

W & N Training Limited

Want Medical Services

Quality Report

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

Ratings

Patient transport services (PTS)

Summary of findings

Letter from the Chief Inspector of Hospitals

Want Medical Services (WMS) is operated by W & N Training Limited.

CQC inspected the service in 2014 and found non-compliance in relation to infection control practices. An inspection later in the year found the provider was meeting all the regulations and required standards.

We completed a comprehensive inspection of WMS on 14 February 2017 and found the following issues:

- There was insufficient focus on infection prevention and control.
- The management of waste did not meet current guidance.
- Segregated medical gasses were not stored in line with guidance.
- Staff did not manage medicines appropriately, for example the registered manager did not understand their responsibility to hold a Home Office License as controlled drugs were stored on site.
- Equipment used to provide services to patients was not regularly serviced.
- We found numerous consumables that had passed their expiry date.
- There were fire safety and health and safety risks identified.
- There was a lack of systems and processes to assess, monitor and improve the quality and safety of services. There was no formalised system of governance.
- There were unclear audit arrangements and there was no auditing of patient transport services.
- The registered manager had difficulty locating key documents and information when requested and was unable to provide us with documents and records.
- There were limited systems to collect feedback from patients.
- There was a lack of processes to assess, monitor and mitigate risks relating to the health and safety and welfare of patients and others.
- Staff records did not take into account the information required in 'Schedule 3' of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As a result of the above, CQC urgently suspended registration of the following regulated activities until 22 April 2017 to allow the provider to address the issues identified at the inspection:

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

This meant the provider could not carry out these regulated activities.

The purpose of the 11 April 2017 inspection was to review the provider's progress against the issues identified in February 2017 and assess whether the provider had met standards in order to lift the suspension on 22 April 2017.

This was an announced inspection that was focused on issues seen in the February report. At our 11 April 2017 inspection, we were not assured that people would be safe from avoidable harm and high quality care was not assured by the current governance arrangements. There was also insufficient assurance to demonstrate patients received effective care as the provider was advertising services that staff did not have the skill or knowledge to provide.

We found the following issues:

Summary of findings

- The premises and the vehicles still did not meet standards set out in the 'Health and Social Care Act 2008 Code of Practice of the prevention and control of infections and related guidance (2015)'.
- Medical gasses were still not stored in line with British Compressed Gases Association 'The Storage of Gas Cylinders (2016)'.
- Equipment had not been serviced or maintained since our previous inspection although there was evidence of some planning to commence this.
- We found some out of date medicines although the provider told us these had all been checked. However, all stocks of controlled drugs had been surrendered to the local police.
- We found items of equipment that were out of date, despite being told that equipment had been checked.
- There was a lack of systems and processes to assess, monitor and improve the quality and safety of services.
- New policies had been formulated, however plans for implementing them were vague and did not include time frames or details regarding staff training. Plans did not include how policies were to be monitored and audited once they had been implemented.
- The action plan rejected by the CQC had not been updated at the time of this inspection.
- Audit activity, plans and schedules had still not been implemented. There was no evidence of how audit outcomes and details were to be reviewed or how audit formed a part of the governance structure.
- A risk register template had been set up, however this was empty. Therefore, risks had still not been identified, neither were plans to mitigate risks in place.
- Disclosure and Barring Service checks were requested by former employers or universities and not by WMS, which is not in line with recommendations set by the Disclosure and Barring Service.

However:

- The prescription only medicines were stored in a locked cupboard and were secured with digital key access. All stock inside the prescription only store was in date.

As a result, CQC extended the suspension of regulated activities until 22 July 2017.

The purpose of the 18 July 2017 inspection detailed in this report was to determine whether the provider had made sufficient improvements that suspension could be lifted on 22 July 2017. Therefore the report does not cover all areas contained within a comprehensive report. Instead it has focused on the areas of concern found at the February and April 2017 inspections.

