ERS Transition Limited

ERS Medical North East

Quality Report

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

Summary of findings

Letter from the Chief Inspector of Hospitals

ERS Transition Ltd, trading as ERS Medical provides a range of patient transport services (PTS) to the NHS within the North-East Region. The registered location is in Bowburn, Durham which was established on 1 September 2014 when SRCL Ltd, trading as ERS Medical, acquired what was Medical Services North East (MSNE).

ERS Medical was recently sold by SRCL and a new provider had been registered with CQC as ERS Transition Ltd since October 2017.

ERS Medical North East is registered for emergency and urgent care and a patient transport service (PTS). As the provider had not undertaken any regulated activity in the last 12 months in respect of emergency and urgent care the focus of this inspection was in relation to PTS.

ERS provides support to the North East Ambulance Service as required but predominately support specific Trusts and Clinical Commissioning Groups (CCGs) within the north eastern geographical boundaries. The primary service is transporting non-emergency patients. ERS also provides PTS for GPs in the North Yorkshire and East Riding area of Yorkshire.

ERS can transport patients detained under the Mental Health Act 2007 in a formal and informal context.

The provider has an additional operating base in Blyth, Northumberland that provides similar services to the Bowburn site. This is not a registered location.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 21 and 22 May 2018.

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.

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:

- All the PTS staff compliance in mandatory training and safeguarding training.
- The provider had a robust incident reporting procedure which all staff understood and alerted managers in real time if an incident had occurred, which allowed managers to make an early assessment.
- The provider's key performance indicators were consistently met.
- Staff received a comprehensive induction at the start of their employment.
- There was evidence that all PTS staff were up to date with the Mental Capacity Act (MCA), including consent training.
- There was evidence from 101 staff files including, two staff that worked in accounts and admin, which showed all staff had DBS checks within the past three years and 99 PTS staff had their driving licenses checked within 12 months of this inspection.
- There was evidence of high levels of satisfaction from a patient/carer/relative survey.

Summary of findings

- There was regular staff engagement through staff meetings.
- The provider had invested in six computer based business management systems to support various parts of their business. These provided real time reporting of information which allowed senior managers to track business performance, staff accountability and supported decision making.

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

- There were no visual communication aids in any of the PTS ambulances.
- The provider did not have an effective system in place to identify out of date consumable items. Two automated external defibrillator (AED) pads and the electrocardiogram (ECG) dots on one ambulance were found to be out of date.
- There were no complaints forms carried on PTS ambulances.

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

Name of signatory

Ellen Armistead

Deputy Chief Inspector of Hospitals (area of responsibility), on behalf of the Chief Inspector of Hospitals

ERS Medical North East

Detailed findings

Services we looked at
Patient transport services (PTS)

Detailed findings

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Background to ERS Medical North East

ERS Medical North East is operated by ERS Transition Limited. The background to the service is that on 1 September 2014 SRCL Ltd trading as ERS Medical acquired Medical Services North East (MSNE). ERS Medical was sold by SRCL Ltd in the autumn of 2017 creating ERS Transition Ltd. The service registered with CQC October 2017.

It is an independent ambulance service with a main base in Bowburn, Durham and a smaller base in Blyth, Northumberland providing PTS for NHS trusts and general practitioners.

The service has had a registered manager in post since October 2017.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, two other CQC inspectors, a CQC Assistant Inspector and a specialist advisor with expertise in PTS. The inspection team was overseen by Sarah Dronsfield, Head of Hospital Inspection.

Facts and data about ERS Medical North East

The service was registered to provide the following regulated activities:

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

During the inspection, we visited Bowburn and Blyth bases. Eleven PTS vehicles were inspected across each of the stations.

The station at Bowburn was leased privately and was a single story building situated on an industrial estate. The front of the building had signage indicating the premises was operated by ERS. There was car parking to the front of the building and a large gated car park on the eastern side which led to a large parking area at the rear of the building where ambulances were located. The site was surrounded by a secure metal fence. The exterior of the building had security lights, CCTV and an alarm system. The CCTV was monitored by ERS staff and the recordings were stored on the company`s computer hard drive.

The front door of the building leads to a lobby which has a visitors' signing in book. There was a short corridor with the dispatcher`s office leading off it. The office had seven work stations for dispatching staff to use. There was a large training room/ meeting room, two offices for managers to use and a crew room with welfare facilities. There was a large garage with access to the rear car park

via a roller shutter door. Inside the garage there was a store room with consumable items. The garage also contained a clinical waste bin, staff lockers, oxygen cylinder storage and welfare facilities.

The station at Blyth was a single story privately leased building on an industrial estate. The front of the building had signage indicating the premises was operated by ERS. There was a gated carpark at the front with room to park ambulances. The entry through the entrance was via a key pad lock and the front door was alarmed. There was access to the internal garage through a roller shutter door.

There was a ground floor lobby with a signing in book. There was a porta cabin inside the garage area which had a manager's office and crew room. There were male and female toilets and a small cupboard with consumable items which was locked within the garage area. There was a large walk in cupboard which contained additional consumable products and other items such as replacement wheel chairs. Near the entrance to the garage there was a colour coded cleaning station. The garage also contained a clinical waste bin, staff lockers, oxygen cylinder storage and welfare facilities.

We spoke with the Head of care, Regional Manager, Care Quality Manager, two Operations Managers, two team leaders, Health and safety advisor, 10 crew members and two dispatchers.

During our inspection, we reviewed 10 sets of patient records.

This was the service's first inspection since registration with CQC.

Activity (October 2017 to April 2018)

In the reporting period October 2017 to April 2018 the following PTS journeys undertaken;

- PTS 23,956 transfers
- GP transfers 1,595

Track record on safety

- No Never events
- Clinical incidents were reported where no harm occurred, twelve with low harm, six with moderate harm, one with severe harm and no deaths had been reported.
- There were no serious incidents reported.
- 15 complaints had been received.

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

ERS provided support to North East Ambulance Service when and where required but predominately in support of specific Trusts and CCG's within the North Eastern geographical boundaries. In addition, they provided a PTS for General Practitioners in the North Yorkshire and East Riding area of York. The primary service was transporting non-emergency patients to destinations across the North-East Region.

Summary of findings

We found the following areas of good practice:

- All the PTS staff compliance in mandatory training and safeguarding training.
- The provider had a robust incident reporting procedure which all staff understood and alerted managers in real time if an incident had occurred, which allowed managers to make an early assessment.
- The provider's key performance indicators were consistently met.
- Staff received a comprehensive induction at the start of their employment.
- There was evidence that all PTS staff were up to date with the Mental Capacity Act (MCA), including consent training.
- There was evidence from 101 staff files including, two staff that worked in accounts and admin, which showed all staff had DBS checks within the past three years and 99 PTS staff had their driving licenses checked within 12 months of this inspection.
- There was evidence of high levels of satisfaction from a patient/carer/relative survey.
- There was regular staff engagement through staff meetings.
- The provider had invested in six computer based business management systems to support various

Patient transport services (PTS)

parts of their business. These provided real time reporting of information which allowed senior managers to track business performance, staff accountability and supported decision making.

