

Gateshead Hatzola Ambulance Station

LAP Assessment Report ID : LAP-01746

Inspection visit date(s): 25 June 2025

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Well-led 29

Gateshead Hatzola Ambulance Station

Location findings

Ratings for this location

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

Overall location summary

We assessed Gateshead Hatzola Ambulance Station on 25 June 2025.

We assessed 1 assessment service group at this location to review progress made against outcomes from the inspection in February 2020, and the action we told the provider to take that followed. We found the service had made improvements and had met the actions required.

Gateshead Hatzola Ambulance Station was registered with CQC in March 2019 to deliver the regulated activities: Transport services, triage and medical advice provided remotely. The service had a Registered Manager and a Nominated Individual.

At this assessment we assessed 1 assessment service group: Patient transport services where we assessed 32 quality statements.

We visited the following areas as part of the assessment: the ambulance station, medicines store, associated offices and the ambulance during patient transport.

Gateshead Hatzola Ambulance Station

Location findings

At this assessment we did not identify breaches of regulations.

We rated the location as Good.

Safe

Rating Good



Our overall rating of safe at Gateshead Hatzola Ambulance Station has improved to good. Patient Transport Services were rated as good.

Effective

Rating Good



Our overall rating of effective at Gateshead Hatzola Ambulance Station has remained the same at good.

Caring

Rating Good



Our overall rating of caring at Gateshead Hatzola Ambulance Station has remained the same at good.

Responsive

Rating Good



Our overall rating of responsive at Gateshead Hatzola Ambulance Station has remained the same at good.






Well-led

Rating Good



Our overall rating of well-led at Gateshead Hatzola Ambulance Station has improved to good.

Patient transport services

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

Our view of the service

- Date of assessment: 25 June 2025
- This comprehensive assessment was carried out due to the aged rating of the service from February 2020.
- We rated the service as good. The service had made and maintained the improvements requested following the inspection in February 2020:
 - the patient record form had been updated;
 - daily equipment and vehicle checks were carried out;
 - appropriate medication storage and policies were in place;
 - required audits were in place;
 - staff were provided with identified equipment;

- required training had been completed;
- the major incident plan had been tested; and
- a schedule of policy review was in place.


People's experience of the service

People who had used the service gave overwhelmingly positive feedback, directly to responders, to the service.

, and through online media. This included members of local NHS trusts, particularly the ambulance trust and those working within hospital emergency departments.

On the day of our assessment, we also accompanied staff responding to two calls, these were handled quickly, efficiently and with the appropriate levels of care; positive feedback was given from those being treated and also their relatives.

Safe

Rating Good 

This means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this assessment the rating has changed to good.

This meant people were now safe and protected from avoidable harm.

Learning culture

Score

3. Evidence shows a good standard of care

Patient transport services

We have a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices.

We scored the service as 3. The evidence showed a good standard. The service had a proactive and positive culture of safety, based on openness and honesty. They listened to concerns about safety and investigated and reported safety events. Lessons were learnt to continually identify and embed good practice.

Staff we spoke with knew how to report serious incidents or adverse events, however there had been none specific to the service within the last twelve months. Staff understood the duty of candour, they were open and transparent and would give patients and families a full explanation if and when things went wrong.

The registered manager undertook regular audits of calls to the service, and also of patient report forms completed by responders. Audits detailed the circumstances of the response, findings and learning points, and were used in feedback to staff.

There was evidence that changes had been made as a result of feedback, such as a requirement to include evidence of stabilisation recorded on the patient record form, responders to always keep a second and fully charged radio battery in their tabard pocket, and the first responder on scene to always take both kits in to the incident.

Safe systems, pathways and transitions

Score

3. Evidence shows a good standard of care

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

We scored the service as 3. The evidence showed a good standard. The service worked

with people and healthcare partners to establish and maintain safe systems of care, in which safety was managed or monitored. They made sure there was continuity of care, including when people moved between different services.

Staff involved all necessary healthcare services to ensure patients had continuity of safe care. A standard operating procedure (SOP) ensured there was a clear pathway for requesting local NHS ambulance trust assistance when responders identified a higher category on attendance (categories C1 and C2).

