

St. John Ambulance

St John Ambulance South West Region

Quality Report

St John House
Unit 1 Woodland
Bridgwater
Somerset
TA6 4FJ
Tel: 0844 770 4800
Website: www.sja.org.uk

Date of inspection visit: 8 and 15 January 2018
Date of publication: 23/04/2018

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

Emergency and urgent care services

Summary of findings

Letter from the Chief Inspector of Hospitals

St John Ambulance South West Region is operated by St John Ambulance. St John Ambulance provides emergency and urgent care at events and a patient transport service from events to hospital.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 8 and 15 January 2018.

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

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

The main activity provided by this service was emergency and urgent care, with no routine patient transport activity taking place. We have therefore reported on all our findings under the single core service of emergency and urgent care.

Services we do not rate

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

We found the following areas of good practice:

- There were strong, comprehensive and embedded systems, processes and procedures to keep people safe.
- There were reliable systems to monitor and maintain standards of cleanliness and hygiene which was well documented.
- The environment was secure and suitable for safe storage of ambulances and equipment.
- The organisation had comprehensive documentation and accreditation of ISO 9001:2008 (a quality management system where an organisation demonstrates its ability to consistently provide products that meets customer and applicable statutory and regulatory requirements). Organisations used the standard to show it provides products and services that meet customer and regulatory requirements.
- The organisation had an excellent data management process with all paper patient report forms scanned and input into a secure electronic system.
- There was a genuine commitment to volunteers and value placed on the contributions they made to the organisation.
- There were comprehensive governance arrangements, which allowed the organisation to work in line with best practice and deliver high quality care. Patient care was at the centre of everything the organisation and staff did.
- Frontline staff and senior managers were passionate about providing a high quality service for patients with a continual drive to improve the delivery of care.
- There was excellent local leadership of the organisation. The registered manager had an inspiring shared purpose and was committed to the patients who used the organisation, as well as to staff.

However, we also found the following issues that the organisation needs to improve:

- The organisation must have a more secure method of posting the patient report forms to the electronic data management company.

Summary of findings

- Ensure lessons learned from incidents are entered on the incident log.
- Level two safeguarding training should be completed by March 2018, as in the action plan.
- Terminology within the Safeguarding policy should be changed to reflect current legislation.
- Issue local safeguarding telephone numbers to staff.
- Consider a more structured approach to provide safeguarding feedback to staff.
- Improve compliance with volunteer development reviews.
- Ensure lessons learned from complaints are entered on the complaints log.
- Consider auditing daily checks of ambulances.
- Consider introducing an early warning score system for the monitoring of patient's vital observations during transfer to hospital to detect deterioration.

Following this inspection, we told the organisation that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We issued the organisation with one requirement notice that affected emergency and urgent care services. Details are at the end of the report.

Amanda Stanford

Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Emergency and urgent care services

Rating Why have we given this rating?

St John Ambulance provided medical events cover.

This included the regulated activity of transporting patients from event sites to local hospitals for further care and treatment.

We found St John Ambulance provided a safe and quality service under the regulated activities.

St John Ambulance South West Region

Detailed findings

Services we looked at

Emergency and urgent care.

Detailed findings

Contents

Detailed findings from this inspection	Page
Background to St John Ambulance South West Region	6
Our inspection team	6
How we carried out this inspection	6
Facts and data about St John Ambulance South West Region	7
Our ratings for this service	7
Findings by main service	8
Action we have told the provider to take	24

Background to St John Ambulance South West Region

St John Ambulance became a separate legal entity and subsidiary of The Priory of England and the Islands of the Order of St John in 1999. St John Ambulance nationally provides a number of services, including first aid at events, emergency and non-emergency patient transport services and first aid training. The objective of the organisation nationally is the relief of sickness and the protection and preservation of public health. The organisation works with both volunteers and employed staff to provide services.

St John Ambulance South West Region is operated by St John Ambulance. Following an organisational review in

2016, the south west region was formed covering the West Midlands, Gloucestershire, Wilshire, Somerset, Dorset, Devon and Cornwall. The region delivers bespoke emergency services for community events but no routine patient transport services. The headquarters are in Bridgwater, Somerset and the ambulances are located across the south west region.

The organisation has had a registered manager in post since 2011. At the time of the inspection, a new manager had recently been appointed and was registered with the CQC in April 2017.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and three other CQC inspectors. The inspection was overseen by Daniel Thorogood, Inspection Manager, and Mary Cridge, Head of Hospital Inspection.

How we carried out this inspection

During the announced inspection on 8 and 15 January 2018 we visited Bridgwater headquarters. We spoke with 17 staff including registered paramedics, patient

transport drivers and members of the management team. We were unable to speak with any patients or relatives. We reviewed seven sets of electronic patient records and six staff files.

Detailed findings

Facts and data about St John Ambulance South West Region

St John Ambulance South West Region is operated by St John Ambulance. The organisation opened in 1999. It is an independent ambulance service covering the south west of England and west Midlands. The organisation primarily serves the communities of the West Midlands, Gloucestershire, Wiltshire, Somerset, Dorset, Devon and Cornwall.

The organisation is registered to provide the following regulated activities:

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

St John Ambulance provides first aid support at public events and an emergency service on behalf of the local NHS ambulance trust when required. Some aspects of events activity are un-regulated and we therefore did not inspect this element of the organisations service. The CQC only regulates activity where patients need to be transported from an event for further medical treatment.