We found the following improvements:

- The provider had redesigned the management structure to enable a greater focus on key elements of governance.
- A new electronic system was being trialled that ensured all the management team had access to key, current management concerns without meeting face to face.
- The provider had employed an independent consultancy company to support them. We reviewed the service level agreement between the two organisations and found it was current and covered those issues where WMS required specialised support.
- The provider had commenced quarterly clinical governance meetings.
- The provider had commenced collating risks and their mitigations in a formal risk register.

Summary of findings

- The provider now has a suite of updated policies covering all essential issues. There were arrangements to ensure that staff were familiar with the policies available and their contents.
- An audit programme to cover infection prevention and control, clinical records and medicines had been developed.

However:

- Cleanliness still did not meet the standards set by 'Health and Social Care Act 2008 Code of Practice of the prevention and control of infections and related guidance (2015)'. Items in the cleaning cupboard were still stored on the floor, which was dirty. This had been brought to the providers attention at both the February and April 2017 inspections. For example, the staff toilet was dirty, there was black particles and dust on the seat lid, rim and the main body of the toilet.
- During our inspections in February and April 2017, we noted medical equipment that was out of date. At this inspection we still found consumables that were out of date on an ambulance.
- During the period December 2016 to July 2017, engagement with the provider had been poor. CQC requests for information were repeatedly ignored. This resulted in CQC issuing a Fixed Penalty Notice under Section 64 of the Health and Social Care Act 2008.
- As a result of the improvements to governance, risk and implementation planning seen, the inspection team assessed that an appropriate and proportionate response to the above cited failures was to reimplement the providers registration when it expired on 22 July 2017, however CQC would impose conditions to the providers registration.

These conditions to registration included:

- A monthly update on the CQC action plan to be sent to the provider's CQC relationship owner.
- Quarterly governance meeting updates to be sent to the provider's CQC relationship owner.
- Quarterly engagement meetings with the CQC relationship owner.
- Evidence of DBS checks for all staff in line with CQC requirements to be sent to the CQC relationship owner within 6 months.

CQC placed these conditions in order to test the providers ability to make all necessary improvements and to test progress and sustain engagement.

Ted Baker

Chief Inspector of Hospitals

Want Medical Services

Detailed findings

Services we looked at

Patient transport services (PTS)

Detailed findings

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Background to Want Medical Services

Want Medical Services (WMS) is operated by W and N Training Limited. The service opened in 2000. It is an independent ambulance service in Portslade near Brighton. The service primarily serves the communities of the South East of England.

The service has had the current registered manager in post since 2011.

In England, the law makes event organisers responsible for ensuring safety at the event is maintained, which means that event medical cover comes under the remit of

the Health & Safety Executive. Therefore, services providing ambulance support at events are not regulated by the Care Quality Commission this is not classed as a regulated activity.

The non-event service at WMS is small and has declined with changes in the way patient transport services have been provided in the region. Prior to the period of suspension of registration, WMS undertook occasional transport work for private patients, health insurance providers (repatriation) and local NHS trusts and intends to continue this now registration has been reinstated.

Our inspection team

The team that inspected the service comprised a CQC inspection manager, the CQC relationship owner and an enforcement inspector. The inspection team was overseen by Alan Thorne, Head of Hospital Inspection, South East.

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

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

The service is registered to provide the following regulated activities:

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

During the inspection, we visited the base in Portslade. We spoke with four staff including; paramedics, the head of human resources, support staff and management. During our inspection, we reviewed 10 sets of staff records.

As Patient Transport Services had been suspended since February 2017, there were no figures available regarding activity during this period.

Summary of findings

Patient transport services were a small proportion of activity. The main service was events work, which CQC does not regulate. We regulate independent ambulance services but we do not currently have a legal duty to rate them.

We found there had been many improvements since our inspection in April 2017 including the implementation of a governance strategy and system. The management team understood the importance of monitoring risks and had started to compile a risk register which was to be reviewed as part of the governance process. Since our previous inspection equipment was serviced and there was a clear service level agreement with a third party to provide this service. Staff training plans were being implemented that included infection prevention control and understanding of the companies new policies and procedures.

