

Meditech Global Limited

Meditech Global Ltd - Rockingham Motor Speedway

Quality Report

The Medical Centre
Rockingham Motor Speedway
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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

Overall rating for this ambulance location

Patient transport services (PTS)	
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Summary of findings

Letter from the Chief Inspector of Hospitals

Meditech Global Ltd – Rockingham Motor Speedway is operated by Meditech Global Limited. The service has one registered location at Rockingham Motor Speedway and provides on-site first response care to users of the speedway and to spectators. The scope of this inspection was focused on the conveyance of patients from Rockingham Motor Speedway to local hospitals; the treatment of patients on site at Rockingham Motor Speedway falls outside the scope of registration and so was not considered. The service has four vehicles, which can be used for conveying patients. The medical centre is equipped with a two bed stabilisation treatment room and a one bed burns room.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 19 March 2018. Due to the nature of the service, we did not conduct an unannounced inspection.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

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

Services we do not rate

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

We found the following areas of good practice:

- There were appropriate processes and procedures for ensuring the delivery of safe, effective, high quality care. A range of standard operating procedures existed. Importantly, staff were well-versed and knowledgeable about the content of the operating procedures.
- The service was staffed and supported by a range of health-care professionals who were competent and knowledgeable.
- Patients were initially assessed using national based guidance. Patient record forms were used to capture treatments provided; advice given and whether patients were conveyed to a local hospital. The vehicles used were visibly clean and well maintained.
- Whilst there had been no incidents reported during the preceding twelve months, staff were well aware of their roles and responsibilities in regards to the reporting of, and learning from incidents.
- There existed a flat hierarchy, which promoted a mutual respect amongst all health professionals. Individuals knew about their own professional accountabilities and responsibilities but they were also respectful of the roles of others within the team.
- The management team promoted an open culture within the service allowing staff to be candid with one another. There was a focus on learning and service enhancement and improvement.
- The service was responsive to the needs of its patients. The environment and service provided was fit for purpose with reasonable adjustments having been made to ensure the needs of the majority of the population could be met. There were arrangements in place with the local NHS Ambulance trust for bariatric patients to be conveyed by way of a specially adapted vehicle should the need arise.

Following this inspection, we told the provider that it should make improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Heidi Smoult

Deputy Chief Inspector of Hospitals (Central region), on behalf of the Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

**Patient
transport
services
(PTS)**

Rating

Why have we given this rating?

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

Meditech Global Ltd - Rockingham Motor Speedway

Detailed findings

Services we looked at

Patient transport services (PTS)

Detailed findings

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Background to Meditech Global Ltd - Rockingham Motor Speedway

Meditech Global Ltd – Rockingham Motor Speedway is operated by Meditech Global Limited. The service commenced operating in April 2011. The service treats users of the motor speedway or spectators visiting the speedway. There are arrangements in place for critical patients to be retrieved by the local NHS Helicopter Emergency Medical Service. Non critical patients are conveyed by Meditech Global Ltd to local accident and emergency departments. There was scope for the service to convey patients of all ages, however it was noted that all reported activity for the six months prior to the inspection related to adults.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from

regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The main function of the service is to provide first response care and treatment to individuals who may have had an accident on the race track at Rockingham Motor Speedway.

Meditech Global Ltd registered with the Care Quality Commission on 13 March 2012 and is registered to provide the following regulated activity:

- Transport services, triage and medical advice provided remotely

The service has had the same registered manager in post since registration.

Our inspection team

The team that inspected the service comprised of a Care Quality Commission lead inspector. The inspection team was overseen by Bernadette Hanney, Head of Hospital Inspection.

Facts and data about Meditech Global Ltd - Rockingham Motor Speedway

During the inspection, we visited the Medical Centre at Rockingham Motor Speedway and the administration office for the service, also located at the Speedway. We spoke with five staff including; one registered paramedic, one technician and senior managers (including the

Nominated Individual). Due to the nature of the service, we were not able to speak with any patients who fell within the scope of registration. During our inspection, we reviewed five patient report forms.

There were no special reviews or investigations of the service ongoing by the Care Quality Commission at any

Detailed findings

time during the 12 months before this inspection. The service has previously been inspected twice, and the most recent inspection took place on 13 May 2013, which found that the service was meeting all standards of quality and safety it was inspected against.

Activity:

- Between July and December 2017, 21 patients were conveyed to a local accident and emergency unit.
- The service is provided in line with the requirements of racetrack activity at Rockingham Motor Speedway.