The service had developed a handbook detailing local contacts, such as doctors, dentists, pharmacists, GP surgeries and minor injuries units. Pre-alert telephone numbers were available for local hospitals, the urgent care team and the NHS ambulance trust dispatch. Further information had been included on the normal parameters for blood pressure, blood oxygen levels and pulse rates at different ages. These were complemented by guidance on the Glasgow Coma Score (GCS), the Mental Capacity Act, the National Early Warning Score, and Manchester Triage pathways for trauma, medical and mental health. This enabled responders to identify and collect relevant information about patients before handover to local services where necessary.

The service had also developed a patient report form which enabled responders to record and handover patient information and medical history to other services where necessary. This electronically recorded the nature of the emergency, presenting complaint, response and handover times, a primary survey and initial examination and observations of the patient (history, treatment, advice given, oxygen levels, blood pressure, GCS). Safeguarding notes and the overall risk level were also recorded for handover.

Safeguarding

Score

3. Evidence shows a good standard of care

We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives

while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect, and we make sure we share concerns quickly and appropriately.

We scored the service as 3. The evidence showed a good standard. The service worked with people and healthcare partners to understand what being safe meant to them and the best way to achieve that. They concentrated on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. The service shared concerns quickly and appropriately.

Although the service provided a volunteer ambulance service primarily to the Jewish community, it also provided the service to the non-Jewish community when contacted to do so. Responders had received mandatory training in equality, diversity and human rights.

All responders were trained to Safeguarding Children Level 3 and Safeguarding Adults level 3.

We were given examples where staff had identified and reported potential safeguarding concerns to the designated safeguarding lead (registered manager), and appropriate action taken. Responders also raised issues with the safeguarding lead which were identified as welfare concerns but did not meet the threshold for reporting to the safeguarding authorities.

The service did not use restraint techniques.

Involving people to manage risks

Score

3. Evidence shows a good standard of care

We work with people to understand and manage risks by thinking holistically so that care meets their needs in a way that is safe and supportive and enables them to do the things that matter to them.

We scored the service as 3. The evidence showed a good standard. The service worked

with people to understand and manage risks by thinking holistically. Staff provided care to meet people's needs that was safe, supportive and enabled people to do the things that mattered to them.

Call handlers and dispatchers identified the care and treatment needs of patients during their initial call, including their location, nature of the emergency, presenting complaint, medical history and medication, and communication or advocacy needs.

Responders then identified further care and treatment needs 'on arrival', such as patient history, patient condition on examination, and identified treatment in consultation with the patient or next of kin if applicable. Observations were recorded and further advice given to the patient where necessary. Safeguarding concerns, if any, were recorded and an 'overall risk level' assessed. The patient or next of kin signed off the treatment given.

During our assessment we accompanied responders to two incidents and received overwhelmingly positive feedback of their experience.

Safe environments

Score

3. Evidence shows a good standard of care

We detect and control potential risks in the care environment and make sure that the equipment, facilities and technology support the delivery of safe care.

We scored the service as 3. The evidence showed a good standard. The service detected and controlled potential risks in the care environment. They made sure equipment, facilities and technology supported the delivery of safe care.

The service used one fully equipped ambulance kept within a secure and monitored compound within a local car park.

Daily checks of the ambulance were carried out confirming the road worthiness and maintenance of the vehicle. These included checks of the physical condition of the ambulance

and a check of the equipment utilised on the vehicle, such as Oxygen and Entonox cylinders, medication, defibrillator, carry chair, mobile phone and vehicle radio. All equipment was maintained and checked at a nearby ambulance station through an agreement with the local NHS ambulance trust, including a vehicle service and MoT.

Daily checklists of the ambulance were uploaded to the service systems electronically and audited through the ambulance check daily record.

Safe and effective staffing

Score

3. Evidence shows a good standard of care

We make sure there are enough qualified, skilled and experienced people, who receive effective support, supervision and development and work together effectively to provide safe care that meets people's individual needs.

We scored the service as 3. The evidence showed a good standard. The service made sure there were enough qualified, skilled and experienced staff, who received effective support, supervision and development. They worked together well to provide safe care that met people's individual needs.

The service was staffed by volunteer responders and operated 24 hours a day, 365 days a year trained to First Response Emergency Care Level 4 (FREC4).

A policy was in place to ensure that suitable volunteers were recruited and inducted. Induction received was appropriate to their role and satisfactory completion depended on passing relevant assessments. On successful completion, candidates received familiarisation with equipment and relevant policies, protocols and operating procedures, followed by shadowing during a probationary period.