However, the cleanliness of the base and ambulances still did not meet 'Health and Social Care Act 2008 Code of Practice of the prevention and control of infections and related guidance (2015)' standards. Some of the equipment on the ambulance was dirty, this same equipment had been noted as being dirty at our inspection in April 2017. Therefore although cleaning processes were in place, there was limited assurance that it was being implemented in practice. Management advised us this was due to the ambulances not being used during the suspension period.

Patient transport services (PTS)

Are patient transport services safe?

Incidents

- We saw that incident forms were now filed in date order, with evidence of some investigation, although we noted there were no recent reports.
 - We could not determine if staff understood their responsibilities to raise concerns, record safety incidents and report near misses as there were no staff available on the day of inspection for us to contact.
 - Similarly we were unable to clarify if staff could describe the basis and process of duty of candour. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.
 - However, we saw the provider had updated their incident policy and there was staff training planned for September 2017 to imbed incident training and understanding of the policy.
 - During the 11 April 2017 inspection, we saw the provider had developed a 'root cause analysis' policy. This meant the provider now had a policy which outlined a process to be followed when investigating safety incidents although they had not had opportunity to put this into practice.
- On ambulance YX57 HKE we saw the clamp box and first aid kit had a thin layer of dust on the outside. Two oxygen grab bags had mud on the outside and a suction unit had mud on the base. This had been brought to the providers attention at our previous two inspections. In response to this the provider advised us the ambulance had not been deep cleaned since our previous inspection as the ambulance was not in use due to the suspension. However we saw plans including a weekly vehicle clean and monthly deep clean check list that the provider was waiting to implement after the suspension had been lifted.
 - At our previous inspection management were unaware of their responsibility to ensure their clinical waste was disposed of according to Health and Safety Executive guidelines. Although WMS hired a contractor to dispose of their waste, it was the registered managers responsibility to ensure this was carried out in an appropriate manner. At this inspection the registered manager advised us they had not yet followed the journey of their clinical waste but that this had been organised with their contractor to be completed over the next few months.
 - A weekly cleaning regime for the vehicles had been implemented which provided daily tasks for staff to complete on vehicles. However, the system had not yet been implemented as at the time of this inspection as Patient Transport Services had been suspended. There was tick boxes on cleaning forms for staff to record what had been cleaned and we saw plans to train staff in infection prevention and control at the staff induction day that was due in September 2017.
 - Although not regulated by the CQC, we saw a vehicle spot check plan for event crews.
 - We found an improvement in access to personal protective equipment, for example gloves and aprons, since our last inspection, as ambulances had adequate supplies of gloves in a range of sizes and gloves were stored in the correct storage areas.

Cleanliness, infection control and hygiene

- On our February and April 2017 inspections we found numerous breaches of the 'Health and Social Care Act 2008 Code of Practice of the prevention and control of infections and related guidance (2015)'.
- At this inspection we found the storage of cleaning materials still needed attention. We saw items in the cleaning cupboard were still stored on the floor, which was dirty. This had been brought to the providers attention at both February and April 2017 inspections.
- Standards of cleanliness were still not satisfactory. We observed the staff toilet was dirty, for example there was black particles and dust on the seat lid, rim and the main body of the toilet.

Environment and equipment

- At our previous two inspections in February and April 2017, we notified the provider that the storage on top of waist high cupboards was too high to be safe. At this

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inspection we still found boxes piled five boxes high on top of the waist high cupboards. Therefore the provider had still not implemented improvements to the storage area.

