Midlands Air Ambulance Charity

Midlands Air Ambulance Charity - Tatenhill Airbase

Inspection report

Tatenhill Airfield
Newborough Road, Needwood
Burton-on-trent
DE13 9PD
Tel: 01283575050
www.midlandsairambulance.com

Date of inspection visit: 6 September 2023
Date of publication: 11/01/2024

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	Outstanding ☆
Are services safe?	Outstanding ☆
Are services effective?	Outstanding ☆
Are services caring?	Good ●
Are services responsive to people's needs?	Outstanding ☆
Are services well-led?	Outstanding ☆

Summary of findings

Overall summary

This service had not been inspected before. We rated it as outstanding 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 managed 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 provided good care and treatment and gave patients pain relief when they needed it. The service met agreed response times. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. 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 understood the service's vision and values, and how to apply them in their work. 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.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Emergency and urgent care	Outstanding ☆	The service had not been inspected before. We rated it as outstanding. See the overall summary for details.

Summary of findings

Contents

Summary of this inspection

Background to Midlands Air Ambulance Charity - Tatenhill Airbase

Midlands Air Ambulance Charity Tatenhill Base is an independent health provider of prehospital emergency care and treatment through helicopter and rapid response car led emergency medical services. The service covers Staffordshire and the surrounding areas, with the wider organisation serving a population of 6 million people. The service has operated since 1991 under the umbrella of West Midlands Ambulance Service NHS Trust. In April 2022, the service became an independent healthcare provider and registered as a new service with the Care Quality Commission. As such, the service had not previously been inspected.

A registered manager has been in place since its creation in April 2022 and the service is regulated to undertake a range of regulated activities for the whole population. These are:

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

The Tatenhill air ambulance base operates 365 days a year, between the hours of 8am and 8pm. One helicopter and a back-up rapid response vehicle for when the aircraft is unable to fly operate from this base. Between April 2022 and August 2023, 3179 patients were assessed by the wider organisation which includes a further 2 air bases, 2 additional helicopters and another 3 critical care cars. Due to how the service collected and recorded information, this detail could not be broken down to a specific air base.

How we carried out this inspection

One inspector and 1 specialist advisor carried out a short notice inspection of the service and were supported by an offsite inspection manager. During the inspection we spoke with 6 members of staff. These included critical care paramedics, a pilot and the registered manager. We also spoke with 3 relatives and patients and reviewed several policies, procedures, patient report forms and audit results. We reviewed the governance meeting minutes and the risk register along with incident data, patient feedback, staff surveys and 2 staff recruitment files.

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:

- Touch point swabbing for bacteria was carried out both before and after the cleaning process; a report of the data was produced and shared with the service. A traffic light system of pass, getting dirty or fail was included and meant that the service could identify areas needing extra attention in between deep cleaning. From this data the service had identified levels of bacteria were so low that the monthly deep cleaning was extended to quarterly. In response to the swabbing data from the external company, the service had bought its own swabbing machine which could be used on other frequent touch points including inside the airbase and the aircraft itself.

Summary of this inspection

- The service monitored infection prevention and control (IPC) in all invasive procedures. An 'asepsis module' had been introduced into the electronic patient record so staff could record information. Line managers monitored and audited the use of IPC during invasive procedures (where a cut or puncture was made with a needle or knife on the body such as a cannula where a tube for administering pain relief is put into a vein). This included whether sterile gloves and antiseptic had been used, whether the clinician was bare below the elbow during the procedure and whether landmarks had been used to identify where to place a tube inserted into a chest. This was important to IPC, because the landmarks identified what is known as the 'triangle of safety' inserting a tube outside of this area can introduce both injury and infection.
- As well as incidents and near misses, the service reported areas of excellence. This was an innovation brought to the service by a staff member and allowed staff to learn from events that had gone particularly well.
- Staff completed adult intubation (a tube to help deliver oxygen to patients' lungs) every 3 months in simulation or in the skills room to demonstrate their competence. A logbook was kept and uploaded on the electronic tracking system of the service. This created an automated flag if the minimum standard set out in the educational framework was not met.
- The service had created a dedicated education and training facility. This included interactive classroom screens, an immersive multi-sensory room with the capability of 360-degree image projection, heat and cold sensation as well as smells and sounds. In addition to this, there was an observation room for assessing the simulation and a 50-seat lecture theatre.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Outstanding	Outstanding	Good	Outstanding	Outstanding	Outstanding
Overall	Outstanding	Outstanding	Good	Outstanding	Outstanding	Outstanding

Outstanding

Emergency and urgent care

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

Is the service safe?

Outstanding

The service had not been inspected before. We rated it as outstanding.

Mandatory training

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

Staff received and kept up to date with their mandatory training. Out of 61 members of clinical staff, 60 had completed all mandatory training modules. The remaining member of staff was in the process of completing the service induction programme.

Mandatory training was comprehensive and met the needs of patients and staff. It included equality, diversity and human rights, conflict resolution, preventing radicalisation and communication.

All 29 critical care paramedics and 31 doctors had undertaken training in learning disability, mental capacity, mental health, and dementia awareness in 2022/23. At the time of the inspection, the service had introduced a new mandatory module, which incorporated autism awareness. There was an expectation that all staff would have completed this training by November 2023.

Managers monitored mandatory training via an electronic reporting system and alerted staff when they needed to update their training.

An annual training report was presented to the board and line managers which reviewed training compliance each month. This was also discussed in various governance meetings. A training matrix set out all statutory and mandatory requirements for staff.