Staffing:

- Eight doctors currently work on a temporary basis with the service. Individuals are self-employed however the provider ensures appropriate recruitment checks are undertaken and individuals have appropriate levels of indemnity insurance in place.
- One doctor is appointed as the named medical director for the service.
- Seven nurses are also used on a temporary basis to support the provision of services, alongside sixteen qualified paramedics, sixteen certified emergency

medical technicians and two first aiders. With the exception of two administration staff, the registered manager and the medical director the remainder of staff are employed on a temporary, self-employed basis.

Track record on safety during the preceding twelve months:

- No never events
- No reported clinical incidents
- No deaths
- No serious injuries
- No incidences of healthcare acquired Meticillin-resistant Staphylococcus aureus (MRSA)
- No incidences of healthcare acquired Meticillin-sensitive staphylococcus aureus (MSSA)
- No incidences of healthcare acquired Clostridium difficile (C.diff)
- No incidences of healthcare acquired E-Coli
- No complaints

Services accredited by a national body:

- Nil

Services provided at the location under service level agreement:

- Pharmacy

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

Meditech Global Ltd – Rockingham Motor Speedway is operated by Meditech Global Limited. The service has one registered location at Rockingham Motor Speedway and provides on-site first response care to users of the speedway and to spectators

Summary of findings

We found the following areas of good practice:

Safe:

- There was a process for reporting incidents. Whilst staff had not reported any incidents during the preceding twelve months, staff were aware of their responsibilities. Staff were able to describe events which would likely constitute an incident, in line with local policy.
- There was an active culture of learning from when things had gone wrong in the past. There was evidence the service had learnt from serious incidents. Examples included the introduction of safer reversing protocols following a pit-side vehicle accident. There was a focus on ensuring that where incidents were reported, they were investigated impartially, with an emphasis placed on quality and service improvement.
- Vehicles were clean and well maintained. There was appropriate levels of equipment which had been serviced and maintained in accordance with manufacturer recommendations.
- There were sufficient numbers of skilled staff to ensure safe delivery of care.

Effective:

- Staff used national evidence based policies and treatment protocols. There was a process for reviewing treatment protocols to ensure they were delivered in-line with national standards.
- There were systems in place for assessing and responding to patients needs in regards to pain management.

Patient transport services (PTS)

- Staff were highly skilled and competent, with some staff having undertaken additional courses such as advanced life support and trauma management.
- Staff were aware of the importance of seeking informed consent from patients.

Caring:

- Staff were eloquent about how they would provide care which was compassionate. There were arrangements for ensuring and maintaining the privacy and dignity of patients.
- Staff had sufficient time to provide emotional support to patients.
- Patients were encouraged to be involved in the planning and delivery of their care, with staff playing a pivotal role in supporting patients to be independent.

Responsive:

- The provider had ensured vehicles were fit for purpose and had been suitably adapted to meet the needs of the population.
- Patients were clinically prioritised and triaged with immediate track side response being provided for all racing events.
- Whilst there had been no formal complaints received during the preceding twelve months, the provider was able to demonstrate how they had sought feedback from patients so they could further improve the service.

Well-led:

- A clear management structure ensured consistent leadership from clinical specialists.
- A flat hierarchy enabled staff to critically challenge one-another in a positive way to further enhance the quality and safety of the service.
- Staff described working in a setting which promoted candour and openness.
- There were arrangements in place for assessing quality and for managing risk.

Are patient transport services safe?

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

Incidents

- Whilst there had been no incidents reported within the preceding twelve months, staff were able to describe their roles and responsibilities in regards to the reporting of incidents. Staff could describe how lessons had been learnt from historical incidents. Examples included an introduction of a new vehicle reversing protocol following a pit-side traffic accident.
- There was a single process for reporting of incidents. Staff were required to report incidents directly on to an incident reporting form which were located in both the ambulances and the medical centre. The registered manager described the process of how all incidents were referred back to the medical director and registered manager for investigation and root cause analysis where applicable. Incidents were also referred to the management team of Rockingham Motor Speedway for consideration to determine any additional learning points.
- There had been no reported never events between January 2017 – February 2018. (Never events are serious incidents that are entirely preventable because guidance or safety recommendations providing strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers. Reported never events could indicate unsafe practice).
- Regulation 20 of the Health and Social Care Act 2009 (Regulated Activities) Regulations 2014 is a regulation introduced in November 2014. This Duty of Candour regulation requires the organisation to notify relevant persons (often a patient or close relative) that an incident has occurred, to provide reasonable support to the relevant person in relation to the incident and to offer an apology.
- We saw that there was a process in place for ensuring that where relevant incidents may potentially occur, the regulatory requirement to ensure regulation 20 was discharged existed. Because no such incidents had occurred in the preceding twelve months, we were not

Patient transport services (PTS)

able to fully assess the provider's compliance with this regulation in its entirety. However, staff were able to describe the requirements of the regulation and of their roles and responsibilities.