- On ambulance YX57 HKE we found several items of equipment that were out of date including: bandage strips that expired March 2016, a fluid spill kit that expired September 2015, towelettes that expired September 2014, Clinell sporicidal wipes that expired April 2017 and an unmedicated dressing that expired April 2013. However the vehicle had not been used during the suspension period.
- We also found an adult aerosol mask with nebulizer and tubing that although not out of date, the bag had ripped and therefore was no longer suitable for use, as well as heart burn medicine that was covered in mud and therefore no longer appropriate to use.
- At our previous two inspections we found oxygen was not stored in line with British Compressed Gases Association guidelines. At this inspection we found that a large oxygen cylinder that had previously been stored in the reception area next to a clinical waste bin causing a fire hazard had been removed. On ambulance YX57 HKE, we found all oxygen was correctly stored and in date.
- Previously we had found when oxygen cylinders were out of date they were not labelled as such, therefore there was a risk of them being used without being checked. At this inspection we found 10 oxygen tanks were out of date and all were labelled. Five Entonox (Gas and Air) tanks were out of date, however one was not labelled as such.
- Since our previous inspection we found all full oxygen cylinders were stored in a separate, locked, designated room as stated by the British Compressed Gases Association 'Code of Practice: The storage of gas cylinders 2016'. However, the cylinders were stored horizontally rather than vertically, which was not in line with guidance.
- At our inspection in February 2017, we found none of the equipment stored in the base or on ambulances had been serviced. At the April 2017 inspection, we found that the registered manager had contacted a third party to arrange servicing and maintenance. However there was no contract regarding when work would

commence, or what was included within the terms of the contract. At this inspection we saw a copy of the service level agreement which set out specification of work, roles and responsibilities as well as terms and conditions. Also on the day of inspection we saw the third party contractor at the base servicing all automated external defibrillator (AED) on site. An AED is a portable electronic device that automatically diagnoses the life-threatening cardiac arrhythmias in a patient, and is able to treat them through defibrillation.

- At our previous inspections we found the sink outside the staff toilet was also used as a food preparation/ kitchen area, which was inappropriate. However, since then the kitchen equipment had been moved to another area the sink was now solely used for the staff toilet.

Medicines

- There were arrangements to ensure medicines were managed safely. A staff member demonstrated the electronic data base on which delivery details, stock levels, expiry dates, location and destruction details were logged. The data base also included the monthly audit tool. On the data base we noted that there were no out of date medicines.
- We checked six medicines at random in the stock cupboard which were all in-date. We checked there were no controlled drugs kept on the premises. We saw that all medicines were securely stored in locked cupboards.
- Medicine kits that were incomplete were clearly labelled as such and locked away. This ensured staff would not use them accidentally.
- We checked two complete medicine packs and found that all medicines within the pack were in date and stored correctly.
- We checked all areas where medicines were stored and found there were no controlled drugs on the premises.

Safeguarding

- There were systems to file safeguarding referrals in an easily accessible manner. Staff had easy access to all reporting forms which we did not find at our previous inspections in February and April 2017.

Patient transport services (PTS)

- We saw a copy of a safeguarding reporting form used by staff, it advised staff to report any concerns to the duty manager and advised staff to call 999 if there were immediate concerns. However, best practice following suspicion of a safeguarding concern is to make a referral to the local authority (LA) and if a crime has been committed, such as sexual or financial abuse, to make a referral to the police. Therefore, the course of actions as stated on the safeguarding reporting form did not follow best practice procedures. We advised the provider of this at our previous inspections in February and April 2017.
- At this inspection the registered manager who was the safeguarding lead showed us evidence that he was in the process of updating his level 4 safeguarding training which is a requirement set by 'Safeguarding children and young people: roles and competences for health care staff intercollegiate document 2014'.

Assessing and responding to patient risk

- The provider had a policy to assess patients, however they were unable to evidence its use in practice due to the suspension.
- The provider had a 'scope of practice and clinical standards' policy and a 'clinical risk' policy, which were both in date.