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

- There were no visual communication aids in any of the PTS ambulances.
- Some consumable items on the PTS ambulances were out of date.
- There were no complaints forms carried on PTS ambulances.

Are patient transport services safe?

Incidents

Incidents

- Due the type of service provided none of the incidents recorded fell into the category of a never event; the service had therefore not recorded any never events during the past 12 months. Never events are incidents of serious patient harm that are wholly preventable, where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers.
- During inspection the provider's incident reporting policy was reviewed. The document contained sections on related documents and legal references, policy statements, responsibilities, definitions of incidents, reporting and investigation process, health and safety incidents, clinical incidents, information governance / security incidents, transport / road traffic incidents and environmental incidents.
- We saw evidence in the incident reports we reviewed that staff were adhering to the providers reporting policy.
- The document had an owner, a review date and a version control number.
- Incidents were recorded on an electronic system, which was colour coded (RAG rated) the incident had timescales included to ensure the investigation was completed on time by the identified investigation owner.
- PTS crews used a single telephone number to call the ERS control room in Leeds. Staff there followed a script to ensure all relevant information was obtained when recording an incident.
- When an incident was recorded an automatic notification was sent to the provider's insurers to give them early notification to consider if an insurance claim was likely. The notification contained basic information as to the type of incident. No patient identifiable information was included. An alert was also immediately sent to an app on the work phones of the regional manager and the head of care. This allowed

them the opportunity to make an early assessment of the type of incident that had been reported and whether or not any statutory notifications needed to be made.

- The health and safety adviser told us they monitored incidents through the incident recording system to collect information and investigate if there were any health and safety issues to ensure any required notifications were made. They were involved in local governance meetings where incidents were discussed.
- Any use of mechanical restraint or the spit hood reported by staff would automatically create an incident for the operations manager to review and investigate. We saw evidence of this during inspection.
- The incident reporting system had several drop-down boxes to complete as part of the incident investigation process. If any were answered "no" the system automatically generated an action plan, which the person allocated to investigate had to complete before the incident could be closed.
- We saw minutes from the monthly Governance and Patient Safety Committee (GaPS) meeting which showed that incidents were an agenda item and had been discussed. There was evidence each incident had a reference number, event type, identified region, location, event date, owner, work flow status and submission date.
- We saw evidence that wider organisational learning from incidents was shared with staff through a computer business system which they had access to. Individual learning from incidents was delivered by the regional manager or operations manager to the crew or individual concerned.
- During inspection we reviewed two incidents. Both had been recorded on the same day as the incident had occurred. One related to a patient displaying challenging behaviour towards staff and being restrained and another where the crew stopped and provided assistance at a road traffic accident. Appropriate information was recorded about the incidents, the staff members involved, and the timescale of the events.
- We saw an example of an occasion in October 2017 where a safeguarding referral was recorded, but not submitted due to the introduction of a new computer system that week. Staff had made an error recording it on the training computer system. This was reviewed as an incident and investigated, leading to a re-referral being made. Managers told us a review of the incident had led to additional training being completed by staff on the new computer system.
- Staff we spoke with told us they received feedback from incidents. Feedback was provided to individual staff members where appropriate. Broader learning points from incidents were shared with staff teams in anonymised form to further staff knowledge and promote good practice.
- Staff told us learning from incidents was shared at staff meetings and in hard copy format in a folder on the staff notice boards, which we were able to review during the inspection.
- We spoke with ambulance crew members. All stated that they had received training in incident reporting, which was confirmed in the mandatory training records, and all could explain the incident reporting procedures.
- Managers we spoke with could explain what the application of duty of candour was and provided examples of when this had been used.
- The definition of duty of candour is that as soon as reasonably practicable after becoming aware that a notifiable safety incident has occurred a health service body must notify the relevant person that the incident has occurred, provide reasonable support to the relevant person in relation to the incident and offer an apology.

Mandatory training

- We viewed the provider's spreadsheet which contained the details of all 99 PTS staff based at Bowburn and Blyth. The spreadsheet had staff names, where they worked, their role, date of induction training, date of provider driving test, driving qualification, clinical skill set, date of clinical skill set refresher, dates of the one day statutory and mandatory training, dates for statutory and mandatory training refresher, dates of DoLs/MCA training and MCA consent training. The spreadsheet showed all staff training was up to date.
- The training spreadsheet showed all PTS were up to date with their mandatory training.

Patient transport services (PTS)

- Frontline staff were informed when they were required to do statutory and mandatory training and training to maintain their professional qualifications through an app on their work phones.
- We reviewed 10 staff training files. These all demonstrated that staff had undertaken comprehensive inductions and mandatory and statutory training. For example, induction training included basic life support, health and safety, fire safety, infection control, and manual handling.
- Staff told us they received annual training which included assessments of knowledge and practical competence. They told us they were scheduled to undertake training updates automatically and would receive notification of training dates two to three weeks in advance.
- Staff told us they had undertaken driver training. This did not include driving under blue lights. Managers told us they would travel with staff in the ambulance and observe and assess staff driving ability which was recorded in staff personal files. We saw evidence of this in three personal files of staff who had undertaken driver training.

Safeguarding

- The medical director was the safeguarding lead and the care quality manager was the deputy for safeguarding. They had completed safeguarding level four training in the previous 12 months with an external training company. In addition, the head of care standards had been trained to level four safeguarding.
- Staff based in the Leeds call centre were trained to safeguarding Level 2.
- Safeguarding training for ambulance crews was delivered face-to-face for four hours duration every three years, plus annual refresher face to face supported by e-learning.
- We saw evidence of safeguarding information being available for staff. In the crew room there was an A3 laminated information poster titled “Adult and child safeguarding referral for ambulance crews”. There was an A4 version of same information located in the PTS crew information pack held on ambulances.
- During inspection we saw posters displayed on staff notice boards titled “Prevent referral process “which provided staff with information to make a referral in relation to any concerns related to terrorism. There was evidence the information had been updated in April 2018.
- The care quality manager told us the Monthly Governance and Patient Safety Committee (GaPR) meeting included any lessons learned from safeguarding incidents and specific information for the region is discussed.
- We saw evidence that all 99 PTS staff were compliant with their safeguarding training.
- PTS staff were trained to safeguarding level two.
- ERS Medical North East had adopted a single phone number to use to contact the ERS control room in Leeds to make a safeguarding referral.
- Staff we spoke with could explain the referral procedure.
- We saw evidence of when staff had called the ERS control centre in Leeds to make a safeguarding referral. Staff who received the call would record the referral on an ERS computer system and inform the appropriate safeguarding authority.
- The computer system was set up so that when a safeguarding referral was recorded an alert would be immediately sent to an app on the work phones of the regional manager and the head of care. This would allow them the opportunity to make an early assessment of the type of referral that had been reported and whether any immediate action was required.
- The ERS computer system had drop down boxes to complete as part of the safeguarding referral. If any were answered “no” the system automatically generated an action plan which the person allocated to investigate had to complete before the referral could be closed.
- We reviewed one safeguarding incident which was recorded using the online system. Information was provided about the nature of the incident and actions taken which included promptly making a safeguarding referral and contacting the police.

