Mind and Behaviour Limited

Aero Medical Ambulance Service

Inspection report

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Insufficient evidence to rate
Are services responsive to people's needs?	Good
Are services well-led?	Requires Improvement

Summary of findings

Overall summary

Aero Medical Ambulance Service is operated by Mind and Behaviour Limited. The service provides patient transport services. It is an independent provider of non-emergency private ambulance. The services covered includes short and long-distance ambulance journeys within the greater London and surrounding areas. The largest proportion of clients are transferred between hospitals or care homes and transfers to or from a patient's home and a hospital.

The service does not provide an emergency response service.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 23 April 2021.

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

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

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

We rated this service as **Good** overall.

The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well.

The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.

Staff provided good care and treatment. The manager monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and had access to good information. The service was available seven days a week.

The service planned care to meet the needs of local people, took account of patients' individual needs, and enabled people to give feedback. People could access the service when they needed it and did not have to wait too long for transfers.

The manager supported staff to develop their skills. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

Summary of findings

Although the manager had oversight of the service and managed performance of the service effectively these were not formalised or documented effectively. They identified relevant risks and issues and identified actions to reduce their impact but there was no formalised risk management process in place.

There were limited formalised policies and procedures although the manager did have processes in place. Not all policies we reviewed were version controlled or within review date.

The service manager was in the process of updating and formalising their governance structure; however, this was yet to be finalised and embedded. Following this inspection, we told the provider that it *must* take some actions to comply with the regulations and that it *should* make other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with one requirement notice that affected patient transport services. Details are at the end of the report.

Fiona Allinson

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

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Good 	

Summary of findings

Contents

Summary of this inspection

Background to Aero Medical Ambulance Service

Aero Medical Ambulance Service is operated by Mind and Behaviour Limited. The service opened in 2008. It is an independent ambulance service in Abbotts Langley, Herfordshire. The service primarily serves the communities of Greater London.

The service has had a registered manager in post since 2008.

How we carried out this inspection

The team that inspected the service comprised a CQC lead inspector, and one other CQC inspector. The inspection team was overseen by Philippa Styles, Head of Hospital Inspection.

The service is registered to provide the following regulated activities:

Treatment of disease, disorder or injury.

Diagnostic or screening procedures.

Transport services, triage and medical advice provided remotely.

During the inspection, we visited the base unit and spoke with the service manager. During our inspection, we reviewed 10 sets of patient records.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service has been inspected three times and the most recent inspection took place in February 2017.

Activity (March 2020 to March 2021)

- In the reporting period there were 186 patient transport journeys undertaken.

Track record on safety

- Zero Never events
- Zero Clinical incidents
- Zero serious injuries

Zero complaints

Areas for improvement

The provider must take prompt action to address a number of significant concerns identified during the inspection in relation to the governance of the service.

Summary of this inspection

Action the provider MUST take to meet the regulations:

The service must ensure that a formalised governance structure is implemented and embedded (Regulation 17).

The service must ensure that a formalised risk management process is implemented and embedded (Regulation 17).

The service must ensure that policies are in place, are version controlled, within review date and refer to best practice and guidance (Regulation 17).

Action the provider SHOULD take to improve

The service should implement a process to formally log and evidence vehicle maintenance.

The service should implement a system to record staff supervision and staff meetings.

The service should implement a system of formalised audit to confirm compliance with safe practice and policy.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Good	Good	Insufficient evidence to rate	Good	Requires Improvement	Good
Overall	Good	Good	Insufficient evidence to rate	Good	Requires Improvement	Good

Good

Patient transport services

Safe	Good
Effective	Good
Caring	Insufficient evidence to rate
Responsive	Good
Well-led	Requires Improvement

Are Patient transport services safe?

Good

We rated safe as **good.**

Mandatory training

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

Mandatory training was provided by an external provider. Training included manual handling, basic life support, intermediate life support, medical gases and ethnicity and diversity.

Mandatory training was provided electronically which meant that staff could access and complete the training from home.

The service manager had oversight of staff training compliance. We saw that all staff including bank staff were compliant with mandatory training.

Safeguarding

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

An external provider delivered safeguarding training for the service. Staff were trained to safeguarding level three for both safeguarding children and vulnerable adults.

There was a safeguarding children policy and a safeguarding vulnerable adult's policy. Both were version controlled. The policies had been due for review in December 2020. However, they contained reference to current information, detailed different types of abuse and contained the contact details of the local safeguarding teams.