Activity in the period January to October 2017:

- 535 events took place; however, not all of these events fell under a regulated activity.

- There were 358 emergency and urgent care patient journeys undertaken in the south west region.

The organisation has 26 voluntary registered paramedics, three voluntary emergency medical technicians, 130 emergency voluntary transport attendants, four voluntary patient transport attendants, 44 voluntary registered nurses, four voluntary doctors and two salaried patient transport drivers.

Track record on safety was:

- No never events.
- 16 clinical incidents. Of these, 13 were classified as causing no harm and three causing low harm.
- Eight complaints.

There were no special reviews or investigations of the organisation ongoing by the CQC during the 12 months before this inspection. The organisation has been inspected twice, and the most recent inspection took place in January 2014, which found that the organisation was meeting all standards of quality and safety it was inspected against.

Our ratings for this service

Our ratings for this service are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	N/A	N/A	N/A	N/A	N/A	N/A
Overall	N/A	N/A	N/A	N/A	N/A	N/A

Notes

Emergency and urgent care services

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

The main service provided by this ambulance service was emergency and urgent care. There were no routine patient transport services provided.

Summary of findings

We found the following areas of good practice:

- There were strong, comprehensive and embedded systems, processes and procedures to keep people safe. The organisation managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- The organisation controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. The organisation had suitable premises and equipment and looked after them well.
- Arrangements for the management of medicines and medical gases provided assurance of safe practice. The medicines management policy and associated procedures were comprehensive and fit for purpose.
- The organisation provided mandatory training in key skills to all staff and made sure everyone completed it. The organisation had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm.
- There were comprehensive governance arrangements which allowed the organisation to work in line with best practice and deliver high quality care.
- The organisation provided care and treatment based on national guidance and audited evidence of its effectiveness.

Emergency and urgent care services

- Staff cared for patients with compassion. Feedback from patients confirmed staff treated them well and with kindness.
- Frontline staff and senior managers were passionate about providing a high quality service for patients with a continual drive to improve the delivery of care.
- There was excellent local leadership of the organisation. The registered manager had an inspiring shared purpose and was committed to the patients who used the organisation and also to staff.

However, we found the following issues the organisation needs to improve:

- Ensure lessons learned from incidents are entered on the incident log.
- Level two safeguarding training should be completed by March 2018, as in the action plan.
- Terminology within the Safeguarding policy should be changed to reflect current legislation.
- Consider issuing local safeguarding telephone numbers to staff.
- Consider a more structured approach to provide safeguarding feedback to staff.
- Improve compliance with volunteer development reviews.
- Record on the complaints log lessons learned.
- Consider auditing daily checks of ambulances.
- Consider introducing an early warning score system for the monitoring of patient's vital observations during transfer to hospital to detect deterioration.
- Have a more secure method of posting the patient report forms to the electronic data management company.

Are emergency and urgent care services safe?

Incidents

The organisation managed incidents well.

- The organisation had an incident management framework policy (2015) and incident reporting procedure (2015). There was associated documentation. For example, an incident report form for driving, investigation reporting procedure, and external reporting requirements. There was an investigation report (level one and level two), reporter feedback form and investigation tools.
- We saw minutes of regional operation meetings that showed the organisation had a standing agenda item for risks and lessons learnt from incidents. All staff were emailed monthly about incidents and learning. Incidents and learning were shared nationally with the regional managers at regional team leadership meetings. The quality team ensured actions were taken to prevent incidents from reoccurring. For example the organisation identified out of date medicines had been administered through incident reporting and an audit of medicines. A new system of medicines management was introduced to prevent this happening again.
- Between January and October 2017, the organisation reported 16 clinical incidents, of which 13 resulted in no harm and three in low harm. The organisation also reported issues related to driving, the training element of the organisation and staff welfare.
- The organisation had a revised web-based incident reporting system. This had been developed to prompt staff to consider any requirement to invoke the duty of candour. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person'. The organisation had a Duty of Candour policy (2016) and a Being Open procedure (2016). Ambulance crews received two full training days a year where they discussed the principles of Being Open.
- Staff told us they had a good understanding of incidents and felt confident to report them. Staff received

Emergency and urgent care services

feedback when they had reported an incident and it had been investigated. They all understood their responsibility to raise concerns, report incidents and near misses. They showed us the electronic reporting system and gave examples of when it had been used. All investigations were kept on a log and shared through individual feedback and on the organisations intranet. Lessons learned were always not noted on the incident log. However, lessons learned from incidents were a standing agenda item on regional operations meetings.

Mandatory training

The organisation had a system to ensure staff were up to date with mandatory training.

- The organisation had a Training and Education policy (2015) with the following supporting documents: Training Standards Handbook, Training Needs Analysis Framework, Common inspection framework and St John Ambulance Internal Standards Framework for all staff.
- The organisation had a programme of mandatory training provided to all employees on induction and updated on a regular basis. All staff completed basic life support on induction and then every year. Staff attending events also completed paediatric life support yearly. Mandatory training compliance was:
 - Conflict management: 91%
 - Information governance: 91%
 - Medicines management and policies: 92%
- Driver training included emergency driving with blue lights.

Safeguarding

There were policies, systems and processes for safeguarding children, young people and adults.

