which had been designed specifically for the needs of those patients with dementia, and included things such as soft lighting, flat flooring and soft music.
- The service was waiting delivery of a paediatric vehicle which was designed specifically for use by children. It was decorated with images children would enjoy, and included electronic devices and a gaming system that would suit children of all ages, including the older child.
- The service employed its own porters to take patients to and from vehicles. This meant that patients and crew did not have to wait unnecessarily for hospital porters and did not spend more time than necessary in the hospital setting.
- Staff were given the opportunity to name new vehicles after their charity or ward of their choice. Once the vehicle was retired from the fleet, it was donated to the named charity or ward who could then use the vehicle, or sell it and use the revenue as required.
- The service often changed the look of the vehicles through the use of decals. For example at Christmas vehicles were decorated with Santa Claus and other festive pictures, and in November they were decorated in poppies in respect of Remembrance Day.

## Areas for improvement

### Action the provider **SHOULD** take to improve

- The provider should ensure all oxygen cylinders on all vehicles are regularly checked to make sure they are in date, and ready for use.