The service manager demonstrated a good understanding of what constituted a safeguarding concern and how to escalate appropriately.

The service had not had to complete a safeguarding referral between March 2020 and March 2021.

Cleanliness, infection control and hygiene

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

All equipment on the vehicle was visibly clean and tidy and stored appropriately.

There was a cleaning schedule in place which outlined the frequency, cleaning method and standard for cleaning the equipment used in the ambulance. In the 12 months prior to our inspection the manager had been responsible for the cleaning of the vehicle and equipment.

The manager told us that the vehicle was fogged after each patient journey. Fogging produces microdroplets that contain a chemical solution which disperses in the vehicle to sanitise the area.

There were cleaning logs recorded weekly, which detailed swab results of cleaned equipment. The process confirmed the equipment had been cleaned appropriately and was safe to use. The audit was completed by the manager.

Personal protective equipment including gloves and aprons were available on the ambulance. Additional personal protective equipment was available to protect staff and patients during the covid pandemic. Face masks were available as were thumb loop disposable gowns. Hooded respirators with a micro bacterial filter were available on the vehicle if required when transporting patients that were confirmed covid positive. As the service completed pre-planned transfers staff could be informed in advance of the risk of communicable infections prior to completing the transfer. The service had transported one confirmed covid positive patient in the 12 months prior to our inspection.

Sanitising hand gel was available on the ambulance.

Environment and equipment

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

we visited the registered location and saw that the ambulance was stored appropriately. There was storage space for equipment at the rear of the property. There was an office area with secure filing cabinet for the safe storage of records relating to the business.

The service had one vehicle in use for patient transport services. This vehicle was registered with valid MOT certification and appropriate insurance cover. Vehicle keys were kept securely.

The vehicle was serviced and maintained in line with the vehicle lease requirements. Servicing was completed appropriately

Due to the small size of the service the manager had oversight of vehicle maintenance checks but did not keep a formal record. They told us that they kept a record of maintenance work carried out using the receipts for items purchased and work carried out.

Faulty equipment was immediately removed from service by the manager. The service used an external provider to carry out maintenance of equipment. All equipment was serviced and maintained annually. Equipment on the ambulance showed the date of service and the date of service expiry. All equipment we reviewed was within service date.

We saw equipment was available to ensure that patients were safe throughout their journey. This included wheelchairs that could be strapped into place safely.

The service did not routinely transfer children, However the manager had access to paediatric straps and child booster seats suitable for children aged 0 to five years old.

Appropriate systems were in place for the safe disposal of waste including domestic waste, clinical waste and sharps bins. There was a clinical waste bin stored in a secure area. Clinical waste was collected every six weeks by an external provider.

Fire extinguishers were available on the vehicle and secured appropriately. Safety checks had been completed and recorded and were within date.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

The manager was the only full-time member of staff and managed all activity carried out by the service. They were responsible for booking and allocation of work. The manager completed all planned bookings with the support of part time bank staff when required. When the manager was not available no patient transfers were booked.

There was a robust booking and risk assessment process. The manager completed and documented risk assessments for all planned activities. This included a risk assessment of the patient's condition. This would determine whether the service would be able to take the booking and transfer the patient safely however there was no formal inclusion/ exclusion policy. The manager acknowledged that this was an area for improvement, however, highlighted that due to the size and the nature of the service the risks were currently mitigated by them being the sole point of contact for bookings and present at all journeys.

At the time of booking a risk assessment was also undertaken to assess the staffing levels required to ensure that the staffing numbers and skills were appropriate to meet the needs of the patient.

The manager told us that as part of their risk assessment it was required that patients on hospital transfers were escorted by clinical specialist from the referring provider. The service did not transfer clinically vulnerable patients without the support of registered staff from the referring provider.

In order to observe and monitor patient's health during transport, the vehicle had a live camera feed in the back of the vehicle so the manager could see the back of the ambulance and be alerted to any concerns. This camera provided a live feed only and images were not recorded. The manager told us that they told patients that they could be observed by the camera at the time of transport.

Good

Patient transport services

The manager told us that if a patient's condition deteriorated whilst being transported, they would stop the vehicle and call 999 for emergency ambulance support.

Staffing

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

The registered manager was the only substantive member of staff. They were supported by regular bank staff who worked on an ad hoc basis, working alongside the manager where required. This was arranged prior to the transfer as per the booking requirement.

The service had a local induction programme which included orientation to the vehicle and equipment. The manager kept a record of staff induction and training.

The service was supported by a medical director who was responsible for medication and the overall safety of the service. They were available to offer medical advice and clinical guidance where required.