Response to major incidents

- At the base we found two fire extinguishers, one was clearly marked as a foam extinguisher, however the pin was half pulled out and therefore staff could easily set off the extinguisher before they were ready. We also saw another fire extinguisher labelled AFFF which is a type of foam extinguisher. However, this is not obvious from the labelling and therefore there is a risk someone may use the extinguisher to put out a fire it is not suitable for. Both of these issues had been highlighted in our previous report, therefore the provider had not taken steps to improve fire extinguisher safety since our last inspection.

Are patient transport services effective?

Evidence-based care and treatment

- An audit programme to cover infection prevention and control, clinical records and medicines had been

developed. We saw the audit told that had been prepared and noted that these were to be performed monthly and reviewed at quarterly clinical governance meetings. However, none of these audits reached the implementation stage at the time of our inspection although we found it was imminent. We also noted that as yet, there was no formalised audit plan that incorporated all audit activity at the location.

Assessment and planning

- Since our last inspection, staff had been issued tags that could monitor blue light usage, the speed of a vehicle and GPS positioning. This enabled management to monitor appropriate usage of vehicles and ensure drivers obeyed the rules of the road.
- Management had also implemented a new radio system that provided full communication with crews at all times regardless of mobile phone signal, as a lot of work was undertaken in poor mobile signal areas such as the South Downs. Radios also included a 'man down' function that directly sent an emergency signal to the manager.

Competent staff

- The provider now has a suite of updated policies covering all essential issues. We saw these. There were arrangements to ensure that staff were familiar with the policies available and their contents. They were available in hard copy for reference, and also via the intranet which could be accessed remotely by staff. We saw that staff were required to indicate on their electronic staff record when they had read policies, although this was being updated at the time of our visit. The system was demonstrated to us.
- The staff handbook was in the process of revision to include all new policies and we saw evidence of this on-going work. A new induction programme had been devised for all new, and existing staff. The first session was scheduled for 30 September 2017. We saw the agenda and noted it included 'overview of essential policies'. On the staff noticeboard we this training day advertised for 30 September 2017. The day was to include an overview of policies, infection prevention and control training and an operational briefing.
- The provider ensured new staff had the skills and knowledge to do their jobs. We saw that an induction

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check list had been implemented which details key information that staff needed to know. Core induction competencies were specified. These checklists ensured the skills required before undertaking any activity, and those that needed to be demonstrated within the first month were tested and recorded. We saw completed examples of these checklists in staff files.

- WMS employed 42 members of staff at the time of this inspection. Ten of those staff carry on the regulated activity, the remainder of the staff work on events. We checked all 10 staff files for those who have carried out regulated activities prior to suspension. All 10 had an up to date contract, driving licence, CV and reference. However only six out of 10 had a copy of education certificates/professional qualifications and only one had a current Disclosure Barring Service (DBS) check as per guidance or within three months from another CQC registered provider. However, the provider had a copy of a DBS for each person from another organisation, but only two were within three months of appointment and from a CQC registered organisation. Therefore not all staff files met with schedule 3 standards.
- At the time of this inspection management were in the process of approaching all members of staff to ask them if they wished to continue working for Want Medical Services on a zero hours based contract. They had to the beginning of August to respond. Those that wished to continue and were going to be carrying out the regulated activities were going to obtain a updated DBS. Staff verbalised the actions they were taking and showed the spread sheet they were using to identify records required or completed. The provider planned to check DBS checks every 12 months from now on.
- All staff were going to have a new induction into the company irrelevant as to whether they had previously worked for the organisation.

Are patient transport services caring?

When we inspected caring in February and April 2017 we found there were limited systems to collect feedback from patients.

At this inspection we found methods for patient feedback had improved and that feedback was to be regularly included as part of the governance agenda.

Compassionate care

- We were unable to make any judgements regarding whether the service was caring as there were no patient transport service journeys on the day of our inspection. Therefore, we did not view staff interactions with patients and the public.
- The registered manager showed us reviewed patient feedback sheets. Staff we spoke with knew these were to be offered to all Patient Transport Services customers after the suspension and the management team had plans to review feedback at governance meetings. Therefore, there was a method of finding out and reviewing patient experiences.

