

G4S Facilities Management (UK) Limited

G4S Facilities Management (UK) Limited - Chelmsford

Quality Report

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Date of inspection visit: 3 & 17 October 2017
Date of publication: 04/12/2017

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

Ratings

Overall rating for this ambulance location

Patient transport services (PTS)

Summary of findings

Letter from the Chief Inspector of Hospitals

G4S Facilities Management (UK) Limited provides patient transport services.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 3 October 2017, along with an unannounced visit to the provider on 17 October 2017.

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.

The main service provided by this service was patient transport services. Where our findings on G4S Facilities Management (UK) Limited, for example, management arrangements, also apply to other services, we do not repeat the information but cross-refer to the patient transport services core service.

Services we do not rate

We regulate independent ambulance services but we do not currently have a legal duty to rate them. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

We found the following areas of good practice:

- We observed call handlers consistently dealing with callers in a respectful, compassionate, and caring way.
- Call handlers followed the provider's transport eligibility criteria at all times. If callers did not meet the eligibility criteria, call handlers provided them with a range of alternative pathways to source transportation.
- Staff we spoke with universally agreed that the management structure and new managing director was having a positive impact on the service.
- The provider had clear systems for responding to concerns and complaints and shared learning with staff to minimize events in the future.
- We inspected a number of vehicles at all the locations we visited and found vehicles to be visibly clean, maintenance was carried out in line with service schedules, and vehicles used for their intended purpose.
- Patients we spoke with told us they felt safe in the service saying staff were kind, helpful and respected their needs at all times.

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

- Training rates fell below the providers expected compliance rates. The provider had an action plan in place to address any shortfalls, scrutinised by its senior leadership and governance team.
- The provider's contracts have a performance regime set by NHS commissioners, the performance is benchmarked against various key performance indicators, for example journeys times. Combined across all contracts and performance regimes, the provider has shown performance improvement within its contracts. However, current performance is 84% against targets of between 90% and 95%. The provider has plans in place to monitor and improve on performance.
- We spoke with a number of staff at various locations and found some had limited knowledge of the Mental Capacity Act and duty of candour.

Summary of findings

Following this inspection, we issued the provider with two requirement notices that affected the safe and effective domains. Details are at the end of the report.

Heidi Smoult

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

Summary of findings

Our judgements about each of the main services

Service

Patient transport services (PTS)

Rating Why have we given this rating?

The main service was patient transport services.

We inspected but did not rate this service, however we found:

Staff knew how to report incidents, the provider shared learning from these incidents with the staff team and made recommendations to minimise incidents in the future.

Vehicles we inspected were visibly clean and serviced appropriately, equipment serviced and appropriate for patient use.

Staff assessed patient needs appropriately and care planning took into account individual needs and choices wherever possible.

Staff supported patients in caring and respectful ways at all times and involved them in their care.

Staff valued local leaders and felt part of a team working towards putting the patient first.

The provider had clear governance processes in place, mitigated risks and routinely monitored quality and performance in order to improve the service.

How ever we also found:

Compliance rates for training and appraisals varied at each location. The provider had a plan in place to address any shortfalls.

Combined across all contracts and performance regimes, the provider has shown performance improvement within its contracts. However, current performance is 84% against targets of between 90% and 95%. The provider has plans in place to monitor and improve on performance.

Some staff we spoke with felt that the provider focused too heavily on key performance data and that in some cases these were unrealistic.

G4S Facilities Management (UK) Limited - Chelmsford

Detailed findings

Services we looked at

Patient transport services (PTS)

Detailed findings

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Detailed findings from this inspection

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Background to G4S Facilities Management (UK) Limited - Chelmsford

G4S Facilities Management (UK) Limited opened in 2007. It is an independent ambulance service that provides a patient transport service (PTS) with a head office in Chelmsford.

The service is registered to provide the following regulated activities:

- Transport services, triage, and medical advice provided remotely.

A managing director is the strategic lead for G4S services. The nominated individual for the provider led on quality, audit, and compliance.

At the time of our inspection, the service had a nominated individual in place and the managing director was the registered manager.

Our inspection team

The team that inspected the service comprised of a lead inspector, three inspection managers, and five inspectors. Fiona Allinson, Head of Hospital Inspection, oversaw the inspection team.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 3 October 2017, along with an unannounced visit to the provider on 17 October 2017.

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.

Detailed findings

Facts and data about G4S Facilities Management (UK) Limited - Chelmsford

A managing director is the strategic lead for G4S services. The nominated individual for the provider led on quality, audit, and compliance.

The provider has seven contracts ranging across London and the south west of the UK including contracts in Kent and Medway. The London contracts are with individual trusts and the contracts in Kent and Medway with the eight Clinical Commissioning Groups (CCG's) that make up the Kent and Medway region.

The service currently operates several types of non-emergency patient transport service (NEPTS) vehicles, including ambulances, cars, and wheelchair specific vehicles. Some patient transport service (PTS) journeys are local to the patient's home area or longer journeys outside of the region for specialist appointments.

The provider employs 750 staff across its various locations and operates 24 hours per day, 365 days a year supporting general non-emergency PTS journeys, including hospital discharges, and renal non-emergency patients, amongst others.

During the inspection, we visited the following locations, Chelmsford headquarters, Maidstone with 36 vehicles, and the Maidstone satellite site with six vehicles, Bloomsbury with 79 vehicles, Romford with 35 vehicles, Gillingham with 35 vehicles, and Dartford with 30 vehicles.

Regional directors led the service on a regional level, and each region had a dedicated area manager and contracts manager. At each location, a service delivery manager leads the service alongside team leaders. Together, they deploy senior ambulance care assistants and ambulance care assistants to patient transport journeys.

Call handlers based at the Chelmsford headquarters liaised with members of the public and health care professionals to arrange patient transport to health related appointments. Call handlers used an electronic booking system to carry out eligibility and risk

assessments for each patient. The transport location then deployed an appropriate vehicle and staff resources to meet the patient's needs for the journey. The provider also employed hospital liaison staff based at various trusts, who worked alongside the trusts own staff team to coordinate and book PTS journeys.

We spoke with 43 staff including the managing director, head of quality, audit, and compliance, regional director, human resources, and fleet management. We also spoke with ambulance care assistants, call handlers, team leaders, service delivery managers, and contracts managers amongst others.

We spoke with five patients and one relative and listened to fifteen calls at the Chelmsford headquarters from patients, relatives, health care professionals, and patient friends. During our inspection, we also looked at policies and procedures relevant to the safe management of the service and 15 sets of patient records held on the providers IT system.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection and this was the first inspection of the service since registration with CQC.

Activity between the 1 September 2016 and 1 September 2017:

- There were 803,702 patient journeys and 146,490 escort journeys.

Track record on safety

- No Never events
- Between 1 July 2016 and 1 July 2017, the provider had three serious incidents, 150 incidents that caused injury, 260 incidents with no injury, 98 near misses, and 140 clinical incidents and positive intervention (CIPI).
- The provider received 484 complaints in the last 12 months.