The service did not provide clinical staff. In instances where specialist clinical support was required, for example for patient's that were ventilated or sedated they were transferred with the appropriate clinical staff provided by the referring provider.

Records

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

We reviewed 10 patient transport forms and medicine charts and saw that they were completed appropriately.

The service had an electronic patient record system where all information relating to individual patient transfer information was recorded and stored.

The service used paper patient transport booking form. This was used to take initial details of the booking and to undertake an initial patient assessment to ensure that the service provided the appropriate care for the patient. These paper forms were stored securely in a locked cabinet at the service office address and were archived after use.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Apart from oxygen the service did not routinely provide medicines for the patient transport service. The medical director prescribed oxygen and registered manager took responsibility for the safe provision and management of oxygen. A medical gases provider provided oxygen in cylinders. Spare oxygen cylinders were stored securely in the vehicle. Smaller oxygen cylinders were available for patients that required oxygen when transferred to and from the vehicle.

Good

Patient transport services

Medicines were not provided by the service for patients being transferred.

The service did not use controlled drugs. Controlled drugs are medication that require additional checks and specialist storage requirements.

Incidents

There were processes in place to manage patient safety incidents well. Staff received training to recognise incidents and near misses and how to report them appropriately. The manager investigated incidents and shared lessons learned with the team.

There were systems in place for recording and managing incidents. This required staff to provide a written report at the time of the incident by the staff member involved. Incidents would be investigated by the manager who told us that feedback would be given to staff.

During the inspection we were told that there had been no incidents in the previous 12 months that required investigation. As there had been no incidents we did not see any incidents recorded, investigations completed or staff feedback.

The manager attended all transfers. In the event of an incident the manager was able to update staff with any changes to process and any learning. In the event of shared learning the manager told us that this would be shared verbally and not recorded.

Staff understood duty of candour. This was outlined in the incident policy. When things went wrong, the manager told us that they apologised and gave patients honest information and suitable support.

Are Patient transport services effective?

Good

We rated effective as **good.**

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice although there were a limited number of formalised policies in place. The manager worked alongside staff and checked to make sure staff followed guidance.

The manager had recognised the need to formalise processes and was working with an external organisation to review and implement policies appropriate for the service size and service provided. They had started a review of their policies in December 2020 and were still in the process of completing their review. In the interim, they used guidance from similar providers and followed national guidance including infection prevention and control, management of the deteriorating patient and covid management. The manager told us that they expected to have all the policies reviewed and in place within three months.

Good

Patient transport services

The policies that were in place referred to current national guidance and gave clear instructions to staff on their roles and responsibilities.

Due to the small size of the service there was not a formalised audit process in place. The manager attended all patient transfers, carried out vehicle checks and cleaned and fogged the vehicle. They were also responsible for equipment and stock. We saw that there was a spreadsheet for equipment in the vehicle that was updated when items were replaced. The manager also kept a record of swab testing of the vehicle to ensure cleanliness. We saw evidence that cleanliness and equipment maintenance was assessed weekly and action taken to address any issues.

The service did not transfer patientssubject to the Mental Health Act 1983 without an appropriate professional escort and full risk assessment. The service did not provide a high security transportation facility (i.e. secure section compartment).

Nutrition and hydration

Due to the nature of the service nutrition and hydration was not routinely provided by the service.

Patient outcomes

There were limited opportunities to monitor the effectiveness of the patient transport service.

The work carried out by the service was the transfer of patients between locations. Each job was completed before the next transfer was carried out and booking times were assigned accordingly. Bookings were not taken if the service did not have capacity to complete the transfer. There were no defined patient outcomes to measure.

The types of patient transfers were recorded. The service completed 186 transfers between March 2020 and March 2021. Transfers were a combination of hospital transfers and local authority transport of patients between care homes.

Response times were not recorded as all transfers were pre planned and agreed with the referrer at the time of booking. Adequate time was allocated taking into consideration handover, traffic conditions, and vehicle preparation and cleaning. Arrival and completion times were recorded in the electronic patient record.

Competent staff

The service made sure staff were competent for their roles. The manager worked alongside staff and was able to appraise staff's work performance and supervise their work. The manager provided support and development where required.

The service had no other substantive staff in addition to the manager. Bank staff supported the manager when required.

Staff had the appropriate qualifications and experience for their role in the service. The manager held a pre-hospital emergency practitioner qualification and regular bank staff were a registered paramedic and a student nurse. The manager checked bank staff qualifications and kept a record of training completed.