Cleanliness, infection control and hygiene

Patient transport services (PTS)

- During inspection the infection prevention and control policy and guidance document was reviewed. The document had version control, and a review date.
- An infection prevention and control annual statement summarised the systems and procedures that were in place covering three areas; people, ambulances and equipment, and environment and included daily, monthly and quarterly protocols and audit procedures, and equipment and guidance available for ERS staff. The statement confirmed the infection prevention and control lead was available as a "champion" to provide guidance and support to staff. The annual statement was signed off by the medical director who was the infection, prevention and control lead.
- The provider had a document titled "Specific infection IPC guidance 2018" which was a lookup matrix of guidance available for ambulance crews to use.
- The care quality manager told us infection, prevention and control training for ambulance crews was done at induction and then updated annually. This was confirmed during inspection in the staff training records.
- During inspection we reviewed the hand hygiene inspection forms and the uniform inspection forms which showed both areas were regularly audited.
- The care quality manager told us ERS had taken part in World Hand Hygiene Day. We saw evidence the care quality team had submitted an entry, which included the ERS care quality team visiting the Bowburn site on 5th May 2018 with hand hygiene training equipment to demonstrate the World Health Organisation's FIVE moments of hand hygiene. The submission included photographs taken at the event as evidence of compliance.
- The care quality manager told us daily housekeeping records were completed by contracted cleaning staff which were reviewed during inspection. The care quality advisors did monthly inspections of sites and a full infection, prevention and control audit was completed at each site every six months.
- We saw evidence of two infection prevention control audits carried out. Both audits covered 49 areas. The audit carried out at Blyth on 29 November 2017 showed a 100% compliance and the audit carried out at Bowburn showed a 98% compliance.
- The care quality manager confirmed the scheduled deep clean for each vehicle was completed every 90 days and checked during the audit process. Any action plans from the audit were generated by the provider's computer recording system which was seen during inspection. Managers had an app with the same audit information on their work phones with completed and in-progress actions reported in one daily report daily.
- Each manager had a 'My dashboard' which showed pending items and others if overdue and not completed. Any overdue or not completed action plans were automatically escalated to the ERS Managing Directors dashboard who contacted managers direct to ask when the required actions would be finalised.
- During the inspection 10 vehicles and the equipment carried in them were inspected. All the vehicles and equipment were visibly clean. All the vehicles inspected carried hand sanitising gel and sterile wipes which were in date. Vehicles carried infection, prevention and control cleaning level information on a laminated sheet for crews to use.
- Ten vehicle document files were checked; all contained evidence of vehicle deep cleans in accordance with the providers' policy.
- The garages as Bowburn and Blyth had a designated area for mops and cleaning products. The mops were single use and colour coded; red for toilet and shower areas, yellow for ambulance interiors, green for kitchen and dining areas, blue for general areas and black for vehicle exteriors. Mops that had clearly not been used were observed to be hanging on the wall ready for use.
- Beside the mops were notices advising which colour bag to use when disposing of rubbish, black for general rubbish and orange for clinical waste.
- Staff at both stations were observed using the correct colour coded mop for the cleaning they were undertaking.
- Staff we spoke with could explain the daily vehicle cleaning regime and that if the vehicle became contaminated they would return to the station to clean it.

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- Vehicle deep cleans were carried out by an external company. Vehicles were deep cleaned every 90 days. A checklist was supplied by the contractor's company which had a set list of tasks and identified areas to clean.
- After each deep clean a report was prepared for the vehicle which included a checklist of what had been cleaned, any problems found, vehicle registration details and vehicle mileage. A blue log book in each vehicle had the dates when next deep clean was due and if any decontamination has been done. Although the report provided a lot of information in addition the senior manager present was updated verbally as to what had been done and if any issues had been identified.
- Managers told us that the external company provided regular training for ERS Medical North-East staff which included how to use various cleaning products and how to physically clean vehicles and the station environment.
- During the inspection we saw in both garages there was a designated clean and dirty area which was used during the vehicle deep clean. We observed a vehicle deep clean being carried out and saw the equipment and vehicle being cleaned in the dirty area before being moved to the clean area.
- During inspection a crew was observed during a patient transport. The crew followed hand hygiene practices cleaning their hands before and after transferring the patient as well as at the hospital and they wore personal protective equipment (PPE). The crew were also observed to clean the stretcher after use.
- During inspection we observed good practice in hand washing. There were signs displayed beside every sink with instructions how to clean hands. Next to the sinks were suitable cleaning products.
- We observed numerous staff and saw their uniforms were visibly clean. We saw posters displayed on staff notice boards which outlined how a clean uniform should look and where equipment should be carried. Managers told us the reason for this was to have a corporate image.

Environment and equipment

- Both stations were well maintained and laid out.
- We saw evidence the provider used a computer system to record all vehicle Ministry of Transport (MoT) test dates for the PTS vehicles with an alert on the anniversary date. The system also recorded the date of the vehicle service and the anniversary date.
- During inspection 10 vehicle files that contained original documents were checked. There was evidence all 10 vehicles had been serviced in accordance with the serving schedule and had a current Ministry of Transport (MoT) test certificate.
- We saw evidence of a CQC Compliance audit and an Annual CQC Compliance audit carried out by the provider. The audit templates showed that the consumables replenishment check was completed as part of audit.
- The Health and Safety adviser told us they received information in relation to vehicle checks on an app on their phone. We saw evidence of completed responses to daily checks undertaken, monthly visits and vehicle pre-visits.
- We spoke with operational staff who told us they had access to specialist equipment for adults and children. Relevant equipment was available for both adults and children including age related child restraint seats for children. One identified ambulance at each station had a bariatric stretcher and wheel chair. If a bariatric patient was booked in for transport the crew would use that ambulance that carried the specialist equipment to transport the patient.
- Staff could replenish ambulances with consumable items from stock cupboards in the garages of each station. When staff removed items, they signed a stock control sheet outlining what had been taken. The stock control sheet was checked daily by the operations managers who would replenish the store room stocks. Staff we spoke with confirmed this.
- Staff we spoke with told us that there was always sufficient stock held at the stations to restock the ambulances.
- Staff told us they carried out equipment checks at the start of each shift against a checklist. We saw evidence of this on the daily vehicle check sheets.