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 had received training specific for their role on how to recognise and report abuse. All clinical staff, 31 doctors and 29 critical care paramedics had completed level 3 adult and child safeguarding training. Four managers within the service were trained to safeguarding level 4.

Staff we spoke with knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them; including local authority and NHS organisations to ensure that referrals were made. This was in line with the safeguarding policy within the service.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Support, advice, and guidance was available 24 hours a day 365 days a year. Outside of office hours, staff could liaise with the police to ensure any immediate safety concerns of people at risk of harm were addressed. Between April 2023 and June 2023, 95 safeguarding concerns were raised by the service.

Children flying in the aircraft were accompanied by a parent, carer, or guardian.

Cleanliness, infection control and hygiene

There were comprehensive systems to keep people safe from infections which took account of current best practice. The whole team was engaged in reviewing and improving infection prevention and control.

All areas were visibly clean and had suitable furnishings which were well-maintained. Several audits were undertaken by the service to ensure equipment was correctly cleaned, in order and not damaged; for example, rips in stretchers, which could cause infection control risks. Monthly premises, aircraft and response vehicle assurance checks were undertaken as well as daily shift checks; information provided by the service demonstrated 100% compliance in August 2023.

Cleaning records were up-to-date and demonstrated all areas were cleaned regularly. Staff cleaned equipment such as stretchers, wires attaching to equipment and hard surfaces after patient contact.

An external provider completed monthly deep cleaning and swab testing of the rapid response vehicles. Touch point swabbing for bacteria was carried out both before and after the cleaning process; a report was then produced and shared with the service. A traffic light system of pass, getting dirty or fail was included; this meant the service could identify areas staff needed to give extra attention in between deep cleaning. From this data over a period of months, the service had identified the levels of bacteria to be so low that the monthly deep cleaning was extended changed to quarterly.

In response to the swabbing data from the external company, the service had bought its own swabbing machine which could be used on other frequent touch points including inside the airbase and the aircraft itself.

Staff followed infection control principles including the use of personal protective equipment which was widely available. Individual issued hand gel was carried by staff.

The service monitored infection prevention and control (IPC) in all invasive procedures. An 'asepsis module' had been introduced into the electronic patient record so that staff could record, and line managers monitor and audit the use of IPC during invasive procedures (where a cut or puncture was made with a needle or knife on the body such as a cannula where a tube for administering pain relief is put into a vein). This included whether sterile gloves and antiseptic had been used, whether the clinician was bare below the elbow during the procedure and whether landmarks had been used to identify where to place a tube inserted into a chest. This was important to IPC, because the landmarks identified

what is known as the 'triangle of safety' inserting a tube outside of this area can introduce both injury and infection. A large increase from 33% to 87% was seen in the recording of this information since introduced in September 2022. An action plan had been created and the information was reviewed monthly by the medical director. This was a standing agenda item in management team meetings and was discussed at the July 2023 clinical operations team meeting.

Environment and equipment

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

The design of the aircraft environment followed national guidance set out by the civil aviation authority. This included installation of dedicated medical equipment and any modifications undertaken. Fuel testing was undertaken by the aircraft provider who also completed all servicing, maintenance, and repair of the aircraft. The service met every 3 months with the aircraft provider to discuss the service level agreement. A real-time air competency dashboard was updated by the aircraft provider and shared with the service.

Rapid response vehicles were serviced and maintained at the main car dealership and 24 hours a day 7 days a week breakdown cover was in place.

Staff carried out daily safety checks of specialist equipment including defibrillators and blood giving equipment. During the inspection we reviewed clinical shift daily checks and found they had been completed in all cases.

There was enough equipment to help staff safely care for patients. Consumables were regularly monitored and ordered by a designated logistics manager. These were rotated appropriately to ensure they were within their use by date.

The clinical logistics manager also co-ordinated the servicing of medical equipment. During the inspection, we saw all equipment was within its service date. Tag and replace systems were used for any equipment with an identified fault.

Spare rapid response cars were kept, and a replacement aircraft could be sourced when required from the aircraft provider.

Clinical waste was stored safely and disposed of monthly in line with national standards.

A dedicated facilities team based at the headquarters site were available within office hours.

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 safety briefings prior to flying, which included consideration of notifications such as fuel availability, weather, sunset times, any events or hazards and flying heights and times. Medical passenger briefings (for doctors) were held, and these explained details such as emergency exiting of the helicopter and how to exit with rotas running.

Emergency and urgent care

A senior on call consultant rota was arranged covering 24 hours a day, 7 days a week so staff could seek clinical advice whenever they needed it. In addition to this, there was an on-call manager who could respond to any operational issues, staff support and welfare.

Staff used recognised tools to identify risks to both themselves, patients, and bystanders. This included a primary (initial) survey of the scene to look for hazards such as aggressive dogs, electric cables, broken glass, or chemicals followed by a primary survey of the patient(s). This is a recognised method of quickly and efficiently risk assessing the severity of illness and injury in a patient by reviewing any major bleeding, any blockages in the airway, whether the patient is breathing and whether their heart is beating.

A national early warning scoring system was used to monitor and record the patients' clinical observations including pulse rate (heartbeat) breathing rate and level of oxygen in the blood. This took place on initial assessment of the patient, before and after any interventions such as inserting tubes into the lung to help breathing and every 5 minutes during the transfer to hospital. This helped the crews to see any deterioration in the condition of the patient and act accordingly as early as possible.

Staff completed handovers at the hospital with specialist clinical teams to ensure that patients' care was appropriately transferred.

