

Gama Aviation (UK) Limited

# Gama Aviation

## 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?

Requires Improvement



Are services effective?

Good



Are services caring?

Insufficient evidence to rate



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## Overall summary

This is the first time we rated this location. We rated it as good because:

- 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. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, and gave patients pain relief when they needed it. The service mostly met agreed response times. Managers monitored the effectiveness of the service and mostly made sure staff were competent. Staff worked well together for the benefit of patients.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and 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:

- The service could not be assured that all staff had completed their mandatory training.
- The service did not always follow safer recruitment practices.
- Policies were not always reviewed in line with the services own timelines.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Emergency and urgent care	Good 	

# Summary of findings

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# Summary of this inspection

## Background to Gama Aviation

Based at Bournemouth International Airport, Gama Aviation transfers members of the general population of the Channel Islands who require medical treatment in an NHS hospital from the Channel Islands to the UK mainland. The service employs 5 full time members of staff and 59 doctors, nurses and paramedics on zero hours contracts. The service has 3 fixed wing aeroplanes and 2 land ambulances.

The regulated activities provided at this location were:

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

The service had a registered manager who had been in post since August 2021.

This is the first time we inspected this service.

## How we carried out this inspection

The inspection team comprised of 2 inspectors and a paramedic specialist advisor with expertise in independent ambulance services. The inspection team was supported by an offsite inspection manager. The inspection was overseen by Catherine Campbell, Deputy Director.

During the inspection we visited all areas of the service. We spoke with 8 members of staff. We reviewed 5 patient records. We also looked at staff files, a range of performance data and documents including policies, meeting minutes, audits, and action plans.

To get to the heart of the patients' experience we ask the same 5 questions of all services: are they safe, effective, caring, responsive to people's needs and well led.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

## Outstanding practice

We found the following outstanding practice:

- An isolation pod had been procured to enable patients with infectious diseases to be transferred to the UK mainland.

## Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

# Summary of this inspection

## **Action the service MUST take to improve:**

- The service must introduce a system to provide clear oversight of mandatory training for all staff. Regulation 12 (2)(c)
- The service must ensure that recruitment process are in line with schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 19 (3)(a).
- The service must ensure systems and processes are in place to receive, process and action Central Alerting System safety alerts and similar guidance. Regulation 12 (2)(b).

## **Action the service SHOULD take to improve:**

- The service should consider how it introduces systems and processes that inform staff that medicines are being stored outside of their recommended temperature range.
- The service should seek specialist advice to ensure that medical gas cylinders are stored safely with appropriate signage.
- The service should introduce a system to more effectively manage the checking of expiry dates of medicines within grab bags.
- The service should ensure there is an induction checklist for new staff.
- The service should consider how it can introduce a system for policies to be reviewed in line with dates set for this.
- The service should improve the way it enables staff to feedback.

# Our findings

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Requires Improvement	Good	Insufficient evidence to rate	Good	Good	Good
Overall	Requires Improvement	Good	Insufficient evidence to rate	Good	Good	Good

## Emergency and urgent care

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

### Is the service safe?

Requires Improvement 

This is the first time we rated safe. We rated it as requires improvement.

### Mandatory training

**The service provided mandatory training in key skills to all staff but did not always make sure everyone completed it.**

Staff received and kept up-to-date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. Staff on zero hours contracts who worked substantively for NHS providers could submit evidence that they had completed some of the mandatory training modules with their NHS employers instead of completing training twice. However, the training matrix did not provide managers with easily accessible information about which staff had completed mandatory training or evidence the training had been completed elsewhere had been provided. This meant they could not assure themselves that all staff had completed the mandatory training required to work in a healthcare setting.

Managers monitored mandatory for substantive staff training and alerted them when they needed to update their 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.**

Staff received training on how to recognise and report abuse. All staff were trained to a minimum of level 2 in safeguarding children and safeguarding adults

Staff knew how to identify adults and children at risk of, or suffering, significant harm and how to work with other agencies to protect them. No safeguarding referrals had been made in the 12 months before our inspection.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.



# Emergency and urgent care

The service had policies for safeguarding children and for safeguarding service users (adults and children). However, there was no evidence to show the safeguarding children policy had been reviewed since it was introduced in 2021.

Recruitment processes to ensure that staff were of good character had not been fully embedded. Leaders did not always request references and 1 member of staff had not provided an up-to-date disclosure and barring (DBS) certificate. This meant they did not always have all the information necessary to be assured that staff were fit to work with vulnerable adults or children. Following our inspection references were obtained for all staff.