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- Staff told us that there was always enough equipment to complete the shift and that additional equipment could be obtained from another site if required.
- Both stations had a designated quarantine area. Staff used these to leave defective equipment after applying a visible red label. Staff would also record the defective equipment on the daily vehicle running sheet.
- The running sheets and quarantine areas were checked after the start of each shift by the operations managers who would remove the defective equipment and replace it as soon as possible on the vehicles.
- There were some consumable items carried on the PTS ambulances we inspected that were out of date. When this was pointed out to the Operations Manager they ensured all the items were immediately changed.

Medicines

- The provider had an effective policy for the management and administration of patients' own medication.
- At the time of the inspection the provider did not store controlled drugs or prescription drugs.
- The provider had a medicines management policy, should they require it, with 26 areas covered in place to support this. The document had an owner, who the author was, version control, when the document became active and when it was due for review.
- There was a separate policy in relation to the management of controlled drugs. The document had an owner, who the author was, version control, when the document became active and when it was due for review.
- The provider had a medicines management and medicines administration policy document. The document had an owner, who the author was, version control, when the document became active and when it was due for review.
- We saw evidence of a medicines formulary which identified which were controlled drugs and which were not. The document also highlighted which drugs could be used by paramedics, institute of health care development (IHCD) technicians, emergency care assistant (ECA)/ urgent care administrator(UCAs) and student paramedics with an IHCD technician certificate.
- During the inspection we saw evidence of weekly medicines checks from 2017 when the provider did hold medicines. We reviewed 14 weekly checks that had been carried out at Bowburn and Blyth in November and December 2017. Every check showed 100% compliance apart from one at Blyth on 28th November and Bowburn on 29th November 2017 which showed 83% compliance.
- Medical gases in both stations were stored in accordance with the British Compressed Gases Association Code of Practice 44: the storage of gas cylinders. Full and empty cylinders were kept separate and were easily identifiable. The cage containing the cylinders in each garage were in a position whereby a vehicle could not accidentally be reversed into them. There was evidence the oxygen piping on the all the PTS ambulances inspected had been serviced and was in date.

Records

- Crews were made aware of special notes during the patient booking in process. These notes gave additional information about the needs of the patient and the crew would receive the information on tablets. Staff told us they would also confirm if there were special notes during the patient handover when ERS staff took responsibility for the patient.
- Staff reported that control room staff would request comprehensive information about patients and that available information was passed on to them before conveying the patient. Staff told us that they received information about the patient's name, date of birth, and whether or not they required any particular equipment.
- Some staff reported that external organisations requesting patient transport services did not always provide full or accurate information about patients. In such situations they would contact the control room to update the record with additional information. This would be used to decide whether to complete the transfer or not.
- Staff said they would transfer patient paper notes in a sealed bag with the patient, but they were not permitted to access these due to data protection. Staff said they

had access to information about do not attempt cardiopulmonary resuscitation orders, dementia, and mental health from the booking in process and through the person requesting the service.

- There was information displayed in staff areas providing guidance on methods of ensuring security of confidential information. For example, password protection and maintaining a clear desk.
- The provider used a computer based system for recording patient records. During inspection five records were checked and all had been completed correctly.
- We saw evidence patient records were audited and had been discussed at the monthly governance and patient safety committee meeting.

Assessing and responding to patient risk

- Staff we spoke with described assessing patient needs by reviewing information provided by the control room, seeking additional clinical advice if required, speaking with the patient, carer, and / or staff, and conducting their own clinical observations.
- Patient record forms reviewed during inspection showed staff had assessed risk and provided patient transportation in a way that aimed to ensure safety. For example, if a risk was identified, crews requested the support of additional staff, obtained additional equipment, adapted the number of patients transported at one time, or made the decision not to convey the patient if the risk was too high.
- Managers and staff we spoke with told us if a patient became ill while being transported crews would deal with the patient using their skills in accordance with their qualifications and training. If the patient was obviously seriously unwell an emergency NHS ambulance would be contacted to attend.
- We saw evidence of a policy in relation to use and application of handcuffs, and dealing with disturbed or violent patients. The document had an owner, who the author was, version control, when the document became active and when it was due for review.
- The policy document contained extensive information for staff relating to the use of and application of handcuffs.
- The provider had a safer person handling and dynamic risk assessments guidance document with links to provider policies. The document had an owner, who the author was, version control, when the document became active and when it was due for review.
- The guidance document contained extensive information for staff to use in relation to risk assessing patients.
- The provider had a policy in relation to use and application of spit hoods. The document had an owner, who the author was, version control, when the document became active and when it was due for review.
- The policy document contained extensive information for staff to use in relation use and application of spit hoods when dealing with patients who spat at them.
- Spit hoods were available for staff to use when transferring patients with mental ill health, who presented a risk of spitting or biting and transferring disease.
- Spit hoods had been used twice in the reporting period following advice from the provider who had requested the transfers and after a risk assessment had been carried out.
- Any use of mechanical restraint or the spit hood reported by staff would automatically create an incident for the operations manager to review and investigate. We saw evidence of this during inspection.
- Incidents were recorded on a business management computer system which was colour coded once the incident was recorded with timescales to ensure the investigation was completed on time by the identified investigation owner.
- The computer system was set up so that when an incident was recorded an alert would be immediately sent to an app on the work phones of the regional manager and the head of care. This would allow them the opportunity to make an early assessment of the type of incident that had been reported and whether any statutory notifications needed to be made.
- Staff we spoke with told us they had raised the need for more information prior to conveying patients with

senior managers. They told us that managers had met with external providers on several occasions to request complete patient information at the time of the booking in process.