- The Safeguarding policy (2016) was due for review in 2018 with publication in 2019. The policy reflected the Children Act 1997 and the Health and Social Care Act 2014. The policy also covered female genital mutilation, modern slavery and self-neglect in line with the Care Act 2014. Staff were issued pocket sized reference booklets for:
 - Female genital mutilation.

- Child sexual exploitation.
- How to report a safeguarding concern.
- Prevention of radicalisation.
- However, we found some terminology was outdated in the policy. The policy referred to 'Vulnerable Adults' rather than 'Adults at risk', but the definition was correct. Training requirements within the policy were also found to be out of date and the safeguarding lead was not aware of this.
- There was a process for staff to report safeguarding concerns. If there was an emergency or imminent risk of significant harm, the volunteer had to contact the local authority or police. Numbers for local safeguarding contacts were provided to volunteers during their induction period. If there was no threat of imminent danger, the organisations safeguarding team was notified and they reported to the appropriate safeguarding body.
- Training compliance rates for safeguarding across the south west for level one was 94%. Nationally, level two safeguarding training for all frontline workers had not complied with the demands of the legislation. The organisation recognised there was a risk that staff did not identify all forms of abuse and therefore safeguarding training had been further developed and rolled out in 2017. In the south west, level two training compliance was 27% (at the time of inspection). There was a national action plan to mitigate and address the poor compliance rate of training, which was due for completion by March 2018. Any staff that had not completed the level two training by March 2018 would be withdrawn from frontline operations until the course had been completed.
- The district safeguarding officer and safeguarding team provided advice, guidance and support to all staff.
- Feedback to staff that raised safeguarding concerns was not always consistent due to the sensitive nature of referrals. However, staff were informed the referral had been passed on.
- There was a quarterly report produced by the organisations national safeguarding team on numbers of safeguarding referrals raised. In January to December 2017 the organisation raised 13 children safeguarding referrals and one adult safeguarding referral.

Emergency and urgent care services

Cleanliness, infection control and hygiene

There were reliable systems to monitor and maintain standards of cleanliness and hygiene.

- The organisation had a volunteer infection prevention lead and an Infection and Prevention reference policy (2016). The policy covered the five moments of handwashing and use of hand cleansing gel, bare below the elbows dress code, use of personal protective equipment, dealing with spills, and waste management. The organisation also had a uniform policy and uniforms were provided for all volunteers and employees on joining the organisation. Uniforms were laundered at home by staff.
- The organisation ensured vehicles and equipment were appropriately and safely cleaned and ready for use, with deep cleaning contracted out. Vehicles were routinely deep cleaned every 12 weeks. The cleaning contractor provided 24 hour availability of deep cleaning, therefore if a vehicle became contaminated it was taken off the road and deep cleaned. We saw evidence of vehicle deep clean reports. Monthly audits and swab testing for bacterial count pre and post deep cleaning were also completed, which assured the organisation of effective cleaning. Routine cleaning of vehicles and equipment was undertaken with the correct chemicals and different coloured mops for different areas.
- We found three suction machines in date of service but in a dusty condition in a store cupboard. There was also a stretcher chair stored with a handle repaired with tape, waiting for repair. We were told by staff that all equipment was cleaned before being put on an ambulance as it could be left in a dusty storeroom for some time between events in the low season. This corresponded with the observation of clean equipment and beds on board ambulances.

Environment and equipment

The environment was secure and suitable for safe storage of ambulances and equipment.

- The organisation had two fleet managers for the south and London regions. They were supported by fleet coordinators and five volunteer fleet officers for the south west, based centrally in Birmingham.
- Vehicle maintenance was subcontracted. Maintenance and MOT tests were managed through an online system with a contractor, but the information was also entered

manually onto a spreadsheet. We saw the operation schedule ensured all vehicles met the maintenance regime of a safety inspection every 13 weeks and a full service every 12 months. This was planned at least three months in advance and the organisation was reminded by the contractor if vehicles were not booked in. The organisation reported that since planned maintenance was centralised it was a more efficient way to ensure vehicles met the maintenance regime.

- We checked compliance with MOT testing and vehicle tax through the DVLA for eight randomly chosen vehicles and found they were all in date.
- Patients were conveyed safely using appropriate restraints such as seatbelts.
- We checked ambulances and found they were equipped with up-to-date satellite navigation systems.
- The organisation had an established defect reporting procedure for vehicles. Staff emailed a specific inbox but also reported by telephone. Defects were also raised as an incident on the incident reporting system.
- Daily checks of vehicles were carried out, but were not audited. There was also a process for pre-event checks, held locally in the garage. The organisation considered this a satisfactory checking system and did not audit compliance as preventative maintenance mitigated the risk. The organisation recently had an external audit of its processes and was accredited with ISO 9001:2008 (requirements for a quality management system). Organisations used the standard to demonstrate the ability to consistently provide products and services that met customer and regulatory requirements.
- Consumables, such as dressings and bandages, were picked for each event through use of logistic plans. Consumables in vehicles were checked and audited yearly. Consumables and equipment were available on a next day delivery which meant they were not stockpiled. Out of date consumables with a six month minimum use by date were used for training purposes. There were no out of date consumables in the vehicles we checked.
- We checked four ambulances. All were locked and the keys were stored securely. Vehicles and equipment were visibly clean and tidy. All vehicles carried equipment for children.