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 staffing levels and skill mix

The service had enough staff to keep patients safe, 29 critical care paramedics and 30 doctors were employed directly by the service. This meant no agency or locum staff were used by the service.

The service had no vacancies for clinical staff at the time of the inspection, although managers told us there was scope to increase the number of critical care paramedics by 2 full time staff.

The service had low turnover rates, the retention rate in September 2022 was 87%. Following consultation with staff, doctors had opted to be employed by the service, rather than operating under bank and practicing privilege agreements. Part time contracts had been introduced so that medical staff could still maintain their primary NHS roles. This, managers told us supported staff retention as well as empowering staff with a voice.

The service had low sickness rates. Between June 2022 and 2023 the average sickness rate for critical care paramedics was 1.2% and 1.08% for doctors.

Managers accurately calculated and reviewed the number and skill set of staff needed for each shift and could adjust these where there was a need.

During the inspection we reviewed 7 days of rotas and found that the number of staff on duty matched the planned numbers.

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 detailed, and all staff could access them easily on an electronical 'tablet' device.

When patients transferred to a new team, there were no delays in staff accessing their records as the records were shared with the NHS trusts receiving the patient.

Records were stored securely on a cloud-based system, where they were audited and reviewed before being electronically 'locked' so they could not be accidently accessed.

Medicines

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

Staff stored and managed all medicines and prescribing documents safely. Access was controlled to medicine storage areas. Controlled medicines were removed from the aircraft when back on base and stored securely in a keypad safe.

A 'short base report' of controlled medicines was completed by a designated critical care paramedic. The purpose of this report was to track the delivery and usage of each controlled drug, every month to identify any trends, irregularities, or misuse as early as possible. This information was stored securely with limited access. In addition, a quarterly controlled drug audit of the service in August 2023 scored 100% compliance.

A dedicated pharmacist was employed by the service and undertook medicines management. This included prescription only medication audits, medicine storage checks and controlled medicine audits. A prescription only medication audit undertaken in August 2023 and scored 100% compliance.

Medicines governance and controlled drug policies were in place and set out requirements for the storage, administration and recording of medicines in line with national requirements. Operational standard operating procedures detailed the arrangements for daily, weekly, and monthly checks and quarterly assurance audits were undertaken by the responsible officer (someone responsible for the clinical governance).

Staff learned from safety alerts and incidents to improve practice. The service provided an example of drug ampoules being damaged due to the lay out of the response bags. This was shared widely, and the bag lay out had been altered, which had reduced the number of medicine management incidents.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. A sedation of the severely agitated patient clinical guideline supported staff to ensure the safe clinical care of patients presenting with acute behaviour disturbance. This set out a step wise approach in managing the patient. All clinical cases were reviewed as part of the clinical governance of the service and included the suitability of the use of any sedation. An example provided by the service demonstrated that prior to 1 patient being given sedation, a senior support telephone call was made, considerations were given to conditions of the patient group direction. A case review was then held the following day and the case was scheduled for wider discussion and learning at the next whole team governance day. Of the 3298 patients cared for by the service between 1 April 2022 and 20 August 2023, 4 patients required restraint and of these, 2 received chemical restraint, using medicines.

Incidents

Outstanding ☆

Emergency and urgent care

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.

Staff knew what incidents to report and how to report them. Information provided by the service demonstrated 421 incidents and near misses had been reported by staff between April 2023 and July 2023. This was in line with the management of incidents and complaints policy.

The service monitored themes and trends and managers shared learning from incidents with their staff. Medicine management (due to the breakages of the ampoules in response bags) had been identified as a theme. Learning was shared in a variety of ways such as via clinical operations management team meetings, monthly online engagement meetings, electronic incident reporting system feedback option, individually face to face and via clinical governance days.

Patients and their families were involved in these investigations including receiving face to face feedback of the investigation outcome. Duty of candour prompts were mandatory, meaning the electronic record could not be progressed until this had been undertaken. Staff understood the meaning of duty of candour, which was supported by a duty of candour (being open) policy. This explained how they would be open and transparent, giving patients and families a full explanation if things went wrong.

Staff received feedback from the investigation of incidents, both internal and external to the service. Shared learning was a standing agenda item at the regular quality and performance meetings held between the service and local NHS trust.

The service had not had any never events or serious incidents. An identification and management of serious incident operating procedure set out information and guidance on how to manage such incidents.

Managers investigated incidents thoroughly. In August 2022, 22 members of staff completed investigation training. Investigation reports shared by the service, demonstrated a step wise approach to incident investigations was taken. This included understanding how the incident was detected, what the consequences were, any escalation or notification requirements, scope of the investigation, involvement and support for staff involved, investigation methodology and a full root cause analysis. Lessons and other observations were recorded along with recommendations and arrangements for sharing those lessons.

The service had a standard operating procedure for the management of central alerting systems (CAS) alerts. This is a national system which issues public health messages, safety and patient safety information. The operating procedure set out the process for receiving, registering and reviewing CAS alerts. Immediate actions were implemented with support of the on call manager systems, as well as via electronic reporting systems and official messaging groups.

A safety alert report provided by the service demonstrated that of the last 27 alerts, 5 were relevant to the service. These were assigned a risk score based on the consequence and likelihood and actions created.

Is the service effective?

Outstanding ☆

Emergency and urgent care

Outstanding ☆

The service had not been inspected before. We rated it as outstanding.

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 protected the rights of patients subject to the Mental Health Act 1983.

Staff followed up to date policies to plan and deliver high quality care according to best practice and national guidance. Clinical aide memoires were carried by staff and standard operating procedures were developed and updated based on nationally recognised best practice.