Staffing

- The staffing at Bowburn consisted of 53 advanced care assistants, four urgent care assistants, four staff trained to deal with patients who have mental ill health, one clinical supervisor, two call handlers, one operations manager and two team leaders.
- The staffing at Blyth consisted of 26 advanced care assistants, five urgent care assistants, two dispatch operators and one manager.
- Three different types of shifts were used to maximise use of resources and to fulfil the providers contractual arrangements. These were contract shifts covering NHS trusts, floating shifts used to cover any additional contract transport requests and day and night shifts to cover any unexpected requests and to cover requests from contracted GP practices.
- The computer based shift allocation system that aligned staff to shift patterns.
- Crews allocated to contracted shifts were based at NHS hospitals. The contracted shift for one NHS trust was a double crewed ambulance staffed by two advanced care assistants working 7.45am - 6.45pm, 11.15am - 8.15pm and 1.15pm - 10.15pm.
- The contracted shifts for another NHS trust was a double crewed ambulance staffed by two advanced care assistants working 9.30am - 6.30pm, 11.30am - 8.30pm and 1pm - 10pm.
- One other NHS trust required a double crewed ambulance staffed by two advanced care assistants covering 8am - 8pm, another NHS trust required the same staffing working 11.30am - 9.30pm and another required the same staffing 10.00am - 10.15pm.
- At Bowburn there was a day shift ambulance crewed by two advanced care assistants working 7am-2.30pm and a night shift working 9pm - 9am. There was also a floating crew staffed by an urgent care assistant and an advanced care assistant which tended to cover 11am - 10pm.They picked “as required” transport requests and supported the contracted crews.
- During weekends and during bank holidays the shift coverage was to cover hospital discharge contracts supplying an ambulance crewed by two advance care assistants working 8am -10pm and two ambulances working 9am - 10pm and one working 11.30am - 8pm.
- At Blyth the shifts were two double crewed ambulances working 09.00- 22.00 staffed by two advanced care assistants, and seven crews working 10am - 9pm staffed by one UCA and one advanced care assistant. On weekdays two of these crews came from Bowburn.
- During weekends and Bank Holidays the staffing was two double crewed ambulances staffed by advanced care assistants working 9am – 8pm and five double crewed ambulances staffed by one urgent care assistant and an advanced care assistant working 10am – 9pm. All the crews came from Blyth
- The shifts to cover unexpected demand Monday to Friday were; early shift 07am – 2.30pm and a night shift covering 9pm – 9am. Both ambulances were double crewed with advanced care assistants.
- The floating shift tended to be 11am- 10pm but the start time could vary. The ambulance was doubled crewed with two ACA`s
- Managers told us they did not use agency staff.
- Staff competencies were maintained through statutory and mandatory training. Managers told us they had recently commenced supervision ride outs with staff so supervisors could observe staff operationally to confirm they carried out their duties in accordance with their role and training. We saw evidence of the supervision ride outs during the inspection.
- We spoke with four staff who all worked 11-hour shifts. They said they did not have set break times and were unsure of when and how long breaks should be for, but thought it should be 30 minutes after six hours worked. They said they set their own break times around jobs and informed control room staff of this.
- Staff told us there were always enough staff on shift to provide cover. In the event of sickness cover was provided by ERS bank staff, or supervisors. No agency staff were used.

Anticipated resource and capacity risks

Patient transport services (PTS)

- Managers told us foreseeable resource and capacity risks were managed through the service level agreements devised as part of the contractual arrangements. We saw evidence that the provider was meeting their contractual arrangements.
- We saw evidence of regular meetings between the provider and the services contracting PTS. Managers told us the meetings were used to identify if there needed to be any changes to existing service level agreements and to discuss any impact on patient safety.

Response to major incidents

- Managers told us ERS Medical North East was not part of any NHS trust major incident plan and that none of their staff had received training on major incidents as it was not required.
- The provider had a business continuity plan for the Bowburn and Blyth sites. The plan contained extensive information covering 29 areas including clear roles and responsibilities, a business continuity impact assessment summary, impact on buildings and facilities, what to do including maps to assist in relocation, establishing a business continuity control centre and notifying stakeholders.
- The plan had been tested practically when the computer based dispatch system failed so all crews and dispatchers had to revert to using paper bookings and received patient booking information through mobile phones. Managers told us there had been no reduction in service.

Are patient transport services effective?

We found the following areas of good practice:

- Crews conducted their own risk assessment through speaking with the patient, carer or staff and through clinical observation which was recorded
- The provider's key performance indicators were met.
- Staff received a comprehensive induction at the start of their employment
- The provider recorded the driving licence details of all 99 PTS staff on a spreadsheet including; staff names, date of birth, driving licence details, date licence expired, date when the licence was checked and the date when the next check needed to be carried out.
- Staff records showed all 99 PTS staff were up to date in relation to training in the Mental Capacity Act (MCA) including consent.

Evidence-based care and treatment

- Staff were able to remotely access and read company policies and procedures via an app on their tablets.
- The crew logged on to the system to access policies and procedures. We saw the infection, prevention and control folder gave access to all relevant policies which was particularly useful for newer staff. We also saw the manual handling folder which contained relevant policies and procedures. The following polices were also reviewed which followed joint royal ambulance colleges liaison committee (JRCALC) guidance; safeguarding, control of substances hazardous to health(COSHH) and end of life care.
- There was a specialised mental health trained member of staff on call Monday to Friday 12 hours per day to provide advice.
- We saw evidence managers discussed local polices and pathways which included the scope of practice for every clinical grade. Managers told us they were undertaking a review to align the clinical grades with standardised training.

Assessment and planning of care

- Staff told us they were made aware of a patient's condition including any mental health issues so that they could plan transport accordingly through the booking in process. The dispatchers obtained the information from a script which they passed to the crew on their tablet. We saw evidence of this during inspection.
- The crews conducted their own assessment through speaking with the patient, carer or staff and carrying out their own risk assessment and clinical observation. This

was recorded on the vehicle running sheet (PRFs). Staff told us they would assess how to move and transport the patient, and assess hydration, nutrition, or pain if indicated. We saw evidence of this during inspection.

Response times and patient outcomes

- Managers we spoke with told us only one of the contracted NHS trusts had key performance indicators (KPIs) for ERS Medical North East to work to. Another NHS trust had provided ERS Medical North East with KPIs in April 2018 but because they were relatively new no performance data had been collected.
- The regional manager told us the monthly mission performance review meeting included key performance indicators. KPIs were not separately audited but crews time stamped the running sheets to show when activities are completed.
- In relation to the KPI where data was collected, every patient journey was recorded each month on a spreadsheet and reviewed by management. The provider had two key performance indicators from the main commissioning provider which were; 90% of patients are to be collected within a maximum of three-hour response time from time of booking to the patient being picked up on the ward and 98% of patients will travel no longer than 1 hour 30 minutes on transport for any given transfer.
- The KPI for patients to be collected within a maximum of three-hour response time from time of booking to the patient being picked up on the ward had a target of 98% the data for December showed 97.12% achieved, January 98% achieved and February 98% achieved.
- The KPI for patients will travel no longer than 1 hour 30 minutes on transport for any given transfer from the main commissioning provider had a target of 98% the data for December showed 99.24% achieved, January 99% achieved and February 98% achieved.
- Managers told us that due to the limited KPI information collected no corporate and wider benchmarking was carried out, however, we saw evidence the data was discussed at regional governance meetings.