Emergency and urgent care services

- There was hand cleansing gel, personal protective equipment and cleaning wipes available on each of the vehicles.
- All the vehicles had working doors and no visible issues to the outside. All vehicles had emergency equipment, including a defibrillator, oxygen and suction machines. We checked three pieces of equipment and all were in service date. No controlled drugs were kept on the vehicles and there were tamperproof tags on first aid bags. Gases on board were at a required level and were in date. All sharps bins were empty.
- All regions used consistent systems so equipment was the same across the country.
- Staff reported fire alarms were tested regularly and staff were aware of where and how to evacuate. During our visit the regular fire alarm was tested and we saw that annual fire drills were completed and fire marshals were appointed.

Medicines

Arrangements for managing medicines were safe.

- The organisation made sure medicines were appropriately and safely ordered, receipted, stored (both at the station and on vehicles) and disposed of. St John Ambulance Supplies supplied all general sale and prescription only medicines.
- The organisation had a Medicines Management policy (2015) supported by procedures such as an approved medicines list, storing and recording medicines and administration directives and a local operating procedure for medical gases. The policy clearly detailed the medicines staff in different roles were able to administer. The organisation provided pharmacy medicines which were identified for use in the service activities by appropriate healthcare professionals. Prescription only medicines were prescribed and only provided or used under very specific conditions set out in the policy. The organisation did not stock or supply controlled drugs, but the healthcare professionals who work for St John Ambulance were qualified to obtain, carry and administer these as part of their care and treatment for patients. Intravenous fluids were carried by healthcare professionals as part of the kit they use at events.
- The organisation had taken action to address issues raised through incident reporting and auditing of medicines. The annual medicine audit completed in September 2017 identified failings at a local level to manage expired medicines. In response to this, the organisation set up a new system to manage medicines. Within the south west there were 14 paramedic medicine kit bags with a nominated keeper responsible for them. The nominated keeper was also responsible for ensuring all medicines were within date, ordering and maintaining stock levels according to the organisations process. Each bag had a medicine administration book that provided traceability of medicines. The medicine bags were then sealed with a green seal to show it was full and in date. If medicines were used at an event, it was sealed with a red tag to show it was below the minimum standard and required attention by the nominated keeper. As this was a new system, it had not yet been audited for success.
- The base in Bridgwater had a medicine storage room which a volunteer paramedic was responsible for. Access to the storage room was limited only to authorised staff. The room was secured by a digital lock and accessed by a fob or an identification badge, which gave an audit trail of who had entered the room. Medicines were kept in locked cupboards and the keys kept in a safe for which only three people knew the combination, which was changed yearly. There was no medicines fridge in which to store the oral gel glucagon and therefore the shelf life had been reduced accordingly. A random selection of medicines were checked and found to be within range of their expiration date.
- Medicines waste was collected in a blue pharmacy collection box and the organisation had a proper disposal process for it. Medicines return forms provided traceability of disposed medicines. This was good practice.
- All medicine paperwork was kept at the base in Bridgwater for two years.
- Medical gas cylinders were securely stored outside in a labelled, locked, purpose-built storage facility. Medical gases were supplied by an approved supplier and could be delivered within 24 hours of ordering. All medical gas cylinders were signed for by a staff member when taken from the storage room, as well as when returned.

Emergency and urgent care services

- The UK legislation Management of Health and Safety at Work Regulations (6) and the Dangerous Substances and Explosive Atmospheres Regulations (DSEAR) (9) required site specific risk assessment for each gas cylinder store. The organisation complied with this.

Records

People's individual care records were written and managed in a way that kept people safe.

- The organisation had a current Data Retention policy detailing management of data. Patient report forms were completed for each patient care episode at an event. They were carbonated and made up of three copies. The top copy was for the organisation, the middle copy for the patient or the hospital if the patient was conveyed, and the bottom copy for the event organiser, which was anonymised. Monthly audits of patient report forms were undertaken; the average score was 77% to 100%. Reports were generated and themes identified to highlight training needs. The data was used to identify types of injuries commonly suffered at particular events and to highlight trends.
- Following an event, the patient report forms were captured on the online duty information and planning system under post event reporting. They were then sent to an electronic data management company in prepaid plastic envelopes. The data was not anonymised. They were not posted securely at a post office, nor signed for or marked confidential. Lack of tracking posed a risk to the security of patient's confidential information. The organisation had a system in place to audit a sample of patient record forms arriving at the destination. However, this did not apply to each record sent. The organisation was therefore unable to confirm all patient report forms had reached the intended destination.
- The data management company entered the information and scanned the patient report form into an electronic system. This included any supplementary information, for example an electrocardiogram (ECG) recording. Each patient report form had a unique number, incident date, region, event name and patient details. Only the assurance and quality team had access to the electronic patient records. All patient report forms were securely destroyed 28 days after scanning by the data management company. Destruction receipts were generated and stored securely.

- Electronic copies of the patient report forms were kept for ten years. Children's and maternity records were kept for 25 years.
- We reviewed seven sets of electronic patient report forms. All special notes alerting staff to pre-existing conditions or safety risks were recorded on the forms.

Assessing and responding to patient risk

Comprehensive risk assessments were carried out for people who used the service.