Clinical management teams and most clinical staff had significant clinical experience in both prehospital and hospital-based roles. This afforded them the privilege of accessing and developing clinical guidelines based on the research they undertook within both roles. Regular searches of national guidance such as the National Institute of Health and Care Excellence and Intercollegiate safeguarding guidelines also highlighted to managers any changes. All enhanced skills standard operating procedures were developed based on nationally recognised guidelines from the relevant college of medicine - Anaesthetics Association of Great Britain, British Orthopaedic Association and Royal College of Emergency Medicine. An example of this was the pre-hospital emergency anaesthesia clinical standard operating procedure.

Patient group directions, standard operating procedures and guidelines were reviewed by a multidisciplinary team including a subject matter expert. Both doctors and critical care paramedics within the service also reviewed and commented on the changes to ensure there was a holistic view of any proposed changes.

Clinical guidelines for an anti-epileptic drug were drafted by a neuro-anaesthetist before being peer reviewed by the service governance lead, pharmacist, and critical care paramedic/doctor governance lead before implementation.

Staff protected the rights of patients subject to the Mental Health Act 2007 and followed the Code of Practice. Training on Mental Health Act had been completed by 97% of staff in the last calendar year; however, all had undertaken training prior to this as part of their training and ongoing education. Managers monitored the use of restraint, both chemical and physical in line with national standards.

Managers checked to make sure staff followed guidance, every case was reviewed daily by the service, all clinical staff were invited. The daily case reviews considered data, quality, clinical actions, and any learning to be taken.

A thoracostomy (surgical access into the chest cavity to release air or blood) audit of 33 cases from September 2022 to June 2023 considered whether national guidance had been followed by looking at indication for procedure. In all cases, the correct landmarks had been used to identify the correct place to put the tube in and whether the correct infection prevention and control procedures had been followed.

Pain relief

Emergency and urgent care

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 recognised tools including a pictorial one to help them assess the level of pain in all ages and ranges of patients. Clinical observations were used to support decision making around increased pain levels, for example increases in heart rate and blood pressure.

Multiple types of pain relief were available to help staff manage patient's pain. Staff told us they were used in a step wise approach depending on the individual situation and patient need. Clinical observations were recorded every 5 minutes during the patient's journey, so staff were able to assess levels of pain often.

Pain relief was administered under patient group directions, paramedic exemptions and through doctor's prescriptions and were recorded on patient record forms. Only medicines listed within the service formulary could be administered.

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 did not provide commissioned services by which it had agreed to specific response times. A standard operating procedure set out an ideal call to mobile time of 5 minutes, with the primary aim of responding as quickly as possible, whilst recognising that aviation safety requirements took priority.

Response times were monitored, a heat map provided by the service showed the highest activity. Out of almost 1000 responses between April 2022 and July 2023 the average time from call to mobilisation was 3.8 minutes and time to scene 17 minutes. The rapid response car covering the Staffordshire and Stoke on Trent areas had an average call to mobilisation time of 0.8 minutes and average mobile to on scene time of 14.2 minutes.

In addition, a 'small improvement adds up to big gains' newsletter had been created by a member of staff and shared throughout the service. Its aim was to highlight how marginal gains could add up to save time and how the design and layout of the new building had been created to support a timely response for example, the location of the crew room.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

Outcomes for patients were positive, consistent, and met expectations. Information provided by the service demonstrated improved outcomes for patients suffering from a stroke that were transported by the service. These patients were taken straight from the scene of the emergency to specialist care for removal of a blood clot in their brain. The service reviewed 16 cases and found 41% of those patients were treated and discharged home after 3 days which is considered a short period time.

Emergency and urgent care

Cardiac arrest data was reviewed by the service and showed that between April 2022 and April 2023 there was a 10% higher (better) return of spontaneous circulation rate (return of heartbeat) than the comparator NHS ambulance trust. Of the 776 cardiac arrests attended by the service during this time, 188 received enhanced care interventions outside of standard ambulance scope of practice and 277 had a return of spontaneous circulation (the heart started beating again).

Patient liaison leads for the service supported the aftercare for patients and relatives. Part of the after-care referral process was to record a patient outcome when known. Between April 2022 and August 2023, 95 patients in contact with the service had been discharged home. This was positive given that the majority of patients the service cared for were severely injured or unwell.

At the time of the inspection, the service was in the process of introducing head injury management as a patient outcome measure with a view to using simulation-based learning to further enhance patient care.

Learning from death reviews were undertaken for every patient who sadly passed away in addition to the daily case review. This was in line with the learning from deaths policy and its governance framework, which set out actions based on the Royal College of Physicians structured judgement review process and assigned a score based on the level of care provided. When poor care was identified a second review took place by the lead clinician of the day, along with the medical director.

Managers and staff used the results to improve patients' outcomes and staff carried out a detailed programme of repeated audits to check improvement over time. National audits for ambulances (such as the national ambulance key performance indicators) were not always relevant or were often part completed by ambulance crews at the scene. This made the service unable to accurately measure and benchmark. In response it had developed its own key performance metrics which were linked to nationally recognised best practice. Managers then monitored to ensure these were embedded within the service. In quarter 2, 2023/24, 100% of patients receiving blood products for trauma received a required medicine beforehand, with a blood warming device and with a mineral used to reduce potassium in the blood.

Quality assurance, deep clean records, medicine quality assurance, invasive procedures, infection prevention and control audits were undertaken by the service as well as incident reporting reviews.

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.