Detailed findings

Our ratings for this service

Our ratings for this service are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	N/A	N/A	N/A	N/A	N/A	N/A
Overall	N/A	N/A	N/A	N/A	N/A	N/A

Patient transport services (PTS)

Safe

Effective

Caring

Responsive

Well-led

Overall

Information about the service

G4S Facilities Management (UK) Limited opened in 2007. It is an independent ambulance service that provides a patient transport service (PTS) with a head office in Chelmsford.

At the time of our inspection, the service had a nominated individual in place and the managing director was the registered manager.

The service is registered to provide the following regulated activities:

- Transport services, triage, and medical advice provided remotely.

The provider had seven contracts ranging across London and the south west of the UK including contracts in Kent and Medway. The London contracts are with individual trusts and the contracts in Kent and Medway with the eight Clinical Commissioning Groups (CCG's) that make up the Kent and Medway region.

The service operates several types of non-emergency patient transport service (NEPTS) vehicles, including ambulances, cars, and wheelchair specific vehicles. Some PTS journeys are local to the patient's home area or longer journeys outside of the region for specialist appointments.

Summary of findings

The main service was patient transport services.

We inspected but did not rate this service, however we found:

Staff knew how to report incidents, the provider shared learning from these incidents with the staff team and made recommendations to minimise incidents in the future.

Vehicles we inspected were visibly clean and serviced appropriately, equipment serviced and appropriate for patient use.

The provider had a policy for deteriorating patients and staff implemented this appropriately.

The provider held up to date policies and procedures as well as guidance for staff to promote best practice.

Staff assessed patient needs appropriately and care planning took into account individual needs and choices wherever possible.

The provider monitored data on response times and actively worked with commissioners to improve performance.

Staff supported patients in caring and respectful ways at all times and involved them in their care.

The provider had a dedicated complaints procedure. Staff we spoke with knew how to deal with complaints and received feedback where appropriate.

Staff valued local leaders and felt part of a team working towards putting the patient first.

Patient transport services (PTS)

The provider had clear governance processes in place, mitigated risks and routinely monitored quality and performance in order to improve the service.

The provider had established methods of patient and staff engagement and used feedback to improve services.

However we also found:

Safeguarding adults and children is part of the provider's mandatory training requirements for all staff, compliance rates for mandatory training varied at each location. The provider had a plan in place to address any shortfalls.

Appraisal compliance rates were low; the provider was in the process of addressing this issue at the time of our inspection.

Operational staff we spoke with had limited understanding of the Mental Capacity Act and the duty of candour or its application.

Combined across all contracts and performance regimes, the provider has shown performance improvement within its contracts. However, current performance is 84% against targets of between 90% and 95%. The provider had plans in place to monitor and improve on performance.

Some staff we spoke with felt that the provider focused too heavily on key performance data and that in some cases these were unrealistic.

Are patient transport services safe?

Incidents

- Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event. Between 1 July 2016 and 1 July 2017, the provider had no never events.
- The provider recorded incidents in four main categories, incidents that caused injury, incidents with no injury, near misses, and clinical incidents and positive intervention (CIPI). Between 1 July 2016 and 1 July 2017, the provider had 150 incidents that caused injury, 260 incidents with no injury, 98 near misses, and 140 CIPI.
- The provider reported three serious incidents between September 2016 and September 2017. The serious incident and resuscitation committee chaired by the head of clinical governance reviewed all serious incidents.
- We reviewed the root cause analysis in relation to three serious incidents and found these to be comprehensive, including lessons learned, arrangements for sharing the learning, recommendations based on any findings and duty of candour followed.
- The provider had a serious incident policy issued in May 2017 due for review in May 2019 including guidance on how staff should report an incident.
- All staff we spoke with during the inspection knew how to record and report an incident following the incident reporting policy. Staff received feedback on incidents via email, at team meetings, from the provider's toolbox talks and newsletters.
- We reviewed ten lessons learnt notices shared with staff by the health and safety manager. These documents contained information for staff on incidents including the type of incident, any learning outcomes, and recommendations to minimise events in the future.
- At the Maidstone location staff we spoke with explained the most common incidents were slips, trips and falls

Patient transport services (PTS)

and that managers routinely reminded them to report incidents and gave the example of a patient fall and being advised not to move the patient until all risks had been identified.

- All vehicles carried paper based incident-reporting forms, and the provider had a dedicated IT based incident-reporting system, which staff accessed at each location. This ensured that ambulance care assistants could record incidents when away from their location and record these on the IT system later.
- Ambulance care assistants gave completed incident forms to the location team leader, who would then record these on the IT based incident reporting system within 24 hours of receiving the incident report. The IT system generated an email informing the appropriate manager that the incident had occurred and triggered the incident investigation process.
- At the Romford site, we reviewed two incidents and noted these were appropriately graded.
- The vehicle fleet management team had an accident management investigation process to investigate all vehicle accidents. Staff reported accidents on the providers IT system, reviewed by the health and safety manager at the Chelmsford location. The health and safety manager carried out the investigation with the involvement of appropriate staff. The provider used toolbox talks to share any learning outcomes from these investigations with the wider staff team. Tool box talks were a mini staff trainings session. We reviewed two of the toolbox talks the Romford location and noted they contained details in relation to vehicle incidents.
- At the Romford location, we reviewed two RIDDOR notifications (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995) completed in September 2017. We noted that investigations on both incidents had been carried out appropriately.
- 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.

- Senior staff within the organisation had a good understanding of the process and we reviewed three root cause analyses in relation to incidents where the provider applied the duty of candour.

Clinical Quality Dashboard or equivalent (how does the service monitor safety and use results)

- The provider carried out audits across its service to measure the quality and safety of its services. Audits included health and safety, fleet audit and CQC compliance audits.
- The provider used information and data from audits to improve performance, for example improving response times, incident reporting and dealing with complaints.
- The strategic clinical quality committee (SCQC) scrutinised information and data from the audits. The provider gave feedback to staff through various mediums, for example, at toolbox talks, via email, at team meetings and from the provider's newsletter, amongst other methods. Toolbox talks gave the opportunity for staff to share in team meetings up to date information on incidents, complaints, and practices.

Cleanliness, infection control, and hygiene

- Vehicles we inspected were visibly clean and fit for the purposes intended. The provider had processes in place to clean, deep clean and monitor vehicle cleanliness.
- We reviewed the weekly cleaning schedules for vehicles at each location and found staff completed routine checks, and cleaning schedules at all times.
- Compliance with infection prevention control training was 39.2% amongst business operational staff and volunteers, 54.4% at the Romford location, 48.7% at the Gillingham location, and 33.3% at the Bloomsbury location.
- Personal protective equipment was available at each location and we found these to be well stocked and available for staff to use on all vehicles we inspected.
- At the Maidstone location, ambulance staff washed vehicle exteriors at least once per week and filed the cleaning records on a monthly basis.
- The provider used an external cleaning company to deep clean vehicles every eight weeks. All vehicles are

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swab tested prior to the deep cleaning for any infectious disease or bacteria likely to cause illness and the results of the swab tests sent to the provider and placed into a monthly report. We reviewed the swab testing outcomes for Kent and Medway for August 2017 and found these to be within accepted limits.