One member of staff acted as the registered manager and oversaw all staff, responders and dispatchers. A clinical director was in place to provide medical advice. Two members of staff

Ambulance services

Patient transport services

were employed as call handlers and dispatchers.

The service had developed a comprehensive programme of mandatory training for responders and staff were up to date with appropriate mandatory training. Training was appropriate for the patient group using the service and included for example, infection prevention and control, resuscitation, moving and handling, and safeguarding. Further complementary training sessions such as pre-hospital care for lacerations and minor amputations had been delivered by clinical experts from local NHS hospitals.

Infection prevention and control

Score

3. Evidence shows a good standard of care

We assess and manage the risk of infection, detect and control the risk of it spreading and share any concerns with appropriate agencies promptly.

We scored the service as 3. The evidence showed a good standard. The service assessed and managed the risk of infection. They detected and controlled the risk of it spreading and shared concerns with appropriate agencies promptly.

All cleaning records were up to date, 'clean' stickers were in date and demonstrated cleaning was completed daily. Audits showed there was a 100% compliance with hand washing requirements.

Records showed a deep clean was carried out on the ambulance on a twice-monthly basis and additionally when needed, by an external commercial cleaning company. Infection prevention and control monthly audits were carried out on the ambulance bay area, the equipment stores and general purpose areas.

Medicines optimisation

Score

3. Evidence shows a good standard of care

We make sure that medicines and treatments are safe and meet people's needs, capacities and preferences by enabling them to be involved in planning, including when changes happen.

We scored the service as 3. The evidence showed a good standard. The service made sure that medicines and treatments were safe and met people's needs, capacities and preferences. They involved people in planning, including when changes happen.

Summarise your findings here using the topics below:

Although the service did not use controlled drugs, the service had a policy in place covering the management of medicines used (Oxygen, Aspirin, Salbutamol and Entonox). These medicines were administered in accordance with a SOP developed by the clinical director. The SOP covered the correct storage of medicines on the ambulance and within the service premises, administration, documentation and waste management.

Regular medication audits had been completed, including temperature checks of the store room at the ambulance station.

Effective

Rating Good



We looked for evidence that people and communities had the best possible outcomes because their needs were assessed. We checked that people's care, support and treatment reflected these needs and any protected equality characteristics, ensuring people were at the centre of their care.

We also looked for evidence that leaders instilled a culture of improvement, where understanding current outcomes and exploring best practice was part of their everyday work.

Ambulance services

Patient transport services

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing needs

Score

3. Evidence shows a good standard of care

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

We scored the service as 3. The evidence showed a good standard. The service made sure people's care and treatment was effective by assessing and reviewing their health, care, wellbeing and communication needs with them.

The service used a bespoke app which supported the assessment of the patient's needs and the monitoring and review of their care and treatment. Contact with the patient was tracked from their initial contact with the service and supported their communications needs. The app supported completion of the patient data at the time of the incident. During our assessment we monitored the use of the app for people contacting the service and feedback from people using the service as well as staff was positive.

Delivering evidence-based care and treatment

Score

3. Evidence shows a good standard of care

We plan and deliver people's care and treatment with them, including what is important and matters to them and in line with legislation and current evidence-based good practice and standards.

We scored the service as 3. The evidence showed a good standard. The service planned

and delivered people's care and treatment with them, including what was important and mattered to them. They did this in line with legislation and current evidence-based good practice and standards.

Staff were supported by following clinical guidelines and quality standards appropriate to the service, including protocols for children and other patient groups which reflected their cultural needs. Staff understood the culture and assessed the nutrition and hydration needs of patients appropriately. Volunteer staff were trained in their roles and supported to maintain and update their skills. The service empowered staff to report any concerns and to share good practice.

Patients received care and support from staff who knew them well and feedback showed they were very satisfied with the care and support provided. A feedback procedure was completed for each call to the service with consistently positive feedback from patients and confirming the appropriateness of the service provided.

How staff, teams and services work together

Score

3. Evidence shows a good standard of care

We work effectively across teams and services to support people, making sure they only need to tell their story once by sharing their assessment of needs when they move between different services.

We scored the service as 3. The evidence showed a good standard. The service worked well across teams and services to support people. They made sure people only needed to tell their story once by sharing their assessment of needs when people moved between different services.

Patients were well supported by the service, which demonstrated effective teamwork, both internally and with external partners, particularly the local NHS ambulance service. Volunteer staff communicated using radio contact and mobile phones. The Hatzola application included a handover protocol developed in partnership with the local hospitals so that patient

Ambulance services

Patient transport services

handovers were fully aligned.