An education training needs analysis set out the requirements for clinical operations. This included statutory training, mandatory training, clinical skills training, clinical governance days and non-clinical skills training.

Staff were experienced, qualified, and had the right skills and knowledge to meet the needs of patients. A training matrix was used by the service to track the requirements and progress of its staff. At the time of the inspection the service had recently recruited a head of education who had a strong background in simulation-based education.

The service had created a dedicated education and training facility. This included interactive classroom screens, an immersive multi-sensory room with the capability of 360-degree image projection, heat, and cold sensation as well as smells and sounds. In addition to this, an observation room for assessing the simulation and a 50-seat lecture theatre.

Staff completed intubation training (a tube to help deliver oxygen to patients' lungs when they are not breathing) every 3 months in simulation or in the skills room to demonstrate their competence. A logbook was kept and uploaded on the electronic tracking system of the service. This created an automated flag if the minimum standard set out in the educational framework was not met.

Surgical skills courses were undertaken by all staff every 3 years. Medical meat courses were run in conjunction with the local university so staff could practice on the most realistic anatomy as possible. Staff had the opportunity to complete these courses more frequently (annually) if they wished to support their knowledge and skill retention.

Yearly refresher courses on advanced life support in adults and children were undertaken. At the time of the inspection the service was looking to become accredited to run these courses, which would give staff a further opportunity to continually practice by educating others. This was also the case for trauma specialist courses.

Paediatric themed governance and training days took place. In January 2023 a whole team case review, question and answer session followed by simulation-based exercises and debriefs was held within the service.

Training and familiarisation on new equipment was undertaken by all staff and driving recertification was undertaken through a local NHS ambulance trust.

All staff had access to a virtual learning environment which had differed 'zones' or modules assigned to different roles. Objective structured clinical examinations could be watched on this site prior to face to face and simulation learning.

The manager completed annual clinical reviews with all staff to ensure clinical competence. This included peer review shifts, attending a minimum of clinical governance days, multi-source (360) feedback, review of complaints and compliments, a personal development plan and a review of professional registration.

All staff completed an induction period. For critical care paramedics this included level 1 and 2 critical care paramedic competency training; this was undertaken at an accredited university as was helicopter emergency medical services technical crew member training. Doctors completed the pre-hospital emergency medicine certificate, a national programme.

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.

Staff worked across health care disciplines and with other agencies when required to care for patients. This included local authority safeguarding teams, other air ambulance providers, NHS ambulance and hospital trusts.

Staff signposted patients, relatives, and carers to their general practitioners for mental health support services when they showed signs of mental ill health or depression in the aftermath of an incident. Additional support was provided by patient liaison leads, please see caring domain emotional support for further details.

Health Promotion

Staff gave patients practical support and advice to lead healthier lives.

Emergency and urgent care

The service ran community-led programmes called 'Sky Champs' (children) and 'Mission Support' (adults) that involved health education and training. The service had identified 30% of the emergencies they attended were for out of hospital cardiac arrests and of those 5% were related to penetrating injuries/ stabbings each year. Cardiopulmonary resuscitation and bleed control sessions, and distribution of a network of bleed control kit across the region was put into place in response. This helped equip adults and children with lifesaving skills.

Critical care paramedics from the service supported a local Biker Down collaborative with other emergency services and provided casualty care sessions, basic life support training, how to manage airways and how to remove a helmet if required. This was important as the service attended a motorbike collision on average every 4 days.

A signposting and support directory was available and contained information about services that were able to support and guide people in healthy lifestyle, wellbeing, illness and injury, financial advice and support, bereavement and support for children and young people.

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 and were up to date with training in the Mental Capacity Act 2005 and the Mental Health Act. Information provided by the service demonstrated 97% of the 59 clinical staff had completed this training.

Staff gained consent from patients for their care and treatment in line with legislation and guidance and clearly recorded consent in the patients' records. The electronic patient record had a mandatory section relating to consent. Gained, implied, refused or lacked capacity were the available options for staff in recording consent and then a text box field enabled consent and best interest decisions to be recorded in more detail. This was in line with the service consent policy.

When patients could not give consent, staff made decisions in their best interest, considering patients' wishes, culture and traditions. Staff who we spoke with during the inspection had a good understanding of advanced decisions. We reviewed 5 patient records and found they all demonstrated consent had been gained appropriately in line with national guidance.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act and the Children Acts 1989 and 2004. Two out of 5 patient records showed clinical support calls were undertaken which demonstrated that staff knew who to contact for advice and support when they felt they needed a second opinion.

Managers monitored how well the service followed the Mental Capacity Act and made changes to practice when necessary. A review of all cases where mental health was a primary reason for dispatch showed between April 2022 and July 2023, out of the 3300 responses only 5 were related to mental health. Managers explained that regardless of the cause of dispatch, staff considered each case individually and in line with standard operating procedures and service policies.

Outstanding ☆

Emergency and urgent care

A clinical operation newsletter from April 2023 provided staff with information relating to patients lacking capacity, best interest decisions and risk relating to restraint. The risk assessment had taken into consideration learning from the prevention of future deaths.

Is the service caring?

Good

The service had not been inspected before We rated it as good.

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Many standard operating procedures and clinical policies referred to patient dignity demonstrating how the service valued compassionate patient care highly.

Feedback from people who used the service and those who were close to them was continually positive about the way staff treated people. During the inspection we spoke with patients and relatives cared for by the service. They told us staff treated them well and with kindness, respect, and dignity. A compliments report from the service demonstrated 45 compliments had been received since July 2022 and March 2023, where patient, relatives and carers had wanted to express thanks to staff for how they had been cared for.