- At the Maidstone location, staff carried out legionella flushing daily, with no omissions between 23 September 2017 and 3 October 2017. Staff completed records of the flushing activity and uploaded these details onto the providers IT system.
- Staff bagged, sealed, and labelled clinical waste at each location. The clinical waste was stored in locked clinical waste containers until collection by an external company for disposal every two weeks.
- All vehicles held infectious disease management guidance on board for staff to adhere and reference to at any time.
- At the Maidstone location, we found hand sanitizer for the ambulance crews with no expiry date of refills recorded. We drew this to the attention of the location team leader who dealt with the matter immediately.
- At the Romford location, between May and September 2017, 97 patients completed the provider patient survey. Of these, 93% of patients said the vehicle was clean.
- An inspector travelled on vehicles during the inspection and noted staff routinely followed the provider's infection control procedures, used antibacterial wipes to clean down equipment between patient use and stored waste appropriately on the vehicles.
- We observed ambulance crews arms bare below the elbow when dealing with patients and wearing appropriate uniform at all times. The provider had a uniform policy in place including details on replenishment and standards of dress that staff must follow.
- At the Gillingham location staff said that they sent infection prevention control audits to the area manager, who would go through any actions or areas for improvement. Staff at the location also participated in a location audit against the CQC key lines of enquiry (KLOE).
- The provider operated several types of non-emergency patient transport service (NEPTS) vehicles, including ambulances, cars, and wheelchair specific vehicles. The provider leased some vehicles, some on a short-term hire solution, and some owned.
- During the inspection, we checked 22 vehicles; all had appropriate MOT, insurance and appropriately serviced in line with service schedules.
- All vehicles had a strict service schedule including a 13-week safety inspection, a 26-week (20,000 miles) minor service, and a 52-week (40,000 miles) major service. We reviewed the spreadsheet containing these details, and found all vehicles serviced in line with service schedules.
- A number of external vehicle servicing companies maintained and serviced the provider's vehicles. Each servicing company had a dedicated IT portal system that the provider could access at any time, to check vehicle and equipment servicing schedules.
- Each location had a dedicated staff member responsible for reporting vehicle mileages and defects to the provider's regional fleet team and the relevant vehicle maintenance provider. The maintenance provider sets the service schedule for each vehicle.
- All vehicles had a unique call sign, this enabled call handlers to identify a vehicle on the IT system in real time to track delays or send additional resources in the case of an incident or vehicle breakdown.
- At the Maidstone location, vehicle fleet staff used a white board in order to record the vehicle registration, mileage, Ministry of Transport Certification (MOT) date, any vehicle defects, comments, and the date of the last deep cleaning.
- Ambulance care assistants reported vehicle defects on a "Flo12" form held at each location and handed it to the location team leader to upload on the IT portal system before 4pm each day.
- The provider accessed a national breakdown service for vehicles that broke down on the roadside or to return the vehicle to base. In the case of a breakdown affecting the patient journey, a replacement vehicle was

Environment and equipment

Patient transport services (PTS)

dispatched to take up the journey. The control room staff informed the appropriate hospital or care providers that the appointment was running late or supported the patient to make a new booking.

- Ancillary equipment was asset tagged and dedicated to a specific ambulance, and serviced at regular intervals as dictated by the manufacturer.
- Where appropriate PTS vehicles carried equipment appropriate for children, these included car booster seats and harnesses for stretchers.
- The provider replaced ancillary equipment or ambulance vehicles deemed to be beyond economic repair through the lease provider or purchased these through the provider's procurement process for owned vehicles.
- The provider checked stretchers and ramps on a sixth monthly basis. We reviewed the provider's central equipment servicing record at the Romford location and noted all equipment checked in line with appropriate servicing schedules.
- Vehicles contained equipment appropriate for their purpose including first aid kits, a fire extinguisher, disposable linen, disposable gloves, facemasks, incontinence pads, clinical waste bags, high visibility vests, and disinfectant wipes, amongst other things. In all cases, we found this equipment to be in date at all the locations we visited.
- The ambulance care assistants disposed of equipment, for example disposable linen, disposable gloves, facemasks, amongst others, when they returned the vehicle back to its location or staff replenished this at the local NHS trust as part of the service level agreement.

Medicines

- PTS ambulances we inspected carried oxygen only and vehicles carried no other medication other than the patient's own. Oxygen was only for use by staff trained to administer oxygen in an emergency. At the Romford location, we noted oxygen prescriptions for patients who may require this as part of their normal transport.

- At the Dartford and Romford locations, we noted oxygen was stored appropriately, clearly labelled, and locked in secure location outside the vehicle station.
- Ambulance crews replenished oxygen cylinders as part of a service level agreement when visiting local NHS trusts.

Records

- Ambulance care assistants did not carry paper-based records. Staff carried hand held personal digital assistants that logged key data electronically from the providers main control centre in relation to transport bookings and patient needs.
- The provider had no contracted services for the transportation of deceased patients. However, given the nature of the service, there was a possibility of an unplanned death of a patient. When there is significant risk of this, for example, an end of life transfer, call handlers ensured that they do not attempt cardio pulmonary resuscitation (DNACPR) form and related requirements were captured during the transport booking process.

Safeguarding

- The provider had a dedicated member of staff as lead for safeguarding children and adults trained at Level 5. At each PTS location, the provider nominated safeguarding champions to offer guidance and support to the wider staff team. All managers received training in safeguarding children and adults at level 3.
- Safeguarding adults and children formed part of the provider's mandatory training requirements for all staff, compliance rates varied at each location. However, the provider explained that many of the staff who had transferred from other providers during contractual changes had no evidence of training completion. From May 2017, the provider had taken the decision to retrain all these staff and implemented a plan to ensure staff achieved 95% compliance by December 2017.
- Data supplied by the provider prior to inspection showed that in September 2017, business operational staff and volunteers achieved 76.3% compliance with safeguarding adults training at level 1 and 53.3% at level 2. Compliance with safeguarding children training level 1 was 75.7% and 53.7% with level 2.