All bank staff completed an enhanced disclosure and barring service (DBS) check prior to working with the service. We saw evidence that this had been completed for all current bank staff.

We saw that all bank staff received an induction to the service. We spoke with a bank member of staff who told us that the induction was comprehensive and included mandatory training and an induction to the vehicle and equipment.

All training was provided by an external provider who delivered healthcare training.

Supervision, coaching and identification of training needs was possible due to the fact that the manager attended all patient transfers and worked alongside the bank staff. Details of any supervision or coaching was not recorded formally.

Multidisciplinary working

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

The service completed pre planned transfer for a number of providers including private hospitals and local authorities. All transfers were booked by the manager. The manager told us that they worked closely with the referrer to ensure the best service possible for the patient.

The manager told us that they worked with other ambulance providers where necessary to ensure that patients could be transferred safely. For example, they told us about a time where a bariatric patient required a transfer. The service vehicle did not have a stretcher suitable for the weight of the patient. The service manager liaised with another provider with a bariatric vehicle and the manager attended to transfer and support the team with manual handling for this patient.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

The manager understood their role and responsibility to gain consent. They told us that verbal consent was obtained from patients prior to transfer or treatments.

The service had a limited Mental Capacity Act policy which was not dated, or version controlled. The policy did not refer to how staff should manage patients that lacked capacity. The manager told us that patients who may lack capacity were supported by carers provided by the referrer and therefore capacity was not routinely assessed by service staff.

There was a Deprivation of Liberty Safeguards policy and procedure in place although this was not version controlled or dated. The policy detailed the scope of practice, procedure to be followed and details of authorisation.

Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

Good

Patient transport services

Are Patient transport services caring?

Insufficient evidence to rate

We do not have enough evidence to rate caring. we were unable to observe direct patient care or speak with any regular service users.

Compassionate care

Staff spoke about patients with compassion and kindness. They gave examples of how they respected patients' privacy and dignity and took account of their individual needs.

The manager told us that they were very considerate of patients' individual needs and that this was the key aim of the service they provided. Wherever possible they provided an individualised service for the patient. For example, they told us that when taking a patient for an appointment they would wait with the patient until their appointment was complete and then transfer them. This meant that the patient was not waiting an extended amount of time at the appointment location waiting for return transport.

We saw patient feedback letters One described staff as "extremely caring". Another thanked staff for their "help and kindness".

Staff maintained patient patient's privacy and dignity. They told us that any treatment given to the patient was completed with the vehicle doors closed. Disposable blankets were available to cover the patient to protect their dignity and to keep them warm.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress.

The manager told us that they took time to know their patients and attempted to tailor their care to suit their personal needs. They gave an example of a private patient who would call them to assist her if she had a fall in the house. Carers would attend but were not able to lift them from the floor so the manager would attend to assist them.

Understanding and involvement of patients and those close to them

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

The manager told us that family members or carers would sometimes travel with the patient and they kept them informed with what was happening re the care of their loved one.

Are Patient transport services responsive?

Good

Patient transport services

Good

We rated responsive as **good.**

Service delivery to meet the needs of local people

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

Due to the service being small, there were limitations to the service planning and delivery.

The service offered bespoke transfers for referring agencies and patients. The service worked flexibly where possible to meet the specific demands of referrers.

The service had helped with the local response to covid. They had worked with GPs, the local authority and central commissioning groups (CCG) to coordinate transporting vulnerable patients to vaccination centres.

The facilities and premises were adequate for the needs of the service. The ambulance used for PTS journeys was located off road, under CCTV surveillance. The main office was within the manager's home. Written information was stored in secure cupboards and computers were password protected.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

Services were planned according to patients' needs during the assessment undertaken at the time of booking. A variety of specialist equipment was available to meet the patient's needs. The manager told us that additional staffing could be sourced in accordance with the needs of the patient. There were also processes in place to signpost patients to other services if needed such as bariatric services.

Patients with additional needs such as people living with dementia, a learning disability or were visually impaired were accompanied by a regular carer or relative for any planned journey. This was arranged during the booking process. Staff had received appropriate dementia care training. However, the service did not generally provide transport for patients with severe cognitive impairments.

All ambulances were accessible by wheelchair users with a rear ramp lift to enable access. Staff had received manual handling training and the manager told us that they would support patients to access the vehicle where necessary using appropriate mobility aids.

The service manager told us that an interpreter would be provided by the referrer for patients whose first language was not English. They also said that they would use language apps available on their mobile phone if required to support communication.