A patient experience report demonstrated that out of 38 patients, 15 felt they had experienced kindness, compassion, and dignity by the service. Fifteen were not asked and 9 were unable to recall.

The service dignity policy was available electronically to all staff. It set out its aims, responsibilities and purpose as well as methods of implementation and monitoring. The policy discussed protected characteristics in line with its equality, diversity and inclusion policy and signposted staff to where they could access further information.

Staff followed policy to keep patient care and treatment confidential. For example, in the immediate aftermath of an incident staff erected screens at the side of a road, used blankets to cover patients, provided hand over details of patient care in designated areas to hospital staff, kept electronic patient records secure and ensured external requests for information were managed in line with agreed policies and procedures.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. This was evident during the inspection when staff spoke to inspectors and respectfully explained how they had cared for patients with complex needs such as mental health crisis.

Emergency and urgent care

Staff understood and respected the personal, cultural, social, and religious needs of patients and how they may relate to care needs. Where possible, staff would support specific needs such as single sex crews (making use of ambulance crews and travelling by land) and the removal of shoes. Due to the nature of the service, there were often time critical factors in trying to save the patient's life which meant staff could not always meet these needs; however, when speaking with inspectors it was clear staff had an understanding and respect for such needs.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it. One relative said she had been treated very respectfully and prepared for the worst following honest conversations from those treating her loved one. Staff we spoke with told us how they provided holistic care of all patients especially those with poor outcomes.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. Patient feedback demonstrated staff had supported patients including holding their hand and providing supportive words.

Staff received training on breaking bad news and demonstrated empathy when having difficult conversations. Breaking bad news featured as part of the recruitment and induction process within the service.

Dedicated patient liaison leads supported patients, relatives and carers in their aftercare. They provided both support such as base visits, signposted to support agencies and obtained feedback to improve services.

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 their care and treatment.

Staff talked to patients in a way they could understand and supported patients to make informed decisions about their care. One patient said staff kept them informed about what was going on.

Staff we spoke with during the inspection told us how they supported patients who had advanced decisions about their care.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Please see complaint and engagement sections for further details.

Outstanding ☆

Emergency and urgent care

Is the service responsive?

Outstanding ☆

The service had not been inspected before. We rated it as outstanding.

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.

Managers planned and organised services, so they met the needs of the local population. This included the use of enhanced skills for out of hospital cardiac arrests, penetrating injuries and road traffic collisions. Cardiac arrests formed a large proportion (776) of missions attended between April 2022 and April 2023; whilst road traffic collisions and penetrating injuries were amongst the top 3 categories of calls.

The service had systems to help care for patients in need of additional support or specialist intervention. Dedicated patient liaison leads for the service signposted patients to aftercare and follow up services in the aftermath of an incident.

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.

Facilities in the aircraft were appropriate for the services being delivered. Guidelines had been developed to support the management of bariatric patients and those with complex handling conditions to support equity in care and outcomes. Bariatric patient and those with complex handling needs guidelines were available. These guidelines provided clinical teams with specific guidance including weight distribution, clinical considerations, estimation of weight guidance, maintaining dignity and patient extrication and conveyance.

Patients such as children and those living with learning disabilities and dementia were able to travel with a relative or carer.

Noise cancelling headphones were provided to patients and passengers. Children and young people travelled with a family member, relative or carer to help reduce their anxiety and fear.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss This included face to face communication. British sign language could be accessed through a smart phone application.

Managers made sure staff, patients, loved ones and carers could get help from interpreters when needed by accessing a telephone-based service and a general (non-clinical) smart phone translation application which worked both off and online.

A clinical smartphone application had also been introduced by the service which enabled further and more in depth communication in over 18 different languages. This application had been introduced following suggestions from staff within the service that also worked in other areas such as intensive care.

The service's website contained accessible web content which included a tool bar which enabled the use of audio, a change in the size and colour of writing, underlining of text and translation of text. The service used software which helped it to review the usage of accessibility so it could tailor its communications and did this every month.

Information leaflets were provided for bystanders of incidents which explained information such as what feelings they may expect to experience, such as feeling overwhelmed as well as signposting to support organisations.

The service had developed a communication aide memoire for all staff to support them communicating with all people. The memoire was available electronically to all staff and provided pictures and text in a variety of formats so that patients with communication difficulties could identify for example, their level of pain and the location on body. There was also the British Sign Language alphabet which meant that people with a hearing deficit or those that communicated via Makaton could also communicate effectively.

Access and flow

People could access the service when they needed it, in line with national standards, and received the right care in a timely way.

At the time of the inspection there was no national standard for the service to meet to ensure people could access it when they needed to. Despite this, the service strived to ensure people could do so in a timely manner. It used its electronic patient record system to monitor various types of information and used this as an indicator to access. The number of incidents attended, conveyance rates, cases per time of day, week and month, injury trends, age and gender and aircraft/ rapid response vehicle downtime were all monitored regularly and provided the service with information around patient access and flow.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff, including those in partner organisations.

Patients, relatives, and carers knew how to complain or raise concerns. The service had a variety of ways to raise a concern or complaint and how to pass on compliments. There were feedback leaflets which were available at all locations as well as charity shops relating to the service. These included telephone calls, a quick response code (a barcode which stores information), an online feedback form, email or letter.

The service clearly displayed information about how to raise a concern in patient areas. The side of the helicopter had a QR code so people could quickly and easily scan it and assess further information. Staff carried crew cards which contained information about how to contact the service. These cards were given to patients and relatives when appropriate to do so.