The service operated an effective partnership with the local NHS ambulance service which included support with training and equipment. The service had recently attended a working lunch session with the ambulance service to further develop arrangements for working together. Volunteer staff and partners were complimentary about how closely the teams shared working arrangements.

Supporting people to live healthier lives

Score

4. Evidence shows an outstanding standard of care

We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce their future needs for care and support.

We scored the service as 4. The evidence showed an exceptional standard. The service always supported people to manage their health and wellbeing to fully maximise their independence, choice and control. The service supported people to live healthier lives and where possible, reduce their future needs for care and support.

The service provided a range of examples of how it supported the health and wellbeing of patients and the local community. Feedback we reviewed demonstrated a high level of patient satisfaction with the service and evidence of its outreach to the local community. Ahead of an annual festival, it promoted alcohol awareness. The team included a trained mental health lead and commissioned mental health seminars for the wider community. The service consulted with GP's within the local community and volunteers supported local hospitals during winter emergencies. Special needs support workers were available. Jointly with the fire service, it supported training to support fire safety at home.

The service had introduced an outreach programme to train the wider community in basic first aid, life support and cardiopulmonary resuscitation. In conjunction with a local sponsor, the

service had installed 4 defibrillators in public buildings across the community. Through its outreach arrangements, the service had visited local schools and colleges to provide information about the ambulance service.

The service issued fridge magnets and telephone stickers to support people in accessing its services at all times. The service provided care call cover for older people using a panic button. The service has installed key safes at selected addresses so that it could access and assist patients without delay when alerted.

In conjunction with professional partners, it provided a support service for mothers and toddlers. The ambulance carried copies of 'The Little Orange Book' with advice on managing common illnesses in young children so that parents were supported to manage their children's health independently.

Monitoring and improving outcomes

Score

3. Evidence shows a good standard of care

We routinely monitor people's care and treatment to continuously improve it and to ensure that outcomes are positive and consistent, and that they meet both clinical expectations and the expectations of people themselves.

We scored the service as 3. The evidence showed a good standard. The service routinely monitored people's care and treatment to continuously improve it. They ensured that outcomes were positive and consistent, and that they met both clinical expectations and the expectations of people themselves.

The service continuously monitored and supported the care and treatment it provided to patients and families. Any clinical deterioration in a patient's health was closely monitored and the service used recognized tools effectively to support and improve outcomes for patients.

Key performance indicators were monitored, and the service benchmarked its performance

with other organisations in the group. Quarterly reports to trustees presented the service's performance against its expected standards, including how it performed against expected response times and the key performance indicators were routinely audited.

Typically, responders attended each call within 2 minutes. Where patients had consented, the service obtained feedback through hospital chaplains which demonstrated the service achieved very positive outcomes for patients which met or exceeded expectations.

Consent to care and treatment

Score

3. Evidence shows a good standard of care

We tell people about their rights around consent and respect these when we deliver person-centred care and treatment.

We scored the service as 3. The evidence showed a good standard. The service told people about their rights as to consent and respected these when delivering person-centred care and treatment.

The service consistently explained their rights to patients and obtained their consent, which was recorded on the app. Volunteer staff were trained to make decisions in the patient's best interests where they lacked capacity. Reflecting cultural sensitivities was a key component in how these decisions were applied and staff were appropriately trained for their role.

Volunteer staff obtained consent from patients for their care and treatment in line with legislation and guidance which was recorded in the patient records. Volunteers understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005, and knew who to contact for advice.

The service did not transport patients who were detained under the Mental Health Act or patients experiencing a mental health crisis. The service escalated these patients to the local NHS ambulance service or local mental health crisis response team.

Staff received and kept up to date with mandatory training in mental health awareness and understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff we spoke with demonstrated a level of knowledge appropriate to their scope of practice and they knew how and when to escalate.

Caring

Rating Good



We looked for evidence that people were always treated with kindness, empathy and compassion. We checked that people's privacy and dignity was respected, that they understood that they and their experience of how they were treated and supported mattered. We also looked for evidence that every effort was made to take people's wishes into account and respect their choices, to achieve the best possible outcomes for them.

At our last inspection we rated this key question good. At this assessment the rating has remained good. This means that people were treated with kindness, compassion, dignity and respect.