Are patient transport services responsive to people's needs? (for example, to feedback?)

Meeting people's individual needs

- At the February 2017 inspection we advised the registered manager that the WMS website advised the company could provide Patient Transport Services to; people with learning disabilities or autistic spectrum disorder, older people, younger adults, children 0-3 years, children 4-12 years, children 13-18 years, people with mental health issues, physical disability or sensory impairment, people with dementia, people detained under the Mental Health Act, people who misuse drugs and alcohol and people with an eating disorder. However, the registered manager advised us WMS no longer provided support for most of these groups and the website was out of date. The CQC team checked the website on the day of the April 2017 inspection and found website information had not been updated. However, on the day of this inspection we viewed WMS's website and noted that this information had been removed. Therefore the WMS website now provided the public with accurate, up to date information.

Are patient transport services well-led?

Leadership/culture of service

- The provider had redesigned the management structure to enable a greater focus on key elements of governance. We saw an organisational chart that clearly

Patient transport services (PTS)

set out the areas of responsibility for the revised posts. We met with three of the newly appointed staff with responsibilities for human resources, infection control and training, safeguarding. The post-holders were clear about the overall responsibilities and accountability they held, however detailed job descriptions were in preparation and not yet available.

- WMS had employed an independent consultancy company to support them. We reviewed the service level agreement between the two organisations and found it was current and covered those issues where WMS required specialised support.

Governance, risk management and quality measurement

- A new electronic system was being trialled that ensure all the management team had access to key, current management concerns without meeting face to face. We saw an example of a discussion thread regarding a clinical risk that had been identified, and the provider's response planned and implemented to obviate that risk.
- WMS had commenced holding quarterly clinical governance meetings. The last was held in April, we saw the agenda and minutes of this meeting. The next meeting was scheduled for July 2017. We noted that the standing agenda and minutes contained all the topics that enabled the provider to have oversight of quality and safety. We also noted that an action log had been created which specified actions and assigned these to named individuals.

- The provider had commenced collating risks and their mitigations in a formal risk register which we saw. The mitigations were appropriate to the risks identified. However, there was no formal assessment of the likelihood or impact of the identified risks, not obvious review arrangements, although we noted one risk had been reviewed and closed. The management team were aware that the risk register was still in development and were keen to expand the document to make it more useful as a management tool when we discussed this with them.
- Analysis of incidents formed part of the standing agenda for the clinical governance meeting.

Public and staff engagement

- Management had set up twitter, email and facebook accounts for WMS that were available on the WMS website and enabled staff and members of the public to engage more easily with the management team.

Innovation and improvement

- The provider had redesigned the management structure to enable a greater focus on key elements of governance and a new electronic system was being trialled that ensured all the management team had access to key, current management concerns without meeting face to face.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital **MUST** take to improve

- The provider must ensure that both the premises and ambulances meet hygiene and infection control standards.
- The provider must ensure that oxygen cylinders are stored in accordance with legislation.

- The provider must ensure all staff files meet the requirements of schedule 3.

Action the hospital **SHOULD** take to improve

- The provider should ensure that safeguarding form instructions for staff follow best practices.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12: Safe care and treatment.</p> <p>(1) Care and treatment must be provided in a safe way for service users. (2) Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include— (d) ensuring that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way.</p> <p>The premises and vehicles did not meet ‘Health and Social Care Act 2008 Code of Practice of the prevention and control of infections and related guidance (2015)’.</p>
Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>Regulation 15: Premises and equipment.</p> <p>(1) All premises and equipment used by the service provider must be— (b) secure.</p> <p>Oxygen was not stored in line with British Compressed Gases Association ‘Code of Practice: The storage of gas cylinders 2016’.</p>
Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

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

Regulation 19: Fit and proper persons employed.

(3) The following information must be available in relation to each such person employed— (a) the information specified in Schedule 3.

Not all staff files met standards as specified in schedule 3.