Staff we spoke with understood the policy, management of incidents and complaints and knew how to acknowledge complaints.

Outstanding ☆

Emergency and urgent care

Managers investigated complaints and identified themes. Complaints, concerns, and compliments were a standing agenda item at the clinical operational management meetings. The annual quality and compliance report 2022/23 indicated 4 complaints had been received by the service. Patients and families had been contacted and received feedback in all 4 cases and managers had shared feedback to staff regardless of whether the complaint had been upheld or not to help improve the service.

Is the service well-led?

Outstanding ☆

The service had not been inspected before. We rated it as outstanding.

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.

Leaders at every level were visible and approachable. Compassionate, inclusive and effective leadership was sustained through development, effective selection, support processes and succession planning. The leadership was knowledgeable about the issues and priorities for the quality and sustainability of the service.

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.

The service had a vision, saving lives by saving times, which was supported by a rolling 5-year strategy. This was made up of 4 strategic pillars - clinical excellence, organisational resilience, valuing our people and income generation. It was reviewed and a new plan created each year which helping the service to be as responsive as possible to its organisational priorities, at the same time, taking into consideration a competitive funding environment. This included an annual assessment by the board of trustees and senior leadership team which reviewed and considered progress.

Staff we spoke with during the inspection understood the service vision and knew how they contributed to its achievement.

At the time of the inspection the service was looking to increase operations to a 24 hour a day 365 days a year model. This was anticipated to be rolled out in quarter 4, 2023/24.

A draft clinical strategy which was due to be approved by the board of trustees in October 2023 set out 5 core objectives which included patient focused care and building partnerships. Information within these objectives indicated the service planned to involve patients and relatives in the development and governance of the service, enhance links with receiving hospitals and support increased engagement by collaboration with universities and critical stakeholder networks.

Outstanding ☆

Emergency and urgent care

Culture

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

A whistleblowing – freedom to speak up policy was available to staff. This set out the requirements and procedures by which individuals working for, or on behalf of, the organisation could internally report any concerns of wrongdoing, risk or malpractice, which were in the public interest.

A health, safety and welfare policy recognised wellbeing was linked to performance and staff were the most valuable asset. This policy highlighted the strategies for preventing and managing risk to employee wellbeing. It included trauma risk management, health cover plans, vaccinations, flexible working arrangements, free refreshments, away days, and employee benefits such as cycle to work schemes. In addition, there was access to mental health support, counselling, and occupational health.

Mental health first aiders were available throughout the service and the service was in the process of creating a health and wellbeing policy. It was envisaged that stress risk assessments and stress risk action plans would help support staff and prevent burn out.

The service funded accredited education courses and provided training hours and time to attend to support with career development and progression.

Staff we spoke with during the inspection told us they felt supported and respected and were proud to work within the service.

The service supported equality and diversity and inclusion and a policy was in place for this. This provided key definitions, scope of practice and key aims as well as inclusion principles along with how the service monitored its effectiveness. Staff completed training in equality, diversity and inclusion and mannequins used in training and education within the service reflected diversity for example, an elderly patient, a black patient, and a young disabled person.

Governance

Leaders 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.

The service was overseen by a board of trustees and a senior leadership team (SLT). Four board of trustee sub committees and 2 working groups met every 3 months. These were Audit and Risk, Human Resource and Remuneration, Clinical Standards, and Fundraising Committees. The working groups were safeguarding and aircraft contract working groups. SLT oversaw research and innovation, training and education, equipment and drugs, quality audit and improvement and clinical guidance and standard operating procedures workings groups which all fed into the clinical operations management team meetings.

Structures, processes, and systems of accountability were clearly set out, understood and effective. They were well managed and reviewed and reflected best practice. Automated reporting and alert triggers were used, for example, to the medical director in cases which flagged for senior review. Key performance metrics were reviewed as part of clinical and operational team meetings and learning communicated through a clinical operations newsletter to staff.

Monthly clinical governance training days were attended by all staff and provided opportunity for both feedback to staff and escalation from them of information and learning. Daily case reviews of all cases supported clinical effectiveness whilst live data recording meant that operational audits could be monitored and reviewed in real time.

Workforce compliance both in terms of human resource, training and education and rostering featured as part of clinical and operational governance meetings which all staff were invited to observe. An annual training report was presented to the board and line managers reviewed training compliance each month and discussed it in governance meetings.

There was a systematic approach taken to working with other organisations to improve care outcomes. An annual audit was undertaken by an external aviation advisor and the service met every 3 months with the aircraft provider to discuss the service level agreement. As well as this, an immediate care governance group met every 3 months with shared service providers, its aim was to provide oversight of all enhanced care team operations on behalf of the supporting NHS ambulance provider.

A self-assessment monitoring tool was used by the service with the aim of continual monitoring of quality and compliance. This tool included self-assessment records of feedback from staff, leaders, partners, peoples feedback, observations and outcomes of care as well as documentation reviews and peer reviews from other air ambulance providers. The registered manager for the service attended regulatory webinars to ensure they were as informed as they could be of any changes in regulatory approach and a master dashboard provided a total score which enabled the service to identify areas for improvement and support.

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. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

The service had an effective and detailed process to identify, understand, monitor and address current and future risks. Risk was monitored under the risk management module of the incident reporting system before being 'registered'. A risk assessment was then undertaken using a standard template before being assigned to a responsible person.