Kindness, compassion and dignity

Score

3. Evidence shows a good standard of care

We always treat people with kindness, empathy and compassion and we respect their privacy and dignity. We treat colleagues from other organisations with kindness and respect.

We scored the service as 3. The evidence showed a good standard. The service always treated people with kindness, empathy and compassion and respected their privacy and dignity. Staff treated colleagues from other organisations with kindness and respect.

There were two calls during our assessment, and we observed staff treating the patients and their family members with dignity, respect and kindness. Staff explained everything they did

and provided clear information and advice, supporting people to make decisions about their care.

We looked at service user feedback, which was positive. People commented on how caring, calm and professional the staff were. We heard about situations where the ambulance was used to remove a casualty from public view to preserve their dignity and privacy while waiting for further assistance.

Staff were sensitive to the community nature of their service, which meant that most service users were personally known to staff, and they took confidentiality very seriously.

We observed a handover of a patient at the local hospital, and staff at the hospital commented on the polite, friendly nature of the Hatzola personnel and stated that their handovers were always professional and thorough.

Treating people as individuals

Score

3. Evidence shows a good standard of care

We treat people as individuals and make sure their care, support and treatment meets their needs and preferences, taking account of their strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics.

We scored the service as 3. The evidence showed a good standard. The service treated people as individuals and made sure people's care, support and treatment met people's needs and preferences. They took account of people's strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics.

The community served was largely Jewish, and all staff were also Jewish so staff were knowledgeable about the cultural needs of the community they served. All service users transported to hospital were provided with a leaflet, which stated how to find Shabbos rooms where Kosher food was stored in each of the local hospitals, and how to access the patient

advocacy services provided by the Jewish chaplains. We saw leaflets on the ambulance informing service users how to make complaints, and we heard how every service user was sent a feedback form and encouraged to give anonymous feedback on their experience.

Staff did not have access to a formal translation or interpreting service, but they showed us a book, stored in the ambulance, which provided translations of key phrases into multiple common languages. They also had access to electronic translation apps on their phones if required.

We saw a booklet, which the service produced to help other local medical emergency services to understand the customs of the Jewish community, giving practical advice on how the cultural needs of people from this community could be met.

We heard how service staff had taken their ambulance to schools for children with special needs, so that the children could get used to the vehicle and not be intimidated by it in case they ever need to use the service.

Independence, choice and control

Score

3. Evidence shows a good standard of care

We promote people's independence, so they know their rights and have choice and control over their own care, treatment. and wellbeing.

We scored the service as 3. The evidence showed a good standard. The service promoted people's independence, so people knew their rights and had choice and control over their own care, treatment and wellbeing.

We observed staff seeking consent from service users and explaining options so that they could make informed decisions. We also saw a patient record sheet, which documented how staff took an individual's personal circumstances into account and transported her to the hospital of her choice.

Responding to people's immediate needs

Score

3. Evidence shows a good standard of care

We listen to and understand people's needs, views and wishes. We respond to these in that moment and will act to minimise any discomfort, concern or distress.

We scored the service as 3. The evidence showed a good standard. The service listened to and understood people's needs, views and wishes. Staff responded to people's needs in the moment and acted to minimise any discomfort, concern or distress.

We spoke to a service user, who told us that she had used the service on a number of occasions. She told us about an incident where the call handler dispatched a responder, but told her to phone 999 straight away, and another incident where a responder had contacted the local NHS ambulance service to seek advice, which demonstrates the ability to respond to risk.

We saw service user feedback which commented on the ability of the staff to ease concerns.

Workforce wellbeing and enablement

Score

3. Evidence shows a good standard of care

We care about and promote the wellbeing of our staff, and we support and enable them to always deliver person centred care.

We scored the service as 3. The evidence showed a good standard. The service cared about and promoted the wellbeing of their staff and supported and enabled staff to always deliver person-centred care.

As an organisation, the service was concerned about the wellbeing of its staff and volunteers.

They told us about mechanisms they have in place to ensure staff safety and well-being. These included:

- at least two responders were always dispatched to each call;
- de-briefing sessions were held immediately following any traumatic calls. An example was provided where volunteers had transported a very unwell young girl to hospital, who later died, and debriefing sessions were held before volunteers left the hospital site;
- a mental-health lead, who is a mental health chaplain at a local NHS Trust, could be called upon to provide staff with mental health support;
- the service was awarded a grant to look after the mental health of the volunteers and the community. As a result, a portacabin was available to use as a space for volunteers to come together to support each other, and a trauma therapist was available when needed; and
- the Hatzola app had a partner support button, so if a volunteer was delayed on a call, a message was sent to the volunteer's family to let them know.