Cleanliness, infection control and hygiene

- There had been no reported healthcare acquired infections reported during the preceding twelve months.
- There were protocols in place for appropriate cleaning and decontamination of ambulances. Deep cleans were conducted on a regular basis with evidence of these being reported. Ambulance crews were required to check vehicles on a daily basis, ensuring they were clean. Staff described the process they worked through to clean the vehicles and equipment following each patient use.
- Checklists demonstrated that routine cleaning took place. Staff had access to blood and body fluid spill kits to help assist in decontamination.
- Personal protective equipment was readily available. We observed staff decontaminating their hands at regular intervals and all staff were observed to be following bare below the elbows best practice.
- Uniforms were supplied by the provider. Staff were responsible for laundering their own uniforms in line with the local policy. We observed the uniforms being worn by staff during the inspection to be visibly clean and in good condition with no one wearing damaged items of clothing. There were arrangements in place for staff to obtain new uniform where items of clothing had become damaged or heavily contaminated.

Environment and equipment

- There was a robust process for ensuring that action relating to medical equipment received by way of central clinical alerts was taken in a timely way.
- There were detailed, planned, and preventative maintenance schedules available for review during the inspection. Annual servicing of medical equipment, vehicles, oxygen and gas supply lines and stretchers was undertaken. Risk assessments were in place and were reviewed at least annually to ensure the environment and equipment was sufficiently maintained.
- Firefighting equipment was readily available; this was serviced on an annual basis. A specific fire risk assessment was in place.
- Relevant insurance and indemnity certificates were available and valid at the time of the inspection.

- There was sufficient equipment available to support major trauma patients including spinal boards, compression equipment (for use in major bleed incidents), as well as a burns room for the management of serious burn injuries.

Medicines

- The provider had a service level agreement in place for the supply of medicines from a local pharmacy. Drugs for disposal were returned to pharmacy for disposal.
- Medicines were stored in line with regulatory requirements, including scope for the appropriate refrigeration of items where necessary although there was no stock requiring refrigeration at the time of the inspection.
- Regular audits of medicines were carried out by the registered manager. A review of the audits confirmed that stock levels of medicines were as they should be and that expiry dates had been checked.
- The provider was in possession of a valid home office controlled drug license however, the use of such medicines was limited to care and treatment which fell outside the scope of registration and inspection.
- Medical gases were secured appropriately both on vehicles and within the medical centre.
- The use of medicines was recorded on patient record forms and was audited by the provider to ensure appropriate use of medicines.

Records

- Medical records were maintained in line with local procedures. The provider retained all medical records which were directly attributable to the delivery of care.
- The registered manager and medical director carried out annual audits of patient record forms to ensure they complied with the provider policy. Audits reviewed whether staff were carrying out appropriate initial assessment; that consent had been recorded; discharge action had been completed and that record forms were completed, signed and legible. Audits demonstrated that in the main, patient record forms were compliant with the provider's policy however, there were areas which could be improved such as ensuring staff wrote in black ink.

Patient transport services (PTS)

- We reviewed five patient record forms during the inspection. Each form contained comprehensive initial assessments, treatment provided, medicines administered (where required) and pre-existing medical histories.

Safeguarding

- All staff we spoke with understood their roles and responsibilities in regards to safeguarding vulnerable people. Whilst the provider had not routinely treated children, all staff had undertaken formal child protection training. Technicians completed level two training in accordance with guidance published by the Royal College of Paediatrics and Child Health (2014). A number of paramedics had completed training to level three training however this had been provided via their NHS employer and not via Meditech Global Limited. However, the majority of paramedics completed training to level two. This deviated from intercollegiate guidance which recommends paramedics be trained to level three where they could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding or child protection concerns. However, the provider and staff we spoke with demonstrated a sound understanding of how to deal with and manage an identified safeguarding concern. This included staff being able to describe the escalation protocols, which were aligned with national safeguarding protocols. A copy of the escalation protocol and policy was readily available in the medical centre for all staff to access.
- All staff had completed adult safeguarding training in line with provider requirements.