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- Staff at the Romford location achieved 92.4% compliance with level 1 and level 2 adult safeguarding training. Compliance with safeguarding children training was 94.9% for both level 1 and level 2.
- At the Gillingham location, staff achieved 82.1% compliance with level 1 adult safeguarding training and 46.2% at level 2. Staff achieved 79.5% compliance with level 1 safeguarding children training and 47.4% at level 2.
- At the Bloomsbury location, staff achieved 74.8% compliance with level 1 and level 2 adult safeguarding training. Staff achieved 73.9% compliance with level 1 and level 2 safeguarding children training.
- From August 2017, there had been improvements in all areas of safeguarding training. In some cases, for example the business and operational teams, achieved a 15.4% increase in safeguarding adult's level 1 compliance and 14% in level 2. Increases in safeguarding compliance ranged from between 2.1% to 39.7% across locations, showing the training plan was having an impact on compliance levels.
- The provider had up to date policies in place for safeguarding children and adults covering subjects like sexual abuse, child exploitation, amongst others and had clear processes for responding to disclosures. We reviewed the provider policy on PREVENT, it offered staff guidance on reporting concerns in relation to terrorism and radicalisation and found this to be in date and containing appropriate guidance.
- Staff had access to 24-hour safeguarding call line to the appropriate control centre, the details of which were available in each location and on each vehicle. Once received by control, control staff escalated concerns to the appropriate multiagency safeguarding hub.
- All ambulance crew had the NHS safeguarding application on their mobile phones; this gave them with further advice on dealing with disclosures, roles, and responsibilities in relation to safeguarding.
- The provider issued all staff with a pocket sized safeguarding handbook, containing key information in relation to recognising and responding to safeguarding concerns.
- Any patient under the age of 16 years had to have an escort on the PTS transport, either a parent or guardian or a medical escort. Staff did not carry out any personal care for patients at any time.
- Staff we spoke with across the locations knew how to respond to a safeguarding concern and how to contact the safeguarding line.

Mandatory training

- Mandatory training compliance rates varied across the provider's locations and faced similar issues regarding staff compliance, as it did with safeguarding training. However, since August 2017, the majority of mandatory training compliance had improved.
- From May 2017, the provider increased the number of face-to-face training sessions on a monthly basis as part of its training recovery plan. In May 2017, the provider delivered 976 face-to-face sessions, this increased to 1,059 in June 2017, 1,266 in July 2017, 1,327 in August 2017 and 2,386 in September 2017.
- The provider offered a range of mandatory training, both face-to-face and via E-Learning. Subjects covered on an annual basis included basic life support, first aid, infection prevention control, information governance, manual handling, oxygen therapy, and patient consent.
- Staff repeated fire safety training every two years, whilst training in conflict resolution, Mental Capacity Act (MCA), anti-bribery, duty of candour, equality and diversity, health and safety, first person on scene, safeguarding adults and children was every three years.
- Data supplied by the provider prior to inspection showed that in September 2017, business operational staff and volunteers achieved 78.5% compliance with basic life support. However, at the Romford location compliance was 96.2%, the Gillingham location 79.5% and Bloomsbury location 84.7%.
- Compliance with first aid training was 91% amongst business operational staff and volunteers, 97.5% at the Romford location, 93.6% at the Gillingham location, and 95.5% at the Bloomsbury location.

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- At the Bloomsbury location 8.1% of staff achieved compliance with duty of candour training, with 34.4% of business operational staff and volunteers achieving compliance. At the Gillingham location, compliance was 47.4% and 58.2% at the Romford location.
- At the Bloomsbury location staff we spoke with told us they receive a toolbox talk, at least one or twice every month on various issues, for example serious incident learning, complaints, changes in practice and training updates.
- During the provider's recruitment process, all prospective staff completed a driving licence mandate from the Driving Licence Bureau (DLB). This authorises the DLB to check the prospective staff licence against the Driver and Vehicle Licensing Agency (DVLA) database continually. The database notifies the employer if there is any change in staff circumstance, such as their status and entitlement to drive, validity dates, current endorsements, and points, driving licence category and any disqualifications.
- Staff we spoke with at the Maidstone location said they felt the new managing director had focused on mandatory training and investing in this area to ensure all staff had completed the necessary training.
- Staff we spoke with at the Gillingham base said that training offered by the provider was good, but they would like more hands on training and less E-Learning where possible.

Assessing and responding to patient risk

- The provider had a policy in relation to deteriorating patients.
- If a patient deteriorated during a journey ambulance care assistants would call 999 for emergency support and make their way to the nearest emergency treatment centre or hospital.
- All ambulance care assistants complete a number of mandatory courses including a three day first aid at work course. The ambulance care assistants who operate high dependency units (HDU) complete additional training including the first response emergency care training to level 3 (FREC). This enabled

staff to provide patients with basic life support, emergency oxygen administration, airway management, and support patients with head, and spinal injuries, amongst other conditions.

- However, compliance with training was low across the locations we inspected with 46.84% compliance at Romford, 1.28% at Gillingham and 11.71% at Bloomsbury. The provider stated the reason for the low compliance was due to staff only being trained on this course when their current qualification first person on scene (FPOS) is about to expire, which is every three years. The provider explained that only a small percentage of staff are required to have an FPOS/FREC qualification based on their role and its requirements.
- At the Bloomsbury location, staff explained that if they arrived on scene and found the patient acuity too high or the patients' medical details recorded wrongly they would escalate the concern directly to control for guidance. The control room team would seek guidance from the appropriate manager to either provide further resources or rebook the transport.
- At the Romford location, staff had responded to a deteriorating patient during a PTS journey. Records showed that staff had provided first aid to the patient and called 999 to alert the emergency services, in line with the provider's policy on supporting deteriorating patients.

Staffing

- The provider calculated staffing levels during the tender process for each PTS contract. The commissioner of the service then agreed these, following a thorough review of the agreed service activity and patient profile.
- The required level of staffing and associated costs were translated, along with all other operational costs into either a fixed rate contract price, or a PPJ (price per journey) rate card. Throughout the contract lifetime, the profile will inevitably change meaning that the provider's staffing levels must be flexible enough to adapt as the contract and service volumes may change.
- Each commissioned contract operated on an 18% resilience level above the staff establishment figure. This allowed the provider to take into account staff annual leave, staff sickness absence, and the requirement for staff to attend training.

Patient transport services (PTS)