There was no formal annual appraisal process in place, but staff received regular feedback on their performance throughout the year through on-going audits. We spoke to two volunteer responders, and both stated that they felt very well supported and valued and were proud of the service they provided to the community.

Responsive

Rating Good



At our last inspection we rated responsive as good. At this assessment the rating has remained good.

We looked for evidence that the service met people's needs. We looked for evidence that people and communities were always at the centre of how care was planned and delivered. We checked that the health and care needs of people and communities were understood, and they were actively involved in planning care that met these needs. We also looked for evidence that people could access care in ways that met their personal circumstances and protected equality characteristics.

Ambulance services

Patient transport services

This meant people's needs were met through good organisation and delivery.

Person-centred care

Score

3. Evidence shows a good standard of care

We make sure people are at the centre of their care and treatment choices and we decide, in partnership with them, how to respond to any relevant changes in their needs.

We scored the service as 3. The evidence showed a good standard. The service made sure people were at the centre of their care and treatment choices and they decided, in partnership with people, how to respond to any relevant changes in people's needs.

Staff explained that their focus was on being a responsive organisation. The service made decisions about patients' care which ensured the focus was maintained on the relevance of their care and treatment. Supporting the needs and preferences of patients was paramount and the service supported them in making their own decisions.

Several examples of how the service worked in partnership to support the needs of patients were shared. The service had prepared a booklet about the customs of their community to provide practical advice in supporting the cultural needs of Jewish patients. A phrasebook following the accessible information standard was carried on the ambulance vehicle to support contact with patients.

To support the relevance and responsiveness of the service to the wider local community, the service had developed an outreach service. The service had used an ambulance vehicle to visit schools for children with special needs so that pupils were familiar with the service. Through its outreach programme, the service trained the wider community in basic first aid and life support. The service said it felt inclusive about helping people.

Care provision, integration and continuity

Score

3. Evidence shows a good standard of care

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

We scored the service as 3. The evidence showed a good standard. The service understood the diverse health and care needs of people and their local communities, so care was joined-up, flexible and supported choice and continuity.

The health and care needs of people in the local community were well understood by the service. Volunteer staff were also trained to support patients in the wider local community with other diverse health and care needs. Care and treatment were provided flexibly and supported the patient's choice.

To support the care needs of patients, a hospital chaplain was deployed who understood the cultural needs of the community. The chaplain was enabled, where permission was obtained, to contact a patient transported to hospital to provide patient advocacy and continued support.

The service met the needs of people with mental health needs. A trained mental health lead was available to provide chaplaincy services and used a radio specifically to respond at all times to any patient mental health emergencies. Dispatchers and responders undertook suicide prevention training.

Feedback we reviewed showed patients had a positive experience of using the service and felt well supported.

Providing information

Score

3. Evidence shows a good standard of care

We provide appropriate, accurate and up-to-date information in formats that we tailor to individual needs.

We scored the service as 3. The evidence showed a good standard. The service supplied appropriate, accurate and up-to-date information in formats that were tailored to individual needs.

The service complied with the accessible information standard and a phrasebook following the accessible information standard was carried on the ambulance vehicle to support contact with patients. Patients, families and carers were kept closely and appropriately informed through regular updates during their contact with the service. Information governance arrangements ensured confidentiality of patient information and were strictly enforced.

A booklet prepared by the service about customs of the local Jewish community included examples and explanations to promote awareness of appropriate language. Volunteer staff supported people with information about care and treatment and other services available in the local area. The service worked closely with a Jewish family social care service and other partners in the community to access specialised assistance for patients requiring additional support.

The service made statutory notifications to external bodies when required.

Listening to and involving people

Score

3. Evidence shows a good standard of care

Patient transport services

We make it easy for people to share feedback and ideas or raise complaints about their care, treatment and support. We involve them in decisions about their care and tell them what's changed as a result.

We scored the service as 3. The evidence showed a good standard. The service made it easy for people to share feedback and ideas, or raise complaints about their care, treatment and support. They involved people in decisions about their care and told them what had changed as a result.

Feedback mechanisms were well embedded for each call the service received. Each patient call was sent a text with a link to a digital feedback form. The key performance indicator showed patient satisfaction of 98%.