- Staff undertook risk assessments of events and were able to describe this process. This ensured the safety of staff and people who used the organisation.
- Patients were assessed to identify the early risk of a deteriorating patient. Patient report forms showed that baseline observations were recorded in order to identify or eliminate serious or life threatening illness or injury. However, an early warning score system for the monitoring of patient's vital observations during transfer to hospital was not used. Therefore, deterioration of a patient's condition could potentially be missed or not acted upon.
- The organisation had a sepsis tool and staff told us about it, however we did not see it used.
- Staff were able to access telephone advice from a duty manager or summon support from a NHS ambulance service in the event of patient deteriorating.

Staffing

Staffing levels and skill mix were planned so that people received safe care.

- Staffing levels and skill mix for each event were planned and risk assessed based on information provided by the event organiser. This included the type of event, facilities available, likely numbers of people in attendance at the event and known hazards.
- The busiest period for the organisation was between March and September. Local booking teams judged the capacity of individual events and used data from previous events to plan staffing requirements.
- The majority of personnel were volunteers who were given four weeks' notice to attend events. The organisation had an electronic duty and planning system. This was a secure site where volunteers could

Emergency and urgent care services

book to staff an event and then feedback on their experiences. Any events with poor staffing were highlighted and the events team monitored staffing to prevent letting down an event with little or no notice.

- The organisation had a clinical practice policy that informed staff of the limits of their scope of practice when undertaking operational clinical roles for the organisation. Any volunteers, including healthcare professionals, who had not completed all necessary training, were considered non-operational and not allowed to work until it was completed.

Anticipated resource and capacity risks

Anticipated risks were taken into account prior to attendance at an event.

- An event risk assessment was completed for each event. We saw the assessment for a stadium event which had been completed by the event manager. It included details of potential hazards and how they might cause harm and to whom and the existing control measures and additional measures required. Staffing levels and skill mix were calculated in liaison with the event provider and multi-agencies such as the police and the local NHS ambulance service.

Response to major incidents

There was a process to cope with the effects of a major incident or emergency.

- The organisation had a business continuity plan which outlined the decisions and actions to be taken to respond to, and recover from, a range of adverse incidents causing disruption to services.
- There were plans for business continuity set out in a policy. Its consideration was a requirement and in response to the increased awareness among the public, media and responding agencies on being prepared for a major incident, for example natural disasters, epidemics and terrorism.
- The organisation recognised it was essential that all functions had business continuity management plans, as emergencies could impact upon the day-to-day business. The loss of a building, facility or logistical support (such as IT systems) could have an immediate or long-term effect on activities.
- The business continuity plan was designed to provide a practical response to an incident or emergency. It enabled essential core business to continue during a period of disruption to resources at a site. It also planned a return to business-as-usual immediately following a disruption, in the medium term and in the long term.
- A series of disaster recovery plans had been developed as part of the business planning. These were more technical plans that were developed for specific groups within the organisation to allow them to recover a particular and specific business application, for example IT, supplies and call centres.
- An operational plan for managing a major incident at an event was provided and included the actions to be undertaken should a major incident occur, for example a fire, a structural collapse, a 'crash into the crowd' incident or a security-related situation.
- If an incident occurred at an event, the organisation might be the initial lead ambulance/first aid/medical provision for a short period, but the NHS ambulance service would take over upon arrival. From this point, the organisation would operate under the control of the NHS ambulance service. Alternatively staff would withdraw from the scene if directed to so, or when it was deemed necessary for safety reasons by the organisation's senior officer on scene.
- St John Ambulance only deployed additional resources to a major incident with the agreement of the NHS ambulance service incident commander, or elsewhere as agreed with the appropriate health service or local authority lead.
- All staff planning for and undertaking emergency operations were required to be aware of, and comply with, all policies and procedures applicable to the circumstances of the deployment. The organisation's policy for Emergency Preparedness, Resilience and Response (2017) included how to respond to an alert from the Meteorological Office forecasting severe adverse weather, and a major incident such as a serious fire or building collapse occurring at an event at which St John Ambulance was providing first aid cover. The Civil Contingencies Act (2004) required the organisation to 'back-fill' the services of NHS ambulance services during a major incident.

Emergency and urgent care services

Are emergency and urgent care services effective?

Evidence-based care and treatment

- There were procedures for the implementation of national guidelines. This included the National Institute for Health and Care Excellence (NICE), the Joint Royal Colleges Ambulance Liaison Committee (JRCALC), national service frameworks, national strategies, national patient safety alerts and any other guidelines applicable to the organisation. These were reflected in guidelines for care and treatment of patients.
- Policies for staff were available on the intranet and in hard copy at the headquarters in Bridgwater. Staff we spoke with said they were aware of the policies and procedures and were able to access them.
- Clinical updates, guidelines and policies were reviewed and updated. These were then shared with staff through email, a monthly newsletter and on the intranet.

Assessment and planning of care

Staff treated patients' conditions prior to transportation.

- Patients' needs were assessed and their care planned in accordance with JRCALC guidelines. This was audited; please refer to the records section.
- Most treatments administered only required first aid. Staff told us first aiders could seek advice from the doctor or paramedic on duty to determine whether a patient should be conveyed to hospital. However, there were care protocols for assessing treatment. However, the organisation did not use an early warning score system for the monitoring of patient's vital observations during transfer to hospital to detect deterioration.

Response times and patient outcomes

The organisation monitored the effectiveness of care and treatment and used the findings to improve them.

- The service monitored some relevant activities as part of their internal key performance indicators. This included the number of patient journeys completed, the number

of cancelled shifts, staff sickness rates and numbers of vehicles out of operation. This was reviewed by management staff to identify areas for action, such as staff recruitment or fleet management systems.