- The provider explained that the information provided at tender stage by service commissioners, to generate the staff establishment figure and contract cost, is important for a seamless mobilisation and transition between service providers. The provider saw this as one of the biggest challenges they currently faced.
- The provider explained that they experience significant challenges in relation to the disclosure and barring service (DBS) and the time taken to receive an enhanced check in some cases the provider states this has taken more than six months. This delay caused some prospective staff to withdraw their applications due to finding alternative work and increased the use of agency and third party short-term solutions at a cost to the organisation.
- The service delivery manager allocated staff to vehicles based on the service contract and patient acuity. For example, a single member of staff may take a car to transport patients. A patient may require a double-staffed vehicle due to their individual needs, for example, a stretcher or mobility.
- Where ambulance staff worked night shifts, the service delivery manager ensured staff had their FREC 3 certificate to ensure any patients who may be higher risk have appropriate support and staff on the vehicle have the right skills mix.
- Locations operated various shift patterns to provide the PTS service. For example, the shift pattern at the Maidstone location included 5.30am to 6.15pm, 8am to 8.45pm, and 10pm to 8am, based on a four days on and four days off rota. At the Bloomsbury location, the shift pattern was 7am to 7pm, 5.30am to 3pm, 10am to 10pm, and 3pm to 12.30am, on a four days on and four days off rota.
- Vacancy rates varied at locations. With the exception of the Chelmsford location, the provider used its own bank staff to fill any unfilled shifts. In September 2017, the highest vacancy rate was 16.8% at the Chelmsford location, followed by 16.6% at the Kent and Medway locations and 16.5% at the Bloomsbury location. The Romford location had a 10.8% vacancy rate, Gillingham location 0.7% and there were no vacancies at the Dartford location.
- Bank staff use also varied across the locations we inspected. The highest use of bank staff was at the Gillingham location at 11.5% in July 2017, reducing to 10.5% in August 2017 and reducing again to 1.9% in September 2017. The lowest use of bank staff was at the Bloomsbury location at 0.4% in July 2017, reducing to 0.4% in August 2017 and then increasing slightly to 0.6% in September 2017.
- Data supplied by the provider showed that in September 2017 the overall sickness rate for PTS contracts was 5.8%. At the Maidstone satellite site, data from the provider showed a staff sickness rate of 12.8% and at the Dartford location sickness absence was 12%, with a view to reducing this to 3% going forward by offering additional staff support, for example the staff well-being scheme.
- The provider actively sought to recruit new staff and used bank staff to fill any shortfall. However, some staff we spoke with during the inspection felt the vacancy rates and sickness absence contributed to delays in transport. In some locations, for example, Gillingham, staff felt this also affected team morale.
- The human resource and management team monitored sickness absence rates and took action to reduce this figure, for example implementing an employee wellbeing scheme and free staff counselling services.

Response to major incidents

- The provider had a dedicated business continuity plan to ensure continuity of services should any failings occur, for example, IT infrastructure failure, loss of power or catastrophic event.
- The provider used a surge activity flow chart, which staff followed if additional PTS requests exceeded usual business volume by 10%. This formed part of the provider's business continuity plan to maintain service continuity at times of increased demand.
- In October 2016, the provider carried out a table top exercise to review winter contingency planning. The provider carried out table top exercises simulating business interruptions annual.
- The provider worked with local health care providers to establish their role in any major incident, for example severe weather, multivehicle collision or acts of terrorism. At these times, the provider would offer appropriate resources, including first aid to any casualties and substitute vehicles where necessary.

Patient transport services (PTS)

- The provider emailed its winter preparedness plan to all staff offering guidance on planning for adverse weather including advice on how to drive in snow, prepare for journeys, and care for patients within the vehicle.

Are patient transport services effective?

Evidence-based care and treatment

- The provider had a number of policies and guidance documents to support evidence based care and treatment. We reviewed the providers safeguarding adults and children policy, Mental Capacity Act policy, uniform policy, and infection prevention control policy, amongst others. Guidance was up to date and reviewed by the provider on an annual basis.
- Staff accessed policies and guidelines through a shared drive on the providers IT system. Ambulance care assistants could also access guidance via the “Crew book” held on all vehicles. Staff accessed hard copies of policies and procedures at the provider location nearest to them.

Assessment and planning of care

- Call handlers at the Chelmsford location completed patient transport bookings based on the provider’s eligibility criteria. This included a social assessment to establish if the patient had access to any alternative methods of transport or support network. The second part of the criteria was a medical assessment and then finally the staff established if the patient required an escort.
- During the inspection, we listened into fifteen calls to the Chelmsford location throughout the day. Call handlers followed the eligibility criteria at all times, and clearly established the needs of the patients.
- The service development managers allocated the correct level of staff and the right vehicle to the patient journey based on the details entered on the booking system by call handling team.
- The electronic booking system allowed staff to record specific details in relation to patient needs, for example, if they have a specific mental health condition, or a do not attempt cardiopulmonary resuscitation (DNACPR), amongst other needs.

- In one call, we heard the call handler discussing the mobility needs of the patient and ensuring they had access to a wheel chair. On another call, we heard the call handler establishing with the patient if their DNACPR was still in place, why this was important and if they could take it on the journey.
- If the patient did not meet the eligibility criteria, the call handlers would signpost the patient to alternative services, for example hospital volunteer driver scheme, private vehicle hire and taxi services.

Response times and patient outcomes

- All of the provider’s vehicles were equipped with satellite navigation systems. When arriving or leaving a pick up point staff pressed a button on the navigation system, which recorded their exact location and the time. This enabled the provider to record data on journey and vehicle turnaround times.
- At the time of our inspection, the provider was piloting an automatic notification system that electronically updated control when staff arrived at or left a pick up point. This took the onus away from staff, who may forget to press the button and alert control that they have arrived or left the location. This will give the provider more accurate data on journey times and performance against response times.
- Call handlers viewed the exact location of a vehicle in real time on an electronic vehicle tracking system. This enabled them to establish why a vehicle was early or late for an appointment, control staff recorded this as part of the provider’s performance benchmarking data.

Competent staff

- Data supplied by the provider prior to inspection showed that in September 2017, appraisal rates at locations varied. For example, at the Romford location appraisal compliance was 98%, at Bloomsbury compliance was 50% and Gillingham 49%. The provider’s overall appraisal summary showed a compliance rate across all locations as 59%. The provider told us that managers had a target of 100% completion for all annual appraisals by December 2017.
- Staff we spoke with at the Bloomsbury location said that managers discussed career progression and training opportunities with them during appraisal and discussed achievement on mandatory training.

Patient transport services (PTS)

- At the Romford location, we reviewed four staff appraisals and noted that staff discussed their performance and agreed specific, measurable, and timed performance targets with their respective manager.
- The provider expected new staff to complete an induction process. This included a two-week training course and one to three weeks of individual mentoring depending on the individual involved. We spoke with an ambulance crew on a journey out of Ashford. One of the team explained how they had completed their induction to the service and found this extremely thorough. They said that managers expected them to complete the induction process and ensure they were comfortable in their role before becoming part of a crew or working alone.
- Data supplied by the provider prior to inspection showed that in September 2017, 32.6% of business operational staff and volunteers had completed an induction. At the Romford location, 45.6% of staff had completed induction, 65.7% at the Bloomsbury location, and 44.9% at the Gillingham location.
- The provider had a dedicated training plan in place to address any shortfalls in training and competencies, these included face-to-face and E-Learning sessions.
- The provider's vehicle fleet department, in association with local management teams, managed the on-going checking of staff driving licences. Each location accessed a live IT portal where they remove, add, or edit staff driving information. Equally, the portal notified the service delivery manager and vehicle fleet compliance manager when any critical or high-risk changes occurred on the staff member's driving licence.
- All drivers completed a driver assessment at the time of recruitment with a qualified emergency transport driving instructor. Remedial training is undertaken if the provider has any concerns in relation to staff driving, for example a complaint from a patient or vehicle accidents. The vehicle telematics feedback information centrally on drivers behaviours and the provider conducted ride along observations to observe staff driving skills and competencies once a year.
- The vehicle satellite navigation system recorded the standard of staff driving during journeys, including any harsh braking, road speed limits, and acceleration. At

the Gillingham location, staff showed us a daily driving performance report. The report followed a traffic lights system showing poor driving as red; yellow as some improvement required and green as good driving. Managers discussed any positive or negative points with staff at one to one meetings to address poor performance or nominate staff for driver of the month if staff driving was of a high standard.