Mandatory training

- A programme of mandatory training confirmed which training each member of staff was required to undertake. This included manual handling, fire safety and infection control. All bar one member of staff had completed these training modules at the time of inspection.

Staffing

- The service employed a range of health professionals to support the provision of services. Due to the flexible nature of the service, the majority of staff were employed via bank or temporary worker arrangements.

Allocation of staff was assessed by the medical director and registered manager for each major event. Staffing was planned in line with Motor Sports Association event guidance, with additional capacity factored in, depending on the outcome of individual event risk assessments.

- Where individual events had recognised additional staffing requirements, this was planned in advance of the event.
- The provider used eight medical practitioners who were qualified to work independently and who had worked with the service for at least 12 months. A number of health professionals had specialist interests in motor sport medicine and so the provider used their skills and knowledge to support major events.

Emergency awareness and training

- The provider had standard operating procedures in place to manage emergency scenarios including fire, power loss and other technical emergencies, as well as emergencies of a clinical nature.
- The service undertook emergency scenario training annually in which staff rehearsed clinical and mechanical emergencies including consideration of terrorist attacks within a public event setting.

Are patient transport services effective?

Evidence-based care and treatment

- A range of based treatment protocols existed with specific reliance given to the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidance and Motor Sport Association purple guide.
- Staff had access to standard operating protocols, which were aligned to the standards mandated by JRCALC. The provider had also introduced an adapted version of a neurological concussion assessment tool to help assess patients suspected of experiencing head injuries following a trackside accident.
- A records audit was conducted on an annual basis to ensure that patient's needs had been appropriately assessed and that care had been planned and delivered in line with national standards. The medical director was able to review each patient contact to ascertain whether any complications had been experienced and to ascertain whether any amendments to treatment protocols were required.

Patient transport services (PTS)

Pain relief

- There were arrangements in place for staff to assess patient's pain levels following accidents. Staff were conversant with national pain management tools, with appropriate recording of pain scores on patient record forms.
- Oral pain medications were readily accessible as were intravenous medicines although the administration of medicine was limited to out-of-scope activities. Staff had access to nitrous oxide, which could be used within the ambulance, should patients requiring a transfer to hospital.

Patient outcomes

- There was limited scope for patient outcomes to be assessed. All patients who were conveyed via Meditech Global were assessed to ensure care and treatment was provided in line with JRCALC guidance. There was no reported mortality associated with the 21 patients conveyed between July and December 2017.
- The provider acknowledged it was difficult to measure meaningful outcomes for patients. The conveyance of patients was in the main, limited to those who had sustained bone fractures and therefore required x-ray and other diagnostic measures, which could only be provided from emergency departments or minor injury units.

Competent staff

- There were robust processes in place for ensuring staff were competent to deliver a safe and effective service. All staff were subject to pre-employment checks. We reviewed five staff records and could confirm that each file contained the correct information, as prescribed in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.
- The majority of temporary staff were either paramedics or emergency technicians. There was evidence on each staff file of training completed including professional courses attended at post-graduate level.
- Staff were able to access advanced motor-sport associated trauma injury training courses. Staff spoke positively about the opportunities available to them which often included scenario based training prior to

major racing events; this typically included the safe extraction of simulation dummies from mock-up racing car equipment, and the management of patients within the confines of an ambulance environment.

Multidisciplinary working

- There was strong working relationships amongst the various health professionals who worked for Meditech Global. There was evidence of protocols being developed in conjunction with doctors, nurses and paramedics alike.
- Sporting events were covered by a range of professionals including first aiders, nurses, doctors, emergency technicians and paramedics. Two staff we spoke with from different professions spoke positively about the working environment. Staff described a flat hierarchy with mutual respect for each other's roles.
- Minutes of quarterly governance meetings demonstrated a multi-professional approach to the delivery of the service which also included representatives from Rockingham Motor Speedway.