## 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 the premises visibly clean.**

All areas were clean and had suitable furnishings which were clean and well-maintained. The ambulance was immaculate and the aeroplanes we looked at were clean and maintained to a high standard. We saw evidence of regular deep cleaning of vehicles. An anti-microbial mist which kills 99.99% of germs was used on vehicles. Adenosine triphosphate (ATP) testing was used to measure the cleanliness of equipment and surfaces. The test measures whether a surface can support the growth of bacteria and other pathogens. If testing showed less than 100% clean the equipment or surface would be cleaned and retested.

All staff received training on how to clean the ambulances as part of their induction. Cleaning equipment was available in vehicles. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. However, there was not a system for storing historic daily cleaning records so there was no evidence of how the service performed over time. The hand gel dispenser in the ambulance was empty on both of the site visits we made.

Staff followed infection control principles including the use of personal protective equipment (PPE). PPE was available on all vehicles. The level of PPE to be used on a patient transfer was clearly documented on the transfer documentation given to staff. The service had an isolation pod to enable the transfer of patients with infectious diseases.

## 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.**

Staff carried out daily safety checks of specialist equipment to ensure it was ready to be used. The service had enough suitable equipment to help them to safely care for patients. Specialist equipment was stored at the base and moved onto vehicles prior to patient transfers. Bags containing disposable medical equipment were tagged to show they were ready for use. We did not see any out-of-date disposable equipment.

All of the equipment we looked at was calibrated and serviced. Electrical equipment had been PAT (portable appliance testing) tested. Defective equipment was stored separately while awaiting repair so it was not mistakenly used by staff.

We saw evidence that staff received training on using equipment as part of their induction and on quarterly continued professional development days. Staff told us additional training on equipment was provided when requested.

Staff disposed of clinical waste safely.

The service had suitable facilities to meet the needs of patients' families. A member of a patient's family or a carer could accompany them during a transfer.

# Emergency and urgent care

## 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.**

Staff completed risk assessments for each patient when a request for a transfer was made. This enabled staff to decide if the patient was suitable for transfer by them. Bariatric patients, and patients too unwell to survive the transfer could not be transferred. A second assessment was made by staff when they reached the patient, this was to see if the patient was fit enough to be transferred.

Staff knew about and dealt with any specific risk issues. Staff assessed patients' risk of sepsis and venous thromboembolism (VTE). The most recent audit of VTE assessments showed that over 98% patients had a completed VTE assessment.

Staff used a nationally recognised tool to identify deteriorating patients. Staff were trained to use a modified version of the National Early Warning Score (NEWS) 2. This helped them decide what treatment was required to stabilise the patient and also to give the most up to date information to the receiving hospital.

Staff shared key information to keep patients safe when handing over their care to others. A duplicate copy of the notes and observation charts were handed over to staff at the receiving hospital so information about the patient, including any drugs administered, could be used to ensure continuity of care.

## Staffing

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

The service had enough staff to keep patients safe. The service employed 5 full time members of staff and 59 doctors, nurses and paramedics as bank staff on zero hours contracts. Bank staff were on a rota to provide on call cover and paid an enhanced fee if they were called out to complete a patient transfer.

Managers ensured a consultant doctor was on call to give advice and support to staff 24 hours a day 7 days a week. They calculated the skill mix of staff on call to provide patient transfers and reviewed the number of doctors, grade of nurses, and or paramedics needed for each transfer.

Managers made sure all bank and substantive staff had a full induction and understood the service. If bank staff did not complete an aeromedical transfer within a 3-month period they would be expected to repeat the induction. Staff told us they received an induction, including shadowing co-workers to develop the confidence, skills and ability to carry out their role. New staff had to shadow a minimum of 5 transfers before their induction period was signed off. Managers had developed a system to provide assurance that all staff had completed all aspects of their induction.

## Records

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

Patient notes were comprehensive and all staff could access them easily. A duplicate copy of patient notes were handed over to the receiving hospital to ensure there were no delays in staff accessing their records.

## Emergency and urgent care

Paper records were scanned into an electronic patient file. The paper records were stored securely in a locked room and destroyed after 5 years in line with the service's data protection policy. Computers used to store patient information were password protected.

Patient records were audited to ensure to ensure they had been completed in full, were legible and signed and dated. Learning from the audits were shared with staff to improve the quality of record keeping.