A complaints policy was in place, which was reviewed most recently in March 2025. The policy explained how the service supported and investigated complaints. Volunteer staff knew how to handle complaints appropriately, although no formal complaints had been received in the previous 12 months. The service shared 2 examples of complaint investigations where learning points were acknowledged. Learning and improvement were also supported through external feedback and benchmarking.

Equity in access

Score

3. Evidence shows a good standard of care

We make sure that everyone can access the care, support and treatment they need when they need it.

We scored the service as 3. The evidence showed a good standard. The service made sure that people could access the care, support, and treatment they needed when they needed it.

Haztola ensured the local community could access the service easily. The service supported

Patient transport services

people to ensure an appropriate response. The Hatzola app supported the first contact, and a responder was allocated and dispatched immediately. Staff made reasonable adjustments for patients to support access. The service deployed responders to any patient requiring an intervention, and not exclusively those from the Jewish community. Key performance indicators showed responders currently attended each call within 2 minutes.

The service provided cover at all times of day and night, and was arranging to recruit a further 6 volunteer responders so that 18 responders would be available to ensure this cover was maintained.

A hospital chaplain was deployed to support patients so that any communication difficulties were addressed if the patient was admitted to hospital. The chaplain could provide support until the patient was discharged from hospital and subsequently signposted the person to access post treatment support.

Equity in experiences and outcomes

Score

3. Evidence shows a good standard of care

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

We scored the service as 3. The evidence showed a good standard. Staff and leaders actively listened to information about people who are most likely to experience inequality in experience or outcomes and tailored their care, support and treatment in response to this.

Managers, coordinators and volunteer staff worked closely together to provide a service which demonstrated an active listening culture. The service responded to everyone regardless of their cultural background to provide an inclusive service. Although the service primarily supported the Jewish community in the local area, it also responded to calls from other people contacting

the service.

The views and feedback of people in the local community were welcomed. The service trained staff in equality, diversity, inclusion and human rights. All calls received were audited and scored and dispatchers received monthly feedback on their scores to identify where any further improvements could be made. Equality impact assessments to support people with protected characteristics and ensure a fair and consistent response were not widely used. However, the service responded to all patients, regardless of their background. The service signposted every member of the public who contacted them to ensure people received an equitable service.

The service shared examples of feedback it had received and these were very positive.

Well-led

Rating Good



This means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this assessment the rating has changed to good.

This meant the service was now consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Shared direction and culture

Score

3. Evidence shows a good standard of care

We have a shared vision, strategy and culture that is based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and understanding and meeting the needs of people and our communities.

We scored the service as 3. The evidence showed a good standard. The service had a shared vision, strategy and culture. This was based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and understanding challenges and the needs of people and their communities.

The service had developed a mission, strategy and implementation plan to ‘...advance health and save lives by providing for the public benefit in Gateshead and the surrounding area...a volunteer emergency medical first response and ambulance service’. The mission also identified that the service would provide relief and assistance for persons who are sick or ill, and also provide information, education and training to promote health.

This had been discussed with staff and they were able to demonstrate they had contributed to its development, were aware of its contents and objectives, and that they understood how this contributed to the delivery of a high quality service.

The strategy designed to implement the mission concentrated on operation of the service and regulation, investment, quality of care provided, digital transformation, people management and governance.

Capable, compassionate and inclusive leaders

Score

3. Evidence shows a good standard of care

We have inclusive leaders at all levels who understand the context in which we deliver care, treatment and support and embody the culture and values of their workforce and organisation. They have the skills, knowledge, experience and credibility to lead effectively and do so with integrity, openness and honesty.

We scored the service as 3. The evidence showed a good standard. The service had inclusive leaders at all levels who understood the context in which they delivered care, treatment and support and embodied the culture and values of their workforce and organisation. Leaders had the skills, knowledge, experience and credibility to lead

effectively. They did so with integrity, openness and honesty.

We met with the registered manager during our assessment at the service, they had been in this role since the service was first registered. They clearly explained how the service operated, teams were managed, and how outcomes were measured.

The registered manager had the skills, knowledge and experience to undertake the role and had a good understanding of the service. We were told by responders the registered manager was visible and approachable for patients and staff, this was confirmed through responses to staff surveys. Development opportunities were available for all staff.

Freedom to speak up

Score

3. Evidence shows a good standard of care

We create a positive culture where people feel that they can speak up and that their voice will be heard.