- Nationally, the organisation had a framework of assurance with reporting and oversight groups to monitor effectiveness of care. The organisation told us that assurance reporting had been developed through 2016 and 2017.

Competent staff

There was assurance that most staff had the skills, knowledge and experience to deliver effective care and treatment.

- All staff had completed the organisation's basic first aid course, which was evidence-based and nationally recognised.
- The organisation had systems to be assured of the competency and suitability of staff on recruitment. There was a recruitment policy which stated staff would be selected in accordance with their experience and qualifications, evidenced by references, Disclosure and Barring Service (DBS) checks, registration and qualifications, right to work checks and verification of identity checks. Each personnel file had a checklist for mandatory file contents for volunteers This included:
 - Welcome program checklist
 - Application form with full employment history inclusive of gaps
 - Interview notes
 - Medical health declaration ('fit for role' statement only)
 - DBS (if applicable)
 - Disciplinary/grievance outcome correspondence.
- We checked the employment records for six members of staff and found they were all complete and up to date. The checklist for mandatory requirements had been completed and signed off by the manager. The files included evidence of safeguarding training, medical gas assessment, code of confidentiality and references.
- All staff (voluntary and paid) attended a one day induction and welcome followed by a four day first aid

Emergency and urgent care services

course with a competency assessment. After 12 months in the role, they could progress and train to an advanced first aider with competency assessments in which they were required to achieve an 'excellent' pass mark.

- The organisation provided career progression and training from advanced first aider to emergency technician and then emergency clinical technician.
- Staff told us they felt well supported with training and the organisation was committed to providing training and education. Staff were encouraged and supported with training and to take responsibility for their own continuing professional development.
- The organisation used a web-based system and dashboard to monitor training and education of staff. It also contained details of driving licencing, DBS checks and immunisations. It provided staff with automatic email alerts when updates were due.
- There were processes to ensure staff maintained the appropriate and current registration with a professional body on an on-going basis. All paramedics were registered with the Health and Care Professions Council.
- The organisation had a development review process for all employed and volunteer staff. Emergency transport technicians had a compliance rate of 77.3% and healthcare professionals 30.3% and overall compliance was 45.4%. This meant that staff did not have opportunity to discuss their professional development. The organisation told us they were working to increase this, however, this was difficult to enforce as most staff were volunteers. They had recently launched a poster campaign for all staff to promote the importance of development reviews. Staff told us development review was also discussed at one to one and team meetings.

Coordination with other providers

- The organisation used agreed care pathways in line with UK Ambulance Services Clinical Practice Guidelines (2016). Its main function was to provide emergency first aid. The organisation did not sub-contract any work from NHS ambulance trusts.
- When a patient required emergency care, the organisation had strong links with the local ambulance service to provide emergency care.

- When a patient was transported to hospital, the middle copy of the patient report form was used to provide a comprehensive handover of the patient to hospital staff.

Multi-disciplinary working

- In emergency situations, the organisation assisted the local NHS ambulance trust with emergency calls and or patient transport. This was overseen through organisation inspections from the local NHS ambulance trust.
- St John Ambulance had a good relationship with local councils, security companies and NHS ambulance trusts and attended joint planning meetings for larger events.

Access to information

- The organisation was reliant on the information provided by the patient to enable them to effectively assess and manage their care. This was documented on the patient report form.
- The organisation had a communications policy which outlined the processes for using paper-based and electronic information and was committed to the requirements of the Data Protection Act 1998.
- Staff had pocket reference guides to access relevant information while out and about. They could telephone the duty manager or the operations centre of the local NHS ambulance service for advice if required.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Most staff understood their roles and responsibilities for consent, Mental Health Act 1983 and the Mental Capacity Act 2005.

- The organisation used custom produced patient report forms which included tick boxes to record if the patient had capacity and whether consent was gained. For children there was also a box detailing the parent/responsible adult/next of kin. The St John Ambulance representative was also required to sign the patient report form to confirm they had explained the treatment to the patient.
- The organisation had an Operational Procedures Manual (2017) which outlined the consent process. It

Emergency and urgent care services

also explained Gillick competence for children's capacity to consent. We saw that consent was sought for the treatment of children and documented on the patient report form.

- The operational procedures manual (2017) referenced the Mental Capacity Act (2005) and advanced treatment decisions, lasting power of attorney and deprivation of liberty safeguards.
- The organisation provided all staff with a pocket guide to the principles of mental capacity and consent. The training document outlined the mental capacity pathway and what to do should a patient be unconscious and unable to consent.
- The crews were mainly first aiders but could seek more expert advice from paramedics or doctors, the duty manager or the local NHS ambulance trust if in attendance.
- The organisation did not provide transport services to individuals being detained under the Mental Health Act (2005).

Are emergency and urgent care services caring?

Compassionate care

- We were unable to speak with any patients; however, the organisation's aim was to treat patients with respect, courtesy and compassion, to welcome patients and to let them know what to expect during their time with the organisation. We found staff displayed a genuine desire to help people in need. Comments included 'A big thank you to the two volunteers who were so helpful and efficient when our daughter fainted. Their support was much appreciated by us all.' 'Just want to express my gratitude and thanks to all who looked after me. They were so professional and reassuring.' And also 'Grateful thanks to all that were involved in my care, for their quick response and the teamwork and care throughout while in their care.'
- Staff ensured dignity was upheld in public places and for those in vulnerable circumstances. All the vehicles inspected had pull down plastic blinds that staff used to

ensure patient privacy when being treated. Additionally, one of the ambulances inspected had a sign on the outside sliding door that read "please knock and wait before entering."