### Medicines

**The systems and processes for the prescribing, administration and storage of medicines was not always safe. Whilst medicines were stored securely, information received about safety alerts and recalls was not comprehensive. Processes were in place to monitor medicines expiry dates. However, the processes were not always robust. We also identified areas for improvement concerning the storage of medical gases.**

Staff reviewed each patient's medicines regularly and provided advice to patients about their medicines. Staff explained how the patient's care plan was developed prior to the transfer and whether the transfer would be led by a doctor or another healthcare professional. If required, a clinician would issue patients specific directions for a non-doctor led transfer. Whenever possible medicines were administered prior to or after the transfer to minimise risks during transfer. Anticipatory medicines would be available for administration during the transfer, if required.

Medicines including controlled drugs were stored securely. Processes were in place to monitor medicines requiring refrigeration at the service and during patient transfers using a validated cold chain. However, we were not assured that similar monitoring processes were in place for medicines stored at room temperature, although the room temperature was regulated. Medical gases were stored securely.

When packing medicines into operational grab bags medicines expiry dates were recorded on a central record. The grab bags were checked monthly and had been checked for February. However, they contained medicines that would expire at the end of the month. As the next grab bag check was due in early March, we were not assured that medicines that were past their expiry date would be identified in time and risked being administered in error.

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services. Staff would provide advice to the transferring location concerning how medicines were to be administered to prepare the patient for transfer.

Staff learned from incidents and some safety alerts to improve practice. However, the service only received details of medicines recalls via their medicines wholesaler. Therefore, we were not assured the service was receiving all Central Alerting System (CAS) alerts or similar documents that could prevent harm to patients, for example MHRA Drug Safety Updates. CAS alerts provide patient safety information to assist providers in preventing incidents that can cause serious harm or death.

### Incidents

**The service managed patient safety incidents well. Staff recognised and reported incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.**

## Emergency and urgent care

Staff knew what incidents to report and how to report them. Staff used a paper-based system to report incidents that occurred during patient transfers. These incidents were uploaded onto an electronic system on return to the base. At the end of each transfer staff completed a report about the transfer, this included recording any incidents that occurred and what could have improved the transfer.

Substantive staff received feedback from investigation of incidents, both internal and external to the service. They were sent a monthly newsletter from the corporate head of safety that included details of all incidents reported in the previous month along with the outcome of investigations.

Bank staff were invited to monthly quality and effectiveness meetings to discuss feedback from incidents and look at improvements to patient care. They were also sent a staff bulletin that included learning from incidents.

There was evidence that changes had been made as a result of feedback. For example, on 1 occasion patient notes were misplaced. As a result the service introduced a 'red envelope' to reduce the likelihood of this happening again. The red envelope was a large bright red durable envelope only used to carry patient notes, because of its size and colour it was less likely to be forgotten. We saw evidence that the introduction of the red folder had been discussed at staff meetings. Senior leaders were considering the introduction of an electronic patient notes system to eliminate the need for paper records.

Managers investigated incidents thoroughly. Managers debriefed and supported staff after any incident. The service had not had a serious incident in the 12 months before our inspection.

Staff understood the duty of candour. In the 12 months before we inspected there had been no incidents requiring an apology under duty of candour.

### Is the service effective?

Good 

This is the first time we rated effective. We rated it as good.

### Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.**

Staff followed policies to plan and deliver high quality care according to best practice and international aeromedical guidance. Policies were developed using standards produced by the European Aero-Medical Institute (EURAMI). However, there was no evidence some of the policies we looked at had been reviewed within the review period specified on the policy.

Doctors, nurses and paramedics worked within the scope of their registration.

Managers worked alongside other staff on transfers and identified poor performance when it arose and provided support to improve performance.

# Emergency and urgent care

## Pain relief

**Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.**

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Patients received pain relief soon after it was identified they needed it or they requested it and staff prescribed, administered and recorded pain relief accurately. We reviewed records which showed comprehensive recording of pain relief and effective handover to the receiving hospitals.

## Response times

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

The service had a target of providing 1 air transfer for patients from Guernsey and 1 from Jersey each day within 4 hours of the request being received. The service typically met or exceeded this target. However, there were exceptional circumstance outside of their control that sometimes led to less than 100% compliance. This included weather delaying take off, completing more transfers on the same day than they were contracted for, and receiving NHS hospitals not having a bed for the patient. If a bed was not available for the patient the service could not begin the transfer.

From 1 January 2022 to 31 December 2022 the service met their target of being contactable by phone 100% of the time. They exceeded their response time for critical care transfers apart from once in May and once in June, this was because of exceptional circumstances. They exceeded their response time for urgent and standard transfers throughout the year.