Coordination with other providers and multi-disciplinary working

- The provider's management team had open dialogue and held routine meetings with the local Clinical Commissioning Groups (CCG) to discuss quality and key performance data, for example transport times, complaints and incidents.
- At the Maidstone location, the manager worked with the local trust to agree a plan due to the impact of major road works in the area. The trust agreed with the provider to reduce the vehicle fleet requirements during the period of roadworks, to ensure service flow and patient capacity could be maintained.
- At the Gillingham location managers we spoke with said they had an open dialogue with the clinical commissioning group (CCG) and worked through any service performance issues with them in order to improve performance.

Access to information

- Vehicles had navigation and tracking tools to enable drivers to follow routes and allow the provider to track vehicle timings for appointments in real time. This enabled the provider to promote sustainability, maximise on fuel usage, and manage their carbon footprint.
- Staff accessed policies and guidelines through a shared drive on the providers IT system. Ambulance care assistants could also access guidance via the "Crew book" as a reference point held on all vehicles, including policies and safeguarding information.
- Ambulance crews accessed the providers Caldecott Guardian flowchart on the vehicles, patient feedback forms, incident and near miss forms, safeguarding contact details, contact details for vehicle breakdown services and contact details for translation services.

Patient transport services (PTS)

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The provider had a Mental Capacity Act (MCA) policy reviewed in April 2017.
- We spoke with staff at the Gillingham location who said they had received training in MCA.
- Data supplied by the provider prior to the inspection showed MCA training rates for September 2017 were low across all locations. For example, operational staff and volunteers achieved 32.1% compliance, 19.8% at Bloomsbury, and 51.9% at Romford. Data provided prior to the inspection showed no staff at the Gillingham location had achieved compliance.

Are patient transport services caring?

Compassionate care

- One of our inspectors travelled in patient transport service (PTS) vehicles during the inspection. At all times during the journeys ambulance care assistant interaction with patients and relatives was respectful and positive.
- Information recorded by call handlers during their initial contact with the patients ensured that care was patient centred and took into account the patients holistic health needs in order to provide a safe journey.
- We received five CQC tell us about your service comments cards during the inspection. Four were complimentary of the service. Another said that initial delays had been difficult and caused them to be concerned, but the ambulance crew were lovely, caring, and professional.
- One patient told us, “The service I have had is very good, staff are very helpful, and they treated me safely.” Another patient said, “Without exception I have been treated with great respect, kindness, and dignity by the staff I have had contact with.”
- At the Romford location between May and September 2017, 97 patients completed the provider patient survey. Of these patients, 97% said ambulance staff were caring and helpful.

Understanding and involvement of patients and those close to them

- We spoke with a patient who liked to have the same drivers for all of their PTS journeys, and where possible the provider had managed to offer this to support the patient’s wishes.
- At all times during interactions with patients, ambulance care assistants encouraged patients to engage with them and make decisions about their own care. We observed staff encourage patients to fasten seat belts, choose their seating position, and check their comfort levels.
- Ambulance care assistants spoke respectfully with patients to explain what they were doing with the patient and why, including safety details regarding the vehicle journey and offered reassurance where necessary.

Emotional support

- Staff at the Romford location explained they had a patient that needed two staff to support them during their journey due to anxiety issues. The patient only used the service once or twice a year, but at these times, a two-person crew supported the patient during the journey.

Are patient transport services responsive to people’s needs?

Service planning and delivery to meet the needs of local people

- The provider’s management team held routine meetings with service commissioners to discuss and plan local services, at least once a month and in some cases more often.
- Service commissioners held the provider to account to ensure it met its contractual agreements during contract review meetings. As part of the contracts meetings, the provider carried out detailed reviews of its service, resources, and performance to ensure it met demand. The meetings were an opportunity to discuss patient groups, acuity, and geographical locations including transport routes. This ensured the provider was aware of local commissioner’s needs and likely patient capacity for the future.

Patient transport services (PTS)

- During our inspection senior managers explained that the service was looking at leasing a number of four-wheel-drive vehicles as part of its regular fleet, rather than just leasing three during winter months. This would ensure the service had vehicles with four-wheel drive capacity at all times to meet the needs of patients who may live in remote locations, as well as deal with poor weather conditions. The provider emailed its winter preparedness plan to all staff offering guidance on planning for adverse weather including advice on how to drive in snow, prepare for journeys, and care for patients within the vehicle.

Meeting people's individual needs

- The provider offered support for patients whose first language is not English. Where language was a barrier for planned transportation, the service encouraged the use of a patient's relative or escort to act as a translator. However, in cases where this was not possible the provider used the "BIG Word" for verbal and written translation services. The Big Word offers language translation and interpreting solutions through specialist language technology
- The provider utilised the "BIG Word" to provide patient advice leaflets in different languages.
- The booking system enabled call handlers to establish if the patient had dementia, learning, or physical disability and record any specific instructions for the ambulance crew to follow. This may mean an escort was required to ensure the patient arrived safely at their appointment.
- Call handlers used the providers booking system to record if the patient had any complex mobility issues or physical disabilities. This enabled ambulance staff to be aware of any handling and moving equipment that may be required.
- Where patients may have a mental health condition call handlers followed a dedicated mental health pathway to screen all patients, carry out a risk assessment, and ensure appropriate escorts were in place.
- The provider had specific vehicles and equipment to support bariatric patients. In certain circumstances, call handlers arranged for staff to carry out a home assessment to assess any specific needs. For example,

can the patient leave the room or will they require lifting equipment. There may be cases where the provider may need to liaise with the fire brigade or other emergency services if access is an issue.

- Patients gave examples of having water and drinks offered by staff from time to time and even sandwiches if the journey was longer than expected. Staff also planned routine stops on long journeys to provide comfort breaks to patients.