Access and flow

Good

Patient transport services

People could access the service when they needed it and received the right care in a timely way.

Emergency treatment or transfers were not provided by the service.

Due to the size of the service, the service did not take multiple bookings. The manager coordinated all bookings in advance and allocated adequate time for the completion of the transfer. They told us that they were at times contacted for an emergency transfer and would then assess whether this work could be completed. When the service manager was not available bookings were not taken.

Due to the specific type of pre-booked service provided, turnaround times were not routinely monitored although arrival and job completion times were recorded on the electronic patient record system.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service had processes in place to treat concerns and complaints seriously, investigate them and share lessons learned with all staff.

The service reported no formal complaints from March 2020 to March 2021. The manager told us that the most frequent concern was about the temperature in the vehicle. They told us that they would address the concern by providing additional blankets and adjusting the heat in the back of the vehicle as necessary. These concerns were addressed at the time and not recorded.

Booking confirmation slips contained a feedback section, which the manager told us patients were able to complete either during or after a planned transfer or treatment. They told us that it was difficult to get this feedback from patients. We did not see any information displayed for patients informing them how they could provide feedback or make a complaint about the service.

Are Patient transport services well-led?

Requires Improvement

We rated it as **requires improvement.**

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

The manager was responsible for the daily running of the service, arrangement of bank staff when required, equipment oversight and maintenance and risk assessing and scheduling all patient transfers. They were a trained pre-hospital emergency practitioner. They attended all patient transfers and were the only driver of the vehicle. A named medical director worked alongside the manager to assist with clinical leadership, advice and medical supervision and support.

One of the banks staff members that we spoke with told us that the manager was professional, supportive, provided guidance and training and that they enjoyed working with them.

Vision and strategy

The service manager had a vision for what they wanted to achieve for the business, but this was not documented in a formalised strategy.

The business had been impacted by the pandemic and so the development of the vision and business strategy was under review in response to the current business situation. The manager told us they had to review the business model as the events and repatriation aspects of their service had been impacted by the response to the pandemic.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff members we spoke to told us that the enjoyed working in the service and that the culture was open and inclusive. Due to the structure of the service staff had regular opportunities to work alongside the manager and told us that they were inclusive and supportive.

The culture of the service was to deliver bespoke care to their service users. The service was tailored to individual needs and the manager told us that they worked with referrers and patients to ensure the transport met and exceeded their expectations.

Governance

The manager had oversight of governance processes although this was not formalised. Staff were clear about their roles and accountabilities. Bank staff worked alongside the manager presenting informal opportunities to discuss and learn from the performance of the service.

The manager was in the process of developing a formalised governance structure. During our last inspection in February 2017 the manager told us that they were working toward implementing a formalised governance structure. However, they had recognised the need to get external support to help ensure that their governance processes were fit for purpose. The registered manager engaged with an external consultancy in October 2020 and was due to be ready for full implementation by August 2021.

The service did not have any formalised contracts in place with commissioners.

Arrangements with referrers was governed and managed via the booking process where the needs of each individual transfer was assessed to encourage and promote coordinated, person-centred care.

Management of risks, issues and performance

The manager had oversight of the service to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. However, these were not formalised or documented effectively.

Good

Patient transport services

There was not a formal risk register in place, however this was being developed as part of the governance structure. We saw that risk assessments for specific areas had been completed such as environmental and fire safety and the manager could tell us what the risks to their service were. Their current top risk was managing the impact of the covid pandemic.

We found that there were limited formalised policies and procedures although the manager did have processes in place. Not all policies we reviewed were version controlled or within review date. We reviewed thirteen policies, three were not version controlled and four were outside review date.

The service did not use any key performance indicators to monitor performance or patient care other than records of business activity such as type and frequency of bookings, and the collection of patient and referrer feedback.

Information management

The service collected data the manager could access the data they needed, in accessible formats.

The service manager used electronic booking and patient record systems to monitor the service and maintain oversight of bookings and the quality of care delivered.

The manager knew what data or notifications were required and submitted to external organisations as required.

Public and staff engagement

The manager engaged with patients and bank staff and partner organisations to help improve services for patients.

The manager prided themselves on providing a bespoke service and continually worked to find ways to ensure the best service was provided to patients and referrers.

Innovation, improvement and sustainability

The manager was committed to continually learning and improving services. They had identified the need to implement formal governance and risk oversight and were working with an external provider to facilitate this.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17 (2) (a)(b)**