Access to information

- Patients were provided with information leaflets which were written in plain English. The majority of leaflets were directed towards commonly seen injuries including sprains and minor head injuries.
- Patient records were retained on site. Patients were provided with a copy of the patient record form for their own records. Due to the nature of the service, information regarding individual general practitioners was not collected and so information was not routinely forwarded to the patient's general practitioner.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Each of the five patient record forms we reviewed captured written consent from patients. Staff were highly conversant with the need to seek informed consent. Where there were concerns regarding a patient's capacity, such as in the case of those sustaining head injuries, staff could describe the process of reaching best interest decisions.
- Staff were able to describe the process of making best interest decisions in cases where emergency treatment was required, specifically in the case of patients who were receiving major trauma care. The registered manager confirmed that the twenty-one patients

Patient transport services (PTS)

conveyed between July and December 2017 were for injuries which had not impacted on individuals mental capacity; each patient had consented to being conveyed to a local NHS accident and emergency department. Where other patients had advised hospital treatment was recommended, but had refused conveyance, the provider respected individual decisions. Patient record forms captured where such advice had been provided but conveyance refused.

Are patient transport services caring?

Compassionate care

- Due to the nature of the service, we did not speak with any patients during this inspection. We reviewed a number of plaudits received from patients of the service. Plaudits commended staff for their timely care and treatment with one response advising they would be happy to recommend the service to others.
- The provider attempted to capture feedback on the provision of care and of patients experience by way of feedback questionnaires and a section on the patient record form for capturing feedback however, the response rate was poor.

Understanding and involvement of patients and those close to them

- Two staff we spoke with were able to describe how the patient was at the centre of care planning and care delivery. Staff were able to provide information leaflets to patients as well as describe common post-injury complications, which was explained to patients prior to discharge.

Emotional support

- Due to the nature of this inspection, and the very few patients using the service, it was not possible to assess this key line of enquiry.

Are patient transport services responsive to people's needs?

Service planning and delivery to meet the needs of local people

- Meditech Global Ltd was located within the medical centre at Rockingham Motor Speedway. The medical

centre was situated adjacent to the racetrack with dedicated access for response vehicles. There was space for emergency helicopters to land near to the medical centre should a major trauma patient require transfer via the air.

- Ambulances and response vehicles were staffed for every race event and had dedicated access to the race circuit in the event of an accident. The team was deployed by race control for every accident that occurred on the circuit. The majority of patients were transferred to the medical centre for assessment before being permitted back on to the track of their condition was minor or where no harm had occurred. Following assessment, if a decision was made for patients to be conveyed to a local accident and emergency department, the provider would convey the patient, except in the event of major trauma cases. In those events, the local NHS ambulance service was deployed, following locally agreed protocols.
- The medical centre was a self-contained unit with two patient toilets, one that has been adapted to support patients with mobility issues or physical disabilities. A waiting room was equipped with patient information and advice leaflets; companions are invited to wait in this area whilst patients are assessed and treated.

Access and flow

- The nature of the service meant there was readily available access to the emergency response team. Medical teams were deployed to the race circuit for all accidents, with priority given to them on the racetrack. All patients were assessed with the majority referred to the medical centre for assessment. In the majority of cases, patients were discharged with medical advice.
- Between July and December 2017, the service elected to convey 21 patients to a local accident and emergency department. In the majority of cases, this was because of suspected fractures or moderate head injuries. Depending on individual circumstances, the ambulance crew either opted to remain with the patient until they were discharged from the local hospital in order that they could transfer the patient back to the racetrack to collect their belongings. Alternatively, the ambulance crew would remain with the patient until their care had been transferred to the hospital; this occurred in the majority of cases as most patients were reported to have family or friends with them.

Patient transport services (PTS)

Meeting people's individual needs

- There were arrangements in place to ensure appropriate care and treatment could be provided to all users of the racetrack. Staff also provided event cover to spectators, which fell outside the scope of registration and inspection. Staff could describe the process of meeting individual needs; with examples provided of how staff would support those with learning disabilities.
- Whilst the provider did not have access to vehicles which could accommodate bariatric patients, there were appropriate arrangements in place with the local NHS ambulance trust to transfer such patients should the need arise.
- The provider confirmed that whilst there was no formal translation service available, staff could access an electronic system which translated basic phrases. The provider monitored the occasions in which treatment was required by those who did not have English as a first language to enable them to monitor the quality of the service and to consider areas for improvement should the need arise.

Learning from complaints and concerns

- The provider had not received any complaints during the preceding twelve months. However, the provider had a formal process for receiving and handling complaints. Information was available to patients which described the process of how to make a complaint.

Are patient transport services well-led?