Understanding and involvement of patients and those close to them

- The aim was to give patients full attention and to try to answer all questions in an open and honest way. Staff said they allowed time for the patient to ask whatever questions they wanted.

Emotional support

- Staff said they took the time to provide emotional support to patients, family members and friends who were distressed, anxious or confused. When we asked them to describe events or situations where they or their colleagues had provided emotional support, they said "it's just what we do... we treat people how we would like our family members to be treated."
- Staff told us they were mindful of how important it was to quickly form a relationship with patients to build their trust. They also understood the impact the care, treatment or condition might have on a patient and to provide extra support when required.
- The registered manager told us how the focus was always about delivering a personal service with the patient being at the centre.

Are emergency and urgent care services responsive to people's needs?

Service planning and delivery to meet the needs of local people

People could access the service when they needed it.

- The busiest period for the organisation was between March and September when most events took place. However, the organisation also covered sporting events during the winter. Local booking teams judged the capacity of individual events and did not overbook. Patient data from events was analysed and looked at gender, time of day, number of treatments, and who went to hospital. This data was used as part of planning decisions.

Emergency and urgent care services

- St John Ambulance did not hold any contracts with any NHS ambulance trusts or commissioning bodies. However, during times of extreme pressure, St John Ambulance had worked for the local NHS ambulance trust, including emergency work and patient transport.

Meeting people's individual needs

The organisation took account of patients' individual needs.

- The organisation provided training for staff to deal with patients with complex needs, including learning disabilities, dementia, older people with complex needs, and access to translation. However, they told us they rarely encountered these patient groups unaccompanied at events.
- Staff spoke about being accessible to people of all ages and backgrounds. They showed an understanding of the different needs of patients, and told us how they adapted their style of communication to their individual needs. All staff we spoke with knew how to access the language line for an interpreter by mobile phone when at an event.

Access and flow

Resources were planned to be where they were needed at the time required.

- The organisation had an events management team to coordinate events from a control centre. At bigger events, they informed the local NHS ambulance trust that they would be in attendance. If a patient required hospital admission they would inform the NHS ambulance trust control room who would contact the receiving hospital.
- The organisation recorded relevant timings for ambulances including dispatch times, arrival at the scene, left scene time and arrival at hospital. This was all recorded on the patient report form and electronic management system.

Learning from complaints and concerns

The organisation treated concerns and complaints seriously and investigated them.

- The organisation had a management of patient complaints, patient feedback framework policy (2015) and kept a compliments, concerns and complaints log. The organisation's website also contained information on raising concerns and making complaints.
- Staff were aware of the policy and the complaints received and any learning that had resulted.
- From March 2017 to date, there were eight complaints made of which two were not upheld. Lessons learnt were disseminated across the organisation through staff meetings and emails to staff. However, we saw learning from the complaints was not noted on the complaints log.

Are emergency and urgent care services well-led?

Vision and strategy for this this core service

The organisation had a clear vision and strategy to deliver good quality care to patients.

- The vision stated that "everyone who needed it should receive first aid from those around them. No one should suffer for the lack of trained first aiders." The vision for the 2020 strategy was based around key elements of advocate, equip, teach and treat.
- The values were refreshed and devised internally in 2015. Staff were aware of them and able to describe them to us. Values were known under the acronym of HEART which covered the following: humanity - treating others with compassion and respect; excellence - pride in doing an excellent job; accountability - delivering what we promise; responsiveness - continuously learning and improving; teamwork - working together effectively.
- There was an organisational review in 2016 where the west region was formed, consisting of the West Midlands, Gloucestershire, Wiltshire, Somerset, Dorset, Devon and Cornwall. There was a five year strategy to give a clear direction for the work of all volunteers and employees and to set goals for 2020 that enabled the organisation to have the greatest impact. It was used as a framework for the development of annual plans and to explain how everything the organisation did helped to deliver the vision.

Emergency and urgent care services

- The strategy was communicated to everyone across the organisation through leadership team meetings, volunteers, focus groups and regional involvement. There was an agreed destination for the organisation. The main goals included:
 - raising awareness of the importance of first aid in the UK,
 - developing materials and supplying equipment for first aid emergencies,
 - teaching a significant number of the population first aid through work in schools,
 - targeted communities and workplace training,
 - providing first aid treatment and out of hospital care in communities where it is needed the most,
 - assisting people on their care pathway through the provision of ambulance services.
- Achieving the goals required all staff to continue to do what they did well, using their different skills and experience and by living the shared values.
- Staff passionately articulated how important it was to them to make a difference, which mirrored the organisation's values.

Governance, risk management and quality measurement

Governance and risk management processes were fit for purpose and demonstrated a positive working relationship between all staff teams and the senior management team. The governance framework was focused on supporting the delivery of safe, quality care.

- There were clear reporting structures from the district up to the senior management team and back down. A variety of operational, regional and business meetings fed into the quality governance assurance which ensured a comprehensive clinical and operational oversight at national, regional and district level.
- The clinical governance framework had been under review during 2017 as the clinical services team underwent a restructure and made new appointments. An assurance tool was being revamped at the end of

January 2018 to look at logistics and planning in the most efficient way. An audit was planned for 2018 to assess the completeness of the strategy and framework, and to assess how its effectiveness was measured.