We scored the service as 3. The evidence showed a good standard. The service fostered a positive culture where people felt they could speak up and their voice would be heard.

Patients and carers were encouraged to give feedback on the service through direct contact with the service and through feedback forms and comments recorded on the patient record form. We saw that feedback was used to make improvements to the service.

The registered manager and trustees were accessible to staff, patients and their carers for them to give feedback. Surveys had been undertaken giving staff the opportunity to comment on a variety of issue such as the regularity of feedback on performance, clinical training, ability to report errors and near misses, further training needs and being enabled to make suggestions to improve the work of the organisation.

Responses were overwhelmingly positive and enabled staff to raise any issues in a constructive way.

Workforce equality, diversity and inclusion

Score

3. Evidence shows a good standard of care

We value diversity in our workforce. We work towards an inclusive and fair culture by improving equality and equity for people who work for us.

We scored the service as 3. The evidence showed a good standard. The service valued diversity in their workforce. They work towards an inclusive and fair culture by improving equality and equity for people who work for them.

The service primarily provided emergency response and patient transport to the local Jewish community in a geographical area of Gateshead, and reflected this within their workforce. As volunteers, staff were able to work flexibly to account for personal circumstances such as caring and health issues. Reasonable adjustments were put in place for staff members to help them carry out their role.

While the service provided help, assistance and transport to all members of the local community, the workforce reflected the primary catchment of the service, and was representative of the patient group.

Governance, management and sustainability

Score

3. Evidence shows a good standard of care

We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Patient transport services

We scored the service as 3. The evidence showed a good standard. The service had clear responsibilities, roles, systems of accountability and good governance. They used these to manage and deliver good quality, sustainable care, treatment and support. They act on the best information about risk, performance and outcomes, and share this securely with others when appropriate.

The service was managed by a nominated individual and a registered manager, and overseen by trustees who met quarterly. The standing agenda items were task review, clinical overview, fundraising, finance, premises, and the risk register. The service was in the process of setting up regular and detailed meetings between the registered manager and the trustees.

There was a clear framework for team meetings to ensure essential information, such as learning from incidents and complaints, was shared and discussed. Staff understood the arrangements for working with other teams to meet the needs of patients.

Staff had access to the equipment and information technology needed to do their work, and the service had developed a bespoke application for responders to use which enabled the completion of the patient record form electronically and confidentially.

The registered manager had access to information to support them with their role. This included information on the performance of the service (call types, severity, number of transports, safeguarding, response times, operator performance and patient feedback), staffing and patient care.

Partnerships and communities

Score

3. Evidence shows a good standard of care

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

We scored the service as 3. The evidence showed a good standard. The service understood their duty to collaborate and work in partnership, so services work seamlessly for people. They share information and learning with partners and collaborate for improvement.

The service had developed relationships with the local NHS ambulance trust, and also with NHS acute trusts in the local catchment area.

There were many positive comments from NHS trust staff complimenting responders' expertise, experience and the assistance they had given.

There was also feedback from individuals, including non-Jewish community members, who had received care and assistance from the service.

Learning, improvement and innovation

Score

3. Evidence shows a good standard of care

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

We scored the service as 3. The evidence showed a good standard. The service focused on continuous learning, innovation and improvement. They encouraged creative ways of delivering equality of experience, outcome and quality of life for people. They actively contribute to safe, effective practice and research.

Trustees had met two days before our assessment and discussed, for example, radio equipment upgrade, responders giving assistance to the local NHS hospital during holidays, involvement in the 'GoodSAM' initiative (technology enabling a response from emergency, volunteering and support services while awaiting an ambulance arrival). As part of the meeting, trustees met with responders for them to raise any issues.

Patient transport services

The service was committed to creating a supportive, inclusive, and fair working culture. To support this the service applied for a mental health and wellbeing grant, which has been used to facilitate support for the mental health and wellbeing of responders in a more structured and meaningful way. This involved targeted mental health training and wellbeing sessions, as well as setting up a dedicated base where responders can rest, recharge, and reflect after shifts. Support resources and wellbeing initiatives have been established to show staff are valued equally, and new recruits are trained in mental health crisis response.

This project has helped the service take proactive steps towards building a culture of fairness and equity, where all staff feel supported, respected, and empowered in their roles.

The service had recently undertaken a successful test of their major incident plan, in conjunction with the local NHS ambulance trust. Following this, the service purchased a 'ten second triage' kit for use in major emergencies.