Competent staff

- All staff that we spoke with told us they had received a comprehensive induction at the start of their employment which had lasted at least four to five days, depending on the nature of their role and start date.
- We reviewed 10 staff training files. These all demonstrated that staff had undertaken comprehensive inductions and mandatory and statutory training. For example, induction training included basic life support, health and safety, fire safety, infection control, and manual handling.
- Staff told us they received annual training which included assessments of knowledge and practical competence. They told us training updates were automatically scheduled and notified two to three weeks in advance.
- Two of six staff we spoke with told us they had appraisals where their performance was reviewed. Four of the six staff we spoke with stated they had not had formal appraisals. Staff told us they could approach managers if there was something they wished to discuss in relation to their role.
- Managers we spoke with told us there was a staff appraisal process and we saw evidence of this; however, not all operational staff had an appraisal. Managers told us because the company had only been registered with CQC since October 2017 the priority had been to ensure all staff had been on an induction course and had received statutory and mandatory training and staff appraisals would follow that.
- Managers also told us they wanted to ensure all staff knew and worked to the company values before commencing appraising staff.
- The provider had a training prospectus for staff to refer to. This included the training team, mandatory e-learning, annual core update day, ambulance care assistant course, mental health uplift course, urgent care assistant course, emergency care assistant course, emergency medical technician, registered healthcare professionals, non-clinical staff courses, education and training staff courses, management training courses, commercial training, training administration process, training hub equipment list and feedback.
- The prospectus also covered continuing professional development.

- The provider had a performance development and review plan. A blank plan was reviewed. It contained key performance areas to consider.
- In performance quality the performance areas included; job knowledge, quality of work, adaptability, team work, dependability and attitude. In safety the areas considered included; attendance/punctuality, customer focussed, care of equipment, initiative/innovation, continuous improvement and technical skills. Personal strengths and development opportunities are identified and a plan is devised.
- The performance development and review plan was supported by a personal development review plan with individual SMART objectives, achieving personal qualities, personal qualities reflections, future objectives and development and a staff rating was reviewed before signing off by the individual and their manager.
- The provider had a personal training and development policy. There were 23 areas covered including training plans, workplace activity observations records and training compliance audits/targets. The document had an owner, who the author was, version control, when the document became active and when it was due for review.
- During inspection the policy document was reviewed and found to contain extensive information for staff to refer to in relation to their training and development needs.
- The provider recorded the driving licence details of the staff on a spreadsheet. The spreadsheet recorded staff names, date of birth, driving licence details, date licence expired, date when the licence was checked and the date when the next check needed to be carried out. The spreadsheet had an alert set up to inform managers when the checks were due.
- The service had a computer based system linked to front facing cameras in the provider's ambulances. The cameras were activated when the vehicle exceeded a certain speed. The camera footage was stored on a computer hard drive. The system also recorded harsh breaking and over-revving of the engine. This information was used by the operations managers to identify any drivers whose driving standards were below what was accepted.

Coordination with other providers

- Coordination with other providers was achieved through the booking-in system which ensured pre-alerting and capacity issues were highlighted to PTS crews.

Access to information

- Staff we spoke with told us they had access to special notes, advanced care plans(ACPs) and do not attempt cardiorespiratory resuscitation (DNACPR) orders through the patient booking-in process and during the patient handover.
- During inspection we saw evidence in patient report forms that special notes, advanced care plans (ACPs) and do not attempt cardiorespiratory resuscitation (DNACPRs) were recorded.
- All the ambulances we inspected had accurate and up-to-date satellite navigation systems. If the system failed crews could ring the dispatchers for directions.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The provider had a Deprivation of Liberty Safeguards (DoLs) policy which contained related documents and legal references, an introduction, policy statements, responsibilities, levels of restriction and restraint, ERS medical responsibilities and death of a person subject to a DoLs order.
- During inspection the policy document was reviewed and found to contain extensive information for staff to refer to in relation to dealing with patients who could be subject to a DoLs order.
- The provider training spreadsheet had evidence that all 99 PTS staff were all up to date in relation to training in the Mental Capacity Act (MCA) including consent.
- Staff we spoke with confirmed they had received training in consent and Mental Capacity Act. Staff files showed that staff had received training on consent, Mental Capacity act, and Deprivation of Liberty Safeguards.
- Staff we spoke with could give examples of when DoLs would apply.
- Staff reported they would seek consent from patients, if they had capacity, before conveying them and if a

patient did not consent they would not convey them. They told us that on such occasions ERS staff would ask staff working with the patient to speak with them and further explain the rationale for transport in the hope the patient would consent. Staff said that such decisions would be documented on the running sheet. If consent was not obtained the ERS control would be contacted and advice sought.

- Staff told us they did not complete a specific form detailing whether the patient had consented and whether or not staff had completed a Mental Capacity Act assessment.
- Some of the staff we spoke with were not aware of MCA assessment process of a two-stage test and four criteria to meet to determine capacity but could explain the assessment process from the training they had received.

Are patient transport services caring?

We found the following areas of good practice:

- Staff were observed ensuring the dignity of patients.
- The provider had received several letters from providers thanking ERS staff for their caring attitude toward patients.
- Staff described providing emotional support by listening to patients and responding in a calm and empathic manner.

Compassionate care

- We observed a crew ensuring the dignity of a patient was maintained by closing the ambulance door while transferring them from a wheel chair to a stretcher.
- Other staff we spoke with told us they routinely ensured the door of the ambulance was closed when transferring patients
- Staff were observed to be respectful and caring toward the patient asking if they were comfortable and confirmed they had their belongings with them.
- Staff we spoke with told us about how they maintained patient dignity during long distance transfers. The crews ensured at least one female member of crew was present when transporting a female patient. If the crew were male and female they would switch roles, for example if a patient needed to use the toilet so that patient's dignity was preserved
- Staff told us they would ensure a patient was comfortable, warm and would ask what they could do to make the patient more comfortable. For example, adjusting the head position if transported on a stretcher. Staff told us they would offer patients drinks and if the hospital had sent the patient with a packed lunch they assisted them to eat and drink, if required, at a time which suited the patient.

  We saw a letter of thanks from staff at a NHS trust in relation to a delay accessing an inpatient bed; the crew remained with the elderly patient in the day room ensuring their comfort. They volunteered to transfer a discharged patient to ensure both patients reached their appropriate destinations.
- We saw another example where staff picked up a patient outside of the contracted area and transferred them. The family asked the commissioners to pass on their sincerest thanks as ERS Medical staff helped make a very difficult situation easier for them which allowed for some dignity to be restored to the patient in a caring and responsive way.

Understanding and involvement of patients and those close to them

- Staff told us they would explain to the patient they were going home and keep patients informed about the journey. Staff would phone a relative who was waiting for the arrival of the patient to inform them of their progress.

Emotional support

- Staff we spoke with described providing emotional support by listening to patients and responding in a calm and empathic manner. Staff had received customer care training to assist with positive communication with patients.
- Staff told us sometimes older patients would get very nervous so they held the patient's hand for the entire journey to reassure patient them and asked if they were OK.

Patient transport services (PTS)

- Staff told us when children were being transported, for example for radiotherapy, they would talk to the children to reassure them.

Are patient transport services responsive to people's needs?

We found the following areas of good practice:

- Crews were made aware of patients with complex needs including those with learning disabilities, dementia, older people with complex needs and those requiring access to translation through the booking in process.
- All PTS staff had received training in dementia, equality and diversity, care of bariatric patients and paediatric care.
- The provider had a robust complaints procedure, which all staff understood.
- Wider learning in relation to complaints was shared with staff through a computer system which they could all access.
- There was regular staff engagement through staff meetings.