- The information recorded in patient care records was used for clinical audits to evidence good patient care and rapid, high quality continuation of care for receiving clinicians. These were audited and reports generated to identify themes and highlight training needs.
- A comprehensive set of policies was readily available on the intranet and was supported by procedures which outlined the steps or actions that individuals and teams must take in order to meet the aims of the policies. This ensured staff were able to work according to best practice guidance.
- A national and regional audit programme measured the quality of the organisation. Outcomes were developed through clinical audits which demonstrated the effectiveness of the care. Examples included major/minor bleeds, fractures, and head injuries. We did not see how the south west region compared to other regions. The internal audit plan included financial audits relating to fraud prevention controls and accounts receivable, review of progress made on the action plan for compliance with the General Data Protection regulations, fleet management, mandatory training and benefits from a digital refresh. The assurance and quality team were working on the creation of new audits and audit tools for 2018 for regional use.
- The organisation had an audit team and a planned audit schedule, although some audits were completed on an ad hoc basis. For example, the hand hygiene and first aid kit audits. Outcomes and trends were shared with other regions and registered managers. When required, action plans were completed and monitored by the audit team.
- The organisational restructure was completed and the assurance framework was adapted to reflect changes to the governance structure. To ensure information was consistent there was also a focus on aligning operational management performance monitoring where appropriate,

Emergency and urgent care services

- whilst supporting local development. The assurance team aimed to ensure governance was not an occasional add-on but became business as usual.
- The organisation understood, recognised and reported their risks. The organisation had a corporate risk register and this had been kept up-to-date. Risks were identified on the risk register with commentary of key factors, controls impact, actions required and taken and a review date. The risk framework went through significant change in 2017 and an audit was planned for 2018 to assess the operational effectiveness of the risk management framework.
- There was a regional clinical manager and professional leads for doctors, nurses and paramedics. A preceptorship for new senior clinicians had been implemented.

Leadership of service

The leadership of the service had the skills, knowledge and integrity required.

- The registered manager was experienced and passionate about the organisation with a commitment to the patients who used the organisation, and also to staff. They were available to staff and attended as many events as possible from the setting up to the completion of an event. We heard about good support for members of the team. Staff felt able to openly discuss issues and concerns with their manager. They believed they would be listened to, and actions taken when necessary if anything needed to change or be addressed.
- There was a continuing professional development programme for all registered managers nationally. There were three training days planned for the coming year with topics set for shared learning and support. The programme had the full commitment of all managers who were confident to challenge and discuss issues with colleagues and the senior management team.
- The senior management team communicated with staff by email and face-to-face. We received consistently positive feedback from staff who had a high regard and respect for the management team. They were visible, approachable and supportive and one member of staff said they “always had time for staff ... I feel very supported.” Another member of staff told us the manager “always listened... they are always out and about.”
- Through the content of governance systems we saw the leadership of the organisation reflected the requirement to deliver safe, effective, caring, responsive and well-led services. Staff were eager to share with us how much they enjoyed working for the organisation. They were very proud to work for the organisation and were passionate about the care they provided.

Culture within the service

- The organisation considered its strengths to be those of organisational history and legacy, strength of brand and a strong focus on quality care. There had been developments in patient care through better medicines and skills training for crews answering the highest category of calls and supporting multi-disciplinary teams. A strong management team in event operations had been established with clear lines of responsibility and accountability. The organisation, in conjunction with event customers, provided safe and effective care for clinical staff and patients.
- The organisation acknowledged they faced a number of challenges. This included the recruitment and retention of sufficient staff and volunteers to meet the demands on the organisation. Predicting the future and long term requirements was difficult and made workforce planning challenging.
- Communication across the organisation and data management were also challenging while the organisation completed its reorganisation and defined improved processes. The organisation had recognised that its current safeguarding training had not kept pace with the demands of the Social Care Act (2014) and intercollegiate documents. While they were taking actions to mitigate and address this, there was a risk that staff might not be identifying all forms of abuse.
- The staff we met said they felt valued and enjoyed being part of a team who worked together for the benefit of people who needed them. One member of staff said the organisation was “like a family.” Staff felt supported by the registered manager and regional director and their

Emergency and urgent care services

colleagues. One member of staff said “people make the place ... it’s a special organisation.” “Feels it is a great place to work. Can raise issues and feels like a ‘professional family”.

- There was a good culture to speak up. The workforce were very passionate about their work and gave up their time to volunteer for the organisation. They told us they would readily speak up if they were not happy and were encouraged to raise concerns. Staff were aware of the whistleblowing policy and the arrangements for reporting poor practice without fear of reprisal. They felt confident about using this process if required and that concerns would be taken seriously.
- There was a commitment to volunteers and the value placed on the contributions they made. The relationship with volunteers was based on reciprocal respect with a volunteer charter providing a statement of understanding between the organisation and all volunteers.
- The organisation had processes to ensure staff were free from bullying, harassment and victimisation and staff were encouraged to talk to their line manager, team leader or safeguarding team. There was a grievance procedure for those staff whose experience of working for the organisation was a negative one.
- The organisation used a staff survey to gather feedback from staff. The last staff survey was in February 2016 and was national. The results showed:
 - 3,720 people responded to the survey, representing an