## Competent staff

**The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.**

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Staff received training for using specialist equipment. This included receiving training from equipment providers. Managers recognised that infrequent use of equipment could impact on a practitioner's ability and confidence to use equipment so they were receptive to providing additional regular in house training on specialist equipment.

Managers made sure staff received specialist training for their role. For example, staff completed simulation training on a retired aircraft to prepare for unexpected events like a deliberate emergency landing on water.

Managers supported substantive staff to develop through yearly, constructive appraisals of their work. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. In addition to this, senior leaders held quarterly continued professional development (CPD) sessions for all staff.

Managers identified poor staff performance promptly and supported staff to improve. Managers worked alongside other staff at during air and land transfers.

## 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.**

## Emergency and urgent care

Staff worked as a multidisciplinary team to discuss patients and improve their care. Staff came from a range of professional backgrounds and valued each other's contribution in planning patient care.

Staff worked across health care disciplines and with other agencies when required to care for patients. As part of the booking process an assessment of the patient's fitness to fly was made to determine a patient's suitability for transfer, this included taking a history of current medicines and other treatment. This gave the clinical coordinator an opportunity to work with the hospital to optimise the patient's fitness to fly. For example, agreeing a change to the amount of oxygen prescribed so changes in altitude did not adversely impact the 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. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.**

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff told us if a patient appeared to lack capacity they would complete a capacity assessment but in an emergency situation requiring lifesaving treatment a decision to treat would be taken by staff in the best interest of the patient.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

### Is the service caring?

Insufficient evidence to rate 

Inspected not rated.

### Compassionate care

**Staff treated patients with compassion and kindness, and took account of their individual needs.**

We looked at feedback from patients for the last 12 months. Patients said staff treated them well and with kindness. They said things like "Thank you so much for the genuine care you showed in all your communication and care" and "Many thanks for your kind and professional care".

### Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff told us they met some patients and their relatives at the most distressing time of their life and needed comfort and reassurance. Feedback from patients included the following statements. "I was very well looked after. Everyone was very caring and kind and told me what was about to happen all the time", "The doctors and all the staff were amazing and very reassuring transporting me to hospital for surgery", "The team were very good explaining all that was going on and checking that I was at ease all the time".

# Emergency and urgent care

## 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.**

Staff made sure patients and those close to them understood what was happening in a way they could understand, using communication aids where necessary. Staff used the preferred communication methods of patients. For example, a patient who was deaf preferred to communicate using the written word so staff wrote down everything that was said during the flight so they knew what was happening.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. They were given feedback forms to provide feedback on the care they received.

In the 12 months before our inspection 53 patients and relatives had provided feedback on their care. They were asked to rate the service using a scale of 1 to 5, 1 is bad and 5 is excellent. The medical teams were consistently rated 5.

## Is the service responsive?

Good 

This is the first time we rated responsive. We rated it 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.**

Managers planned and organised services so they met the needs of the Channel Island population.

Managers made sure there were sufficient resources and equipment to deliver the service that was required.

## Meeting people's individual needs

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

Staff used a recognised pain tool that had faces so people with communication difficulties could indicate their level of pain.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. The service had access to an interpretation service. As well as spoken interpretation, the service had access to Makaton and British sign language interpreters.

## Access and flow

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

## Emergency and urgent care

The service was structured to support the needs of the population of the Channel Islands to ensure a timely transfer of patients who required treatment in an NHS hospital in the UK. The right number of staff with the right skill mix and experience were on standby to provide this service as soon as possible after it was requested to ensure patients received the right care during their transfer to onward treatment services.

Bed availability in the NHS could impact on the timeliness of the service to transfer a patient. If a bed was not available in the UK the service could not begin the patient transfer. The service kept records about this and shared this information with the States of Jersey and Guernsey.

### Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received.**

The service had a complaints policy. Patients were offered feedback form forms to give compliments, make complaints or raise concerns. However, details of how to complain were not evident on the provider's website.

In the 12 months before we inspected the service had not received any complaints.

### Is the service well-led?

Good 

This is the first time we rated well-led. We rated it as good.

### Leadership

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

Leaders had the skills, knowledge, and experience to run the service. Leaders understood the challenges to quality and sustainability and could identify the actions needed to address them. Staff told us leaders were visible and approachable and were always accessible by phone if they required support. Managers worked alongside staff during transfers.

Staff told us they had been supported to take on more senior roles. For example, 2 bank staff had been developed into substantive clinical coordinator roles.