Access and flow

- The provider's contracts have a performance regime set by NHS commissioners, the performance is benchmarked against various key performance indicators, for example journey times. Combined across all contracts and performance regimes, the provider has shown performance improvement within its contracts. However, current performance is 84% against targets of between 90% and 95%. The provider has plans in place to monitor and improve on performance.
- At the Romford location in August 2017, the key performance indicator (KPI) for patient outpatients, discharge, and transfer was 90% within 90 minutes and 95% within 120 minutes. Overall performance was 83% within 90 minutes and 90% within 120 minutes, both below the providers KPI. This was due in the main to increased requests for patient journeys from commissioners outside of the agreed PTS contract, which had a knock on effect to journey times due to the increased capacity.
- The provider used an IT based booking system to manage transport requirements. At the time of our inspection, the provider was in the process of piloting auto scheduling of patient transport routes. This aimed to minimise the amount of manual staff input of data, promote planning, reduce waiting times for journeys and reduce the length of time patients spend on vehicles.
- At the Bloomsbury location staff demonstrated the electronic dynamic planning (DP) of patient transport journeys. The system prioritised patients that may have higher acuity. This promoted the effective deployment of ambulance crews across the working day, as the more intensively resourced journeys came first.

Patient transport services (PTS)

- Patients, relatives, friends, and health care professionals can contact the Chelmsford headquarters where call handlers take bookings 24 hours per day 365 days a year. Callers could make a booking up to three months in advance of an appointment and during the inspection, we noted callers making multiple appointment bookings. The provider employed hospital liaison staff, located at trust locations. These staff also accessed the booking system to make PTS bookings and support patient's needs.
- The call handlers at the Chelmsford location call patients the day before their appointment to remind them of their journey. Staff at the Romford location said this had reduced the number of cancelled and aborted journeys. In 2016, data from the provider showed 13% of patient journeys aborted or cancelled, performance in 2017 showed this reduced to 8%, showing an improvement over time.
- Call handlers at the Chelmsford location accessed live data from each vehicle, showing the vehicle location in real time on an electronic map. The call handler dealt with any callers requesting updates regarding transportation times, and reassured them on the expected time of vehicle arrival.
- During the inspection we observed call handlers working with the various transport locations, in order to get updates on a vehicles location and expected time of arrival or dispatch. This enabled the controllers to prioritise vehicles or seek alternatives to ensure patient journeys happened in a timely fashion.
- The provider monitored arrival and dispatch times for all vehicles and recorded these as key performance indicators (KPI). Service delivery managers updated notice boards every morning at each location with the performance against the KPI to ensure staff knew how the service was performing.
- Staff at the Bloomsbury location showed us a performance improvement plan, where they recorded inappropriate bookings and dealt with any issues to improve the service going forward.
- Hospital liaison staff based at trust sites worked with the patient and the trust to identify what went wrong if a

cancelled journey occurred. This enabled the provider and the trust to review capacity issues and ensure that transport and appointments are on time and appropriate.

- We spoke with a patient and one relative during the inspection who told us they stopped using the provider for PTS, as there were always delays in their transport and they were late home often due to having to drop many other patients off first before getting home.
- At the Romford location, we spoke with staff who said that delayed discharges are an issue at the local trust, and this causes bottlenecks in the service especially at the end of a working day.

Learning from complaints and concerns

- The provider had a complaints policy and procedure that mirrored the NHS complaints framework.
- Between September 2016 and September 2017, the provider received 484 complaints across its locations. The highest number of complaints related to the Kent and Medway location with 257 complaints and Bloomsbury location with 120 complaints. The provider employed a complaints resolution officer (CRO) who acknowledged, investigated, and drew up response letters to complaints. An administrative member of staff answered the customer feedback line and dealt with day-to-day concerns whilst logging complaints data onto a central database.
- Evidence reviewed during the inspection showed the provider dealt with complaints in line with its complaints policy and shared learning to improve the patient experience.
- The highest majority of complaints related to appointment times not being met due to non-arrival or timeliness of transport, the inappropriateness of vehicles sent to support patient journeys and patients missing treatment or appointment times.
- Staff we spoke with during the inspection knew the providers complaints procedure, how to implement this, and knew their individual responsibilities within the process. One member of staff gave an example of a patient whose transport was routinely late. The staff member explained how they supported the patient through the complaints procedure to identify the issues

Patient transport services (PTS)

causing the late arrival of the transport and how this led to a positive resolution for the patient. The provider changed their transportation times due to traffic congestion near the patient's home address.

- The provider published a lessons learned bulletin to all staff, this shared outcomes from complaints and improvements made in the service based on patient feedback.
- The team leader within the call handling team placed the name of patients that logged a complaint regarding transportation times onto the provider's service recovery board (SRB). They send the SRB on a daily basis to the locations where patients experienced the transportation issues. The service delivery manager liaises with the ambulance care assistants to prioritise these patient's in order to improve performance. Once the journey time improves, the call handling team leader removes the patient from the SRB.
- Data provided by the provider prior to inspection showed that all complaints had been investigated, and where necessary actions taken to minimise events in the future.
- The provider's clinical governance team reviewed all complaints. This review included discussing any trends and lessons learnt at the local and central senior management team meetings. We reviewed clinical governance meeting records and noted complaints routinely discussed including actions taken to minimise events in the future.
- The provider reported monthly to service commissioners to share learning from complaints and update them on service performance. If any learning was relevant to other locations, the provider sent the learning outcomes to the locations to share with staff via the providers training matters publication or toolbox talks.

Are patient transport services well-led?

Leadership / culture of service related to this core service

- A managing director is the strategic lead for G4S services. The nominated individual for the provider led on quality, audit, and compliance. At the time of our inspection, the managing director was the registered manager for the service.
- Regional directors led the service on a regional level, and each region had a dedicated area manager and contracts manager. At each location, a service delivery manager leads the service and manages the team leaders. Together they deploy senior ambulance care assistants and ambulance care assistants to patient transport journeys.
- We spoke with ambulance care staff at the Maidstone location who told us that they felt working for the provider made a difference to patients because for many patients it was an outing, as they were isolated or lived alone.
- Staff we spoke with at the Maidstone location said the support from the service development manager was positive and was willing to take on their views and opinions.
- We spoke with staff with at the Bloomsbury location who felt that the changes in the management team between March 2017 and April 2017 had been extremely positive for the staff and the provider as a whole.
- We spoke to an ambulance crew on a journey to Ashford who said team working was great and every one would help you if you need a hand.
- Locations held weekly team meetings with various staff to share key details on the service, for example journey timings, improvements in the service and areas for development. At the Gillingham location, staff told us they had a meeting every two weeks with the manager and senior managers would attend to discuss issues like a toolbox talk or incidents and updates on the service.
- One member of staff we spoke with told us about the pressures placed on them by managers to hit key performance indicators in relation to transport times. Another member of staff spoke with us about the number of journeys crews do on a daily basis. They felt these were excessive and that performance targets were the only thing that interested the provider.

Patient transport services (PTS)

- At the Dartford location staff we spoke with said teamwork was good and local managers visible. However, they did not see much of the senior management team at the location but the governance manager helped them with incident reporting.
- Some of the staff we spoke with at the Gillingham location, commented on what they felt was the bad communication and attitudes of some of the controllers. Staff gave examples of not getting breaks due to the planning of workloads, saying that controllers wanted more and more so the service could achieve key performance indicators.
- At the Gillingham location, one staff member said, “What we do here makes our staff safe, we have come a long way in the last 12 months, and all departments work together and teams are working well.”
- A member of staff at the Romford location told us “Since the new managing director came on board there has been a greater focus on quality and performance, the focus used to be on finances and the new team are more professional.”