Risks were reviewed as part of the governance process within the service and categories of risk such as patient safety, finance, organisational resilience were assigned to specific committees as well as a responsible officer of the senior leadership team. A risk matrix was used to record a numerical score, which enabled the service to visualise the probability and consequence of each risk.

The service had separate medical devise and control of substances hazardous to health registers.

A risk discussion with trustees from the service was undertaken in August 2023 to gain shared understanding of the top risks for the service and managers told us there were plans to carry out the same exercise with all staff to support its golden thread of governance. Any escalation of risk was in line with the risk management policy.

The clinical operations newsletter was used to share updates on clinical risk. The newsletter dated 7 July 2023 shared information of the review of 2 risks at the clinical operations meeting, failure to maintain oxygen in critically ill patients and not mandating the requirements to wear surgical masks.

The service had business continuity plans both at strategic and local level. These set out mandatory actions such as record keeping and incident management. They were supported by an incident communication plan, which set out both internal and external communications. Two business continuity tabletop exercises had been held by the service and considered unexpected events including adverse weather, IT interruption and loss of leadership.

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.

Integrated reporting supported effective decision making. There was a holistic understanding of performance which sufficiently covered the views of people with quality, operational and financial information.

The service had created its own quality standards and self-assessment tools in line with national standards to ensure a standardised approach to quality of care. An example of this was the aseptic module built into the patient records.

The service had recognised a variance in the presentation of audit results, learning and recommendations. Following this, a simplified audit/ key performance metric record had been created so that information could be presented in a standardised way. This record included rationale, methodology, findings and recommendations.

Data or notifications were consistently submitted to external organisations as required. The registered manager reviewed all cases to ensure that notifications were identified and made.

There were robust arrangements for the availability, integrity and confidentiality of patient identifiable data, records, and data management systems. This included the patient data privacy policy overseen and supported by various assigned roles within the service including the Caldicott guardian (a senior person responsible for protecting the confidentiality of people's health and care information) data protection officer and information governance manager.

Information systems were integrated and secure, with various layers of security including external security testing, authentication, and remote servers.

Staff could access information required quickly and in various formats including electronically and via telephone in cases of clinical advice. All policies, procedures, standard operating procedures and reporting functions were available to staff via electronic tablets provided by the service.

Data Protection, Information Security Management, Patient Clinical Records Management and Privacy Policies were available to staff within the service.

The service had recognised a variance in the presentation of audit results, learning and recommendations. Following this, a simplified audit/ key performance metric record had been created so that information could be presented in a standardised way. This record included rationale, methodology, findings and recommendations.

Outstanding ☆

Emergency and urgent care

Engagement

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

The patient experience and engagement plan set out how it actively seeks feedback from patients, carers, and relatives. This included engagement through its website, a patient and carer survey, production of leaflets and cards to be circulated to patients as well as data sharing agreements with all local hospitals, trauma units and major trauma units.

The patient survey of 105 patients and relatives (of which 67 were conscious) demonstrated 103 rated their overall experience of the service as excellent. The survey broke down further details such as type of injury and experience of flying in the aircraft such as noise, smell, and temperature. This meant the service was able to further understand the experiences of specific patient groups such as those suffering from strokes, or spinal injuries.

The service had community engagement plans for creating connections with various groups and schools within 6 of the counties within the service region. A dedicated community engagement executive was recruited in October 2022 and specific objectives such as establishing a consultation group of patients, relatives and carers and community engagement forums.

The service had attended pride events given talks to lesbian, gay, bisexual, transgender, queer or questing community groups, attended cultural music festivals, and provided outreach cardiopulmonary resuscitationtraining to the Muslim community within its region.

Staff engagement consisted of chief executive briefings, a monthly newsletter, an open-door policy to the senior leadership team and monthly online engagement meetings. These were an open format but also included any key messages. The service had committed to holding 2 clinical days away every year. Away days were held in January and June 2023 and provided staff with an opportunity to influence the review of the current operating model. Updates on strategy and working groups within the service were shared.

Annual staff surveys were carried out and incident debriefing took place with staff when required. The 2022/23 staff survey results showed 92% of staff had completed the survey. Staff praised the service as an outstanding place to work with 100% of the respondents feeling the service made a positive communication to the community it service.

Work was underway with other air ambulance services to arrange mutual work on the patient safety incident response framework. Regular governance meetings were held with NHS trusts throughout the region.

Engagement with NHS ambulance providers happened at all levels within the service, such as the medical director, critical care paramedics and senior managers. A representative from the service also sat on the critical care and trauma network as a board member.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Outstanding ☆

Emergency and urgent care

There was a strong focus on continuous learning and improvement at all levels of the organisation. Since April 2023, 78 innovative proposals had been put forward by staff. These proposals were mapped to a pillar of excellence within the service mission and progressed through a workflow to assess suitability. One example was related to neonatal (babies under 28 days old) resuscitation equipment. A special grab bag containing everything needed to resuscitate the baby was created. This enabled to crew to split and deal with both patients, the mother, and the baby quickly. Staff were also encouraged to shape guidelines in use within the service, for example the epileptic guideline detailed in the evidence based care section of the effective domain.

As well as incidents and near misses, the service reported areas of excellence. This was an innovation brought to the service by a staff member and allowed staff to learn from events which had gone particularly well.

Following an inspection at a different location of the provider, the service had identified learning and incorporated lessons into its self-assessment framework. It had implemented a draft accessible information policy to under pin the processes already applied by the service and developed a communication aide memoire for all staff. (Please see the meeting individual needs section of the responsive domain for further information.) which was detailed in the September 2023 clinical operations newsletter.