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

- There were no visual communication aids in any of the PTS ambulances.
- There were no complaints forms carried on PTS ambulances.

Service planning and delivery to meet the needs of local people

- Managers told us the planning of the service with commissioners was done through the contract and accompanying service level agreements This was supported by regular meetings with commissioners to review progress against the contract and to discuss any issues or concerns that had arisen.
- During inspection we saw evidence the provider had a set shift system appropriately staffed with additional resources as contingency to meet additional demand.

Meeting people's individual needs

- Crews were made aware of patients with complex needs including those with learning disabilities, dementia, older people with complex needs and those requiring access to translation through the booking in process.
- All PTS staff had received training in dementia, equality and diversity, bariatric patients and paediatric care during induction.
- All staff we spoke with could described the steps they would take to support patients with visual or hearing difficulties. They said they would use writing, gesture or verbal explanation. One member of staff could use British sign language.
- Staff described being able to access interpreters if required. We saw there was information about how to request an interpreter displayed in staff areas for ease of access. Staff reported that family members might accompany patients and interpret for them additionally some patients used interpreting devices on their own mobile phones.
- We did not see any visual communication aids in any of the PTS ambulances. This is important for patients that are unable to verbally communicate and is particularly relevant in relation to recording levels of pain.

Access and flow

- Managers told us the resourcing levels were agreed with the providers requesting PTS through a service level agreement. The provider scheduled floating crews on duty each day to deal with unexpected demand or to support existing contracts.
- Managers told us the commissioners did not set KPIs for on-scene turnaround. On scene turnaround is the time taken from when a PTS ambulance arrived at its destination and being ready for allocation of another job.
- Due to the nature of the contractual arrangements the provider did not have control over the number of requests for patient transport.
- The provider had the ability to track where the PTS ambulances were. We saw evidence of crew members that had provided information and updates about their location and availability to control room staff.

Learning from complaints and concerns

Patient transport services (PTS)

- We reviewed the provider`s complaints policy. The policy contained related documents and legal references, an introduction, policy statements, responsibilities, definitions, complaints management with key steps, complaint referenced to an incident with key steps, comment and / or concern and compliments. The policy document had a flow chart which explained how a complaint would be investigated.
- The complaints policy had an owner, a review date and a version control number.
- Managers told us the procedure for making complaints was through a link on the ERS website or through a phone call to the ERS 24-hour HQ control room in Leeds. The information would be recorded on a computer based business support system overseen by the patient experience coordinator. The system generated an email to the operations manager of the site where the complaint originated from. They had five days to investigate it. The complaint was then routed to the technical lead who had 14 days to complete the investigation before it went back to the patient experience coordinator for quality assurance, who drafted a response to the complainant.
- If the complainant was unhappy and wished to appeal the outcome of the investigation the complaint was escalated to the head of care.
- We saw minutes from the monthly governance and patient safety committee meeting which showed that complaints were an agenda item and had been discussed. Each incident had a reference, event type, region, location, event date, owner, work flow status and submission date. The minutes showed there had been three complaints made in November 2017, three in December 2017, and 13 in January 2018.
- Any wider learning in relation to complaints was shared with staff through a computer system which they could all access. Any individual or crew learning was delivered to staff by the operations managers or regional manager.
- Staff we spoke with told us if a patient asked to make a complaint they would provide them with the service telephone number.
- We did not see any evidence of any forms explaining the complaints process for patients being carried on PTS ambulances. Staff we spoke with confirmed this.
- The provider had a whistle blowing (raising concerns at work) freedom to speak up policy. The document had an owner, a review date and a version control number. Staff could refer to the policy which included information on how to raise issues at work and the investigation process.
- To support the policy the provider had a raising a concerns report. The report form had various areas for the person raising the concern to fill in. The information could be anonymous. Once completed the form went to the regional manager to investigate.

Are patient transport services well-led?

We found the following areas of good practice:

- The leaders were visible and had clearly defined roles.
- The provider had a clear vision and strategy which all staff understood.
- There were monthly governance meetings with a set agenda and minutes recorded which all staff could access.
- Staff records showed 101 staff, including two that worked in accounts and admin had DBS checks within the past three years and 99 PTS staff had their driving licenses checked within 12 months of this inspection.
- There was evidence from a patient/carer/relative survey of high levels of satisfaction.
- There was regular staff engagement through staff meetings.
- The provider had invested in six computer based business management systems to support various parts of their business.
- Managers had real time reporting of information which allowed them to track business performance, staff accountability and supported decision making.

Leadership of service

Patient transport services (PTS)

- The corporate leadership consisted of the managing director, group finance director, head of care, head of HR and training, an executive director and a medical director.
- ERS Medical North East had clearly defined managerial and supervisory roles. The regional manager had overall responsibility for the Bowburn and Blyth sites. They had operational responsibility for the operations managers. The operations managers were responsible for supervising and managing the team leaders. The team leaders were responsible for the supervision of the lead drivers and road crews.
- The regional manager had regional responsibility for HR administration and financial administration.
- We saw that the corporate leadership team and regional leaders maintained their visibility by attending regular staff meetings and visiting the two stations.
- During the inspection we reviewed the provider's company directors fit and proper persons policy which contained references to related documents and legal references, an introduction, policy statements, responsibilities, definitions, requirements of the Health Social Care Act Regulations 2008 Fit and proper person, unfit person test, and management and monitoring.
- Managers told us the purpose of the policy was to define a single process in which the provider would manage and meet the requirements of CQC regulated activity, specifically under the Health and Social Care Act 2008 (regulated activities) Regulations 2014 Regulation 5 Fit and Proper Persons: Directors. The document had an owner, who the author was, version control, when the document became active and when it was due for review.
- Staff we spoke with told us that the leaders were visible and had attended staff meetings informing them about various aspects of the business including finance. Staff felt the leaders were open, transparent and accessible.
- Staff reported that managers were approachable and would listen and respond to feedback about the organisation.
- We saw there was information about the organisational structure and senior management team displayed in staff areas.

Vision and strategy for this this core service

- The provider's vision was "to provide a reliable caring service that puts people at the heart of everything we do".
- The providers vision was underpinned by seven values which were; integrity, compassion, respect, professionalism, patient focus, innovation and working in partnership.
- Staff we spoke with were able to describe what the values were.
- The provider's business vision was to be recognised as the leading provider of health care transport services in the UK by 2022.
- The provider's vision, values and business vision were displayed on posters in various prominent places around each of the stations. At Bowburn there was a screen in the foyer which played a presentation of the provider's vision, values and business vision on a continuous loop. This could be watched by staff and visitors.
- Staff we spoke with told us the service vision, values and five-year plan had been communicated at a recent staff meeting. Minutes from the meeting were available to all staff, so those not in attendance were kept informed. We saw evidence of this during the inspection.
- The providers vision, values and business vision were included in the appraisal system.