Vision and strategy for this this core service

- The service vision is to provide safe, caring specialist transport service which actively supports those in our care. To achieve this, the provider aims to have a multi-skilled workforce using up to date technology to be effective in achieving complex people requirements.
- The provider strategy for 2017-2019 is to be the most reliable, secure, caring, and sustainable specialist transport provider.
- Staff we spoke with across the locations we inspected knew the providers vision and said they felt the recent changes in management structure aimed to improve the service for patients and their families.

Governance, risk management and quality measurement (and service overall if this is the main service provided)

- The provider had clear governance processes in place over seen by the managing director, head of clinical governance, and head of quality, audit, and compliance and other senior managers.
- The provider had a strategic quality committee consisting of key staff from across the provider’s team

who held responsibility for promoting and monitoring quality performance. The committee included the head of clinical governance, medical director, director of nursing, and the patient transport services audit and compliance manager, amongst others.

- We reviewed the strategic quality committee meeting minutes from May 2017 and noted risk, governance and leadership matters discussed in detail, including safeguarding, service user engagement, health and safety and risk management, amongst others. The strategic quality committee met on a three monthly basis.
- The provider reported monthly to service commissioners as part of its quality monitoring systems. At these meetings service commissioners challenge the provider to ensure that quality is being monitored and scrutinise data on transport journeys, including vehicle timeliness, cleanliness, and effectiveness.
- The provider held a risk register specifically for patient transport services that recorded risks in terms of their likelihood and the consequences. Details included the type of risk, its location, the risk impact, current and additional mitigations for the risk, who was responsible for monitoring the risk and dates for review.
- Risks identified included vehicle collisions, unsecure loads, electrical equipment not being maintained, inadequate assessment of fire risks, slips trips, and falls amongst others.
- Locations had individual risks identified specific to that location. For example, at the Maidstone satellite site the main risks identified included inclement weather and the position of the location between two motorway points creating possible traffic delays.
- We reviewed risk assessments at the Maidstone location in relation to electrical safety testing, storage of equipment, chemical storage, water quality, vehicle movements amongst others. However, the portable appliance testing took place in July 2017, but the risk assessment had not been updated to show the work was completed.
- At the Bloomsbury location, staff explained that a senior member of staff completed a two-hour ride out on a vehicle as part of the provider’s quality assurance processes. The senior member of staff completed a set

Patient transport services (PTS)

of assessment tools to look at the quality and risks associated with the activities and reported these back to the quality and compliance team for any further action.

- The provider's clinical governance and compliance leads benchmarked each patient transport service (PTS) contract against the CQC key lines of enquiry (KLOE) and the contracts also compared against each other. The clinical governance and compliance leads completed mini inspections and reported their findings for scrutiny to the strategic quality committee.
- At the Romford location, we noted that staff had engaged in local audits, for example health and safety audit, fleet audit and CQC compliance audits.
- The provider operates "Back to the floor days" where a manager worked with front line service staff one day per year annually. The manager completed feedback from the day including any recommendations to improve the service as well as acknowledge good practice.

Public and staff engagement (local and service level if this is the main core service)

- All patient transport vehicles carried patient questionnaires and patients, relatives, or carers were encouraged by staff to complete these on each journey where possible. The location team leader collated the questionnaires and the results published on a weekly basis by the provider.
- Each location was responsible for collecting and analysing information collected from patient surveys available in vehicles, transport lounges, and sent to random patients each month. Additionally there was a link within the Kent & Medway PTS website, which encouraged patients to leave feedback.
- At the Gillingham location, we observed staff entering patient survey feedback on the provider IT system, collated centrally to share with wider teams.
- At the Romford location between May and September 2017, 97 patients completed the provider patient survey. Of these patients, 61% said it was an excellent service and 36% said it was a good service.
- The provider held staff forums. These were open forums that staff could attend and feedback on any points in

relation to the service. We reviewed minutes from a staff forum held in May 2017, subjects covered included staff training, vehicle safety and cleaning, and staff breaks amongst others.

- The provider conducted staff surveys on an annual basis, the last one was in 2016, and at the time of our inspection, the provider was in the process of rolling out the 2017 survey to its staff team. We reviewed the action plan from the 2016 and noted specific improvements made in response to staff feedback including introducing the employee of the month scheme, staff suggestion boxes at all locations and monthly staff meetings, amongst others.
- Staff suggestion boxes were available at all the locations we visited during the inspection allowing staff to make suggestions, and feedback anonymously to the provider on any points in relation to the service.
- At the Bloomsbury site, staff explained that staff engagement was part of the provider's continual improvement plan and gave an example of how staff had worked with the provider to help patients who were waiting for pharmacy.
- The provider sent all staff a newsletter via email on a monthly basis containing service information and regional updates.
- We noted at Gillingham location nomination forms for employee of the month and driver of the month displayed on the staff notice board. This allowed staff to nominate a colleague for employee or driver of the month and the provider had this at all its locations.
- Staff can access free counselling services offered by the provider to promote their wellbeing.
- As part of inspection preparation, we gave the provider some easy read comment cards. We received four comment cards from staff that work, or have worked for the service. The main points raised related to pay rates, waiting times for patients, management of the service, staff not feeling valued and not enough resources.

Innovation, improvement, and sustainability (local and service level if this is the main core service)

- The provider's fleet management team were looking at ways to improve their vehicles for patients and staff.

Patient transport services (PTS)

Staff we spoke with at the Dartford location explained how they are developing a staff group dedicated to looking at the ergonomics of vehicles and how to improve this going forward.

- At the time of our inspection, the provider was piloting an automatic notification system that electronically updated control when staff arrived at or left a pick up point.
- At the time of our inspection the provider was in the process of piloting auto scheduling of patient transport

routes, to minimise the amount of manual staff input and promote planning, reduce waiting times for journeys and reduce the length of time patients spend on vehicles.

- Staff called patients prior to appointments to ensure patients knew of their appointment times and were well prepared. This minimised the waste of resources and promoted positive patient experiences.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the fundamental standards that were not being met. The provider must send CQC a report that says what action they are going to take to meet these fundamental standards.

Regulated activity

Transport services, triage and medical advice provided remotely

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Compliance rates for training across all locations varied greatly and were below the compliance rates expected by the provider, this issue was also evident in the compliance rates for annual appraisals.

Staff we spoke with had limited knowledge of the Mental Capacity Act, and Duty of Candour. Demonstrating a lack of training affected the staff knowledge, and skills required to deliver a safe service, which may lead to increased risks for patients using the service.

Regulated activity

Transport services, triage and medical advice provided remotely

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Compliance rates for training in safeguarding adults and children varied greatly across all locations and were below the compliance rates expected by the provider,