### Vision and Strategy

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

There was a clear vision and a set of values including quality and sustainability. There was a realistic strategy for achieving the priorities and delivering good quality sustainable care. The vision, values and strategy had been developed in collaboration with external partners. Staff knew and understood what the vision, values and strategy were, and their role in achieving them.



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Services had been planned to meet the needs of the population of the Channel Islands. Progress against delivery of the strategy and local plans was monitored and reviewed.

## Culture

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

Staff told us they felt supported, respected, valued and were positive and proud to work in the organisation. The culture was centred on the needs and experience of people who used services. Actions taken to address behaviour and performance was consistent with the vision and values, regardless of seniority.

Leaders and staff understood the importance of staff being able to raise concerns without fear of retribution, and appropriate learning and action taken because of concerns raised. The culture encouraged openness and honesty at all levels within the organisation, and in response to incidents.

There were mechanisms for providing all staff at every level with the development they needed, including extended induction periods to ensure staff were competent and confident to provide aeromedical transfer for critically unwell patients. There was a strong emphasis on the safety and well-being of staff.

There were cooperative, supportive and appreciative relationships among staff. Teams and staff worked collaboratively, shared responsibility and resolved conflicts quickly and constructively.

## Governance

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

There were effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services. These were regularly reviewed and improved. Most levels of governance and management functioned effectively and interacted with each other. Elements of human resourcing (HR) were ineffective but following our inspection leaders acted to introduce improved HR governance systems. For example, to ensure all staff submitted references and provided evidence of an up-to-date disclosure and barring (DBS) certificate before they commenced work. The service did not have a system for evidencing if policies were reviewed within their review date.

Staff at all levels were clear about their roles and understood what they were accountable for, and to whom. Arrangements with partners and third-party providers were governed and managed effectively to encourage appropriate interaction and promote coordinated, person-centred care.

## Management of risk, issues and performance

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

The organisation had assurance systems and performance issues were escalated through clear structures and processes. There were processes to manage current and future performance which were reviewed and improved through a programme of clinical and internal audit. Leaders monitored quality, operational and financial processes and

# Emergency and urgent care

had systems to identify where action should be taken. Reports demonstrated action was taken when required and improvements monitored. We saw minutes from quarterly contract meetings that showed there were arrangements for identifying, recording, and managing risks, issues and mitigating actions. There was alignment between recorded risks and what staff said was 'on their worry list'. Potential risks were considered when planning services, for example, staffing levels and skill mix or disruption caused by adverse weather. Impact on quality and sustainability was assessed and monitored.

## Information Management

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

Information was used to measure improvement and make changes to the service. There were clear service performance measures, which were reported and monitored with effective arrangements to ensure that the information used to monitor, manage and report on quality and performance was accurate. When issues were identified, information technology systems were used effectively to monitor and improve performance.

There were arrangements to ensure data or notifications were submitted to external bodies as required. There were also arrangements to ensure information was collected, used and stored in line with the UK General Data Protection Regulation.

Staff told us they had sufficient access to information, policies and forms which were available on the service's electronic platform. Computers used by staff were locked when not in use and password protected.

## Engagement

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

There were positive and collaborative relationships with external partners to build a shared understanding of challenges within the system and the needs of the relevant population, and to deliver services to meet those needs. There was transparency and openness with all stakeholders about performance. Quarterly meetings to monitor the contract for the Channel Islands were open to all staff, the public and local organisations and the service welcomed feedback from these groups.

## Learning, continuous improvement and innovation

**All staff were committed to continually learning and improving services.**

Leaders and staff aspired to continuous learning, improvement and innovation. This included the improvement of the service through procurement of an isolation pod that enabled the service to transfer patients with infectious diseases, for example COVID-19.

The service ran a medical student placement scheme in conjunction with a local university, a participation in appropriate research projects and recognised accreditation schemes. There were standardised improvement tools and methods, and staff had the skills to use them. Learning from internal and external reviews was effective and included those related to mortality or death of a person using the service.

## Emergency and urgent care

Staff regularly took time out to work together to resolve problems and to review individual and team objectives, processes and performance which led to improvements and innovation. There were systems to support improvement and innovation work, including objectives and rewards for staff, data systems, and processes for evaluating and sharing the results of improvement work.

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

Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The service did not have a system to ensure all staff had completed their mandatory training. The service did not have a system to receive, process and action Central Alerting System safety alerts and similar guidance.

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The service did not ensure recruitment process were in line with schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.