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

- The governance and performance review committee met monthly on a regional basis. The scope of the meeting was all patient care, quality and clinical issues arising from and related to CQC regulated activity within the CQC registration locations and pertaining to ERS Medical, its subsidiary companies and business activities in the UK.
- The core committee members for each location were the registered manager; health and safety advisor / manager; care quality manager; site operations

managers within the location region; regional clinical trainer and other senior managers, heads of department and business unit managers who could be invited attend on an as required basis.

- A national governance and performance review meeting had been conducted March 2018. The review identified key areas of performance where improvements could be made. The information was shared with staff via a power point presentation.
- The provider held monthly board meetings. The minutes for the meetings held in December 2017, January 2018 and February 2018 were reviewed. The meetings had a set agenda with recorded minutes and actions with owners and completion dates.
- The provider held local monthly governance meetings. The minutes for the meetings held in December 2017, January 2018 and February 2018 were reviewed. The meetings had a set agenda with recorded minutes and actions with owners and completion dates.
- Managers told us that the governance meetings were audio recorded and the recordings were stored on a hard drive along with the minutes of the meeting. The recordings were made and kept ensuring transparency and so there could be no dispute over what had been discussed.
- We reviewed staff files for all six employees who had been recruited since registration. We saw evidence of identification, references, and job applications. Managers told us interview documentation was recorded and held at ERS headquarters. Managers told us that staff were asked about health conditions that could affect their performance or restrict which duties they could perform as part of the interview process. They told us that staff did not undertake a separate occupational health questionnaire or interview.
- We reviewed information for 101 staff including two that worked in accounts and admin and this showed that all staff had DBS checks within the past three years.
- Staff were offered hepatitis B immunisations free of charge. We reviewed a sample of records for 66 operational employees and all the staff had been offered the option to receive hepatitis B immunisations free of charge and their decision recorded whether to or not they took up the offer.
- We reviewed information for 99 PTS staff employees and saw that driving licence checks had been completed within 12 months of the inspection. Managers told us checks were carried out yearly and that when an update was due a reminder was sent to staff and results were checked by managers.
- Driving licence checks provided information about driving penalties and points and identified whether drivers were low, medium or high risk. Decisions about whether staff could drive or not were based on what the contract with other providers specified, the driver risk assessment, and the nature of any driving offence.
- We evidence staff competencies were maintained through statutory and mandatory training.
- During inspection we saw evidence of a risk register with 15 risks identified. Each had a date when it was added to the register, with a risk rating, a review date and who the owner was. There was evidence the risk register had been discussed at the governance and performance review meetings. Individual risk owners were responsible for devising actions to mitigate the risk.
- Managers told us they received alerts from external organisations relating to medical devices and health and safety. We saw an example of an alert that had been received from on 18 May 2018 relating to blood glucose test strips which had been actioned. There was a system to report back to senior managers that the alert had been received and actioned.

Culture within the service

- All managerial and operational staff we spoke with described the culture at both sites as positive. All the staff we spoke with said that since the buyout of the business the culture had changed for the better. They were kept informed regularly of significant issues in the company and the leaders were open and visible.
- We saw evidence that change in the organisation was managed through staff consultation, keeping the staff informed through forums and by leaders delivering key messages face to face with staff.
- Delivery of organisational change was done by appointing action owners with timescales for completion and holding them to account by the Managing Director through the governance meetings.

Patient transport services (PTS)

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

- The regional manager told us ERS staff attended contract review meetings to discuss with commissioners what is going well and not so well.
- The regional manager told us ERS conducted on-board patient surveys; however, the response rate was approximately 2%. Patients could respond by freepost, or could hand completed forms to crews, or submit feedback through the provider website.
- Managers we spoke with told us staff engagement was more open and transparent since the ERS 'takeover'. The provider mission performance had been shared with operational teams on site. The head of performance and the ERS managing director have done roadshows in each region in 2018 for team leaders to deliver the provider's vision and mission statement.
- There was evidence of other engagement with staff through team briefings for team leaders and quarterly staff meetings, the minutes of which were reviewed during inspection.
- Managers told us the managing director had given directions to managers to be very visible to staff. Managers told us the providers values are the result of engagement with staff and linked to their PDR.
- The regional manager told us the provider had started publishing a quarterly newsletter for staff called "In Touch Issue 1 Spring 2018". We reviewed the document and it contained information about performance and plans for the future.
- A patient/carer/relative survey from May 2018 received 107 responses where satisfaction rates were asked for. Some of the key questions were; how likely are you to recommend our service to friends and family if they needed similar care or treatment? The response was, extremely likely 72% and very likely 28%, Could you tell us how you would rate our service based on the following areas of your journey; pick up time; extremely satisfied 69.81% satisfied 25.47%, crew introduced themselves and explained what would happen during the journey extremely, satisfied 80.37% satisfied 19.81% and were you treated as an individual with dignity and respect, extremely satisfied 79.25% satisfied 19.81%
- The provider also had patient feedback forms on the PTS ambulances. During inspection staff were observed to hand a patient they had transferred a feedback form to complete.
- There was evidence that patient feedback was discussed at the monthly regional governance meetings.
- During inspection there was evidence of weekly team leader meetings and monthly staff meetings. If anyone could not attend the minutes were copied and held in folders in each station for staff to read.
- Staff told us that they received prizes as recognition for times when they went 'above and beyond' their role.
- We saw information displayed on a staff notice board about an employee assistance programme which staff could access for emotional support.

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

- The provider had invested in six computer based business management systems to support various parts of their business. Managers told us they had been involved in the design to ensure the systems were appropriate for the services provided.
- The systems produced accurate real time reporting of information which allowed senior managers to track business performance, staff accountability and supported decision making.
- Managers we spoke with told us that the business was sustainable because the provider had several contracts with NHS trusts.

Outstanding practice and areas for improvement

Outstanding practice

- The provider had strong governance processes in place which confirmed all staff were up to date with their mandatory, safeguarding and Mental Capacity Act (MCA) training and all staff had current DBS and current driving licence checks which ensured the safety of patients who used the service.
- The providers key performance indicators were consistently met.
- Staff had received a comprehensive induction at the start of their employment.
- There was evidence of high levels of satisfaction from a patient/carer/relative survey.
- There was regular staff engagement through staff meetings.
- The provider had invested in six computer based business management systems to support various parts of their business which provided real time reporting of information which allowed senior managers to track business performance, staff accountability and supported decision making.

Areas for improvement

Action the hospital SHOULD take to improve

- The provider should have accessible information in ambulances to support communication with patients who have cognitive impairment.
- The provider should have an effective system in place which identifies out of date consumable items.
- The provider should have written information about how to complain is available to patients.