Leadership and culture of service

- The day-to-day management of the service was by way of the registered manager. A medical director further supported the post holder and was a requirement of the Motor Sport Association.
- We observed a highly professional team who were focussed on providing high quality care to patients. During the inspection, we observed all members of the team adopting a professional and approachable manner. Staff were aware of their roles and responsibilities in terms of supporting the registered manager in achieving their ambition of providing an effective service.
- The medical director and registered manager were specialists in their fields and were committed to the

service they provided. Both post holders were described as having a personal obligation for ensuring the safe running of the service and were always responsive to feedback when they received it. This ethos was seen across the team we observed during the inspection. There was mutual respect amongst each of the health professionals who were responsible for providing care on the day of the inspection.

- There was recognition that no one health professional was less important than another was. Members of the team were aware of their own responsibilities but also they were aware of the roles other members of the team played in ensuring the service they provide was safe and effective.
- The registered manager reported that no whistleblowing concerns or complaints from staff had been received in the preceding twelve months. However, staff were able to describe the process by which such complaints could be raised. Staff reported the culture within the unit as being open with mutual respect for one another, but for the ability to challenge team members where there was a differing of opinion or where advancements in treatments had been recognised and required to be adopted.
- Whilst there had been no reported incidents in the preceding twelve months, there was consensus amongst the team that there existed a culture of candour within the service.
- Staff recognised their own professional obligations and acknowledged their own accountabilities. Staff could describe historical incidents where learning had taken place and changes made without blame being apportioned to individual members of staff. This culture, as reported by staff, encouraged individuals to raise concerns as necessary.

Vision and strategy for this core service

- The ethos of the service was very much based on pursuing best practice in safety and quality. This was achieved by improving the overall service where internal or external assessments had recognised scope for improvement or where clinical staff had identified changes to best practice through attendance at national or international meetings. A strong commitment to training, aligned with motor sport injuries was a significant focus for the provider. Regular liaison with

Patient transport services (PTS)

representatives from the local NHS Ambulance trust who assessed the service delivery or Meditech Global was also considered by the provider, especially where recommendations were made.

- The vision and strategy for the service was set out within the provider's business plan. This included the aims and objectives of the service which included providing "First class emergency medical care, treatment and transportation". Staff we spoke with were committed to delivering against the service vision and strategy.

Governance, risk management and quality measurement

- A quarterly multi-disciplinary team meeting, co-chaired by the medical director and registered manager took place with good, consistent attendance. The meeting had standard agenda items including updates to patient record compliance, equipment, consumables and medicine management, operational review, vehicle review, administrative changes and updates and a section for any other business.
- The team meeting allowed an opportunity for staff to consider national alerts issued by organisations such as the Medicines and Healthcare products Regulatory Agency (MHRA) and to determine whether any alerts were pertinent to the service.
- The provider was sighted on risks which were likely to impact on the service. The most significant risk was linked to staffing. There was a requirement for Meditech Global to support all activity associated with the race track. It was reported that whilst the majority of events were planned throughout the year, a number of small scale events were scheduled at very short notice, resulting in Meditech Global having to source appropriately qualified staff at short notice. We saw an example of this during the inspection. The provider

militated against this risk by developing service level agreements with local medical agencies, as well as having a reliable core workforce who could be called upon to accommodate last minute requests.

Public and staff engagement

- The provider acknowledged that further work was required to capture patient feedback. Due to the small scale nature of the service, there was scope for both formal and informal feedback to be considered and changes implemented immediately if the management team considered it was in the best interest of patients and the wider service.
- The provider had conducted an anonymous staff survey to help seek the views of team members to help improve the quality of the service. Staff were provided an opportunity to provide their views on the service. Whilst the provider was not able to isolate any particular themes, action was taken to procure new equipment and to amend protocols following recommendations from staff. In part, the feedback from the staff survey prompted the provider to devise the MERC training course as an element of continuing professional development for staff.

Innovation, improvement and sustainability

- The management team at Meditech Global were conscious of the fact that services delivered were almost exclusively to Rockingham Motor Speedway. They were aware of the potential operational repercussions in the event of any change in this status. The provider had had multiple approaches to lead other similar work but had opted to focus on service delivery at Rockingham, in order they could provide a high quality service. The provider had developed a national training programme focused on training nursing, medical and paramedic staff to deliver high quality urgent response care and treatment at motor sport events.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital **SHOULD** take to improve

- Review the process by which they capture patient and staff feedback, in order they can further improve the quality of care provided by listening to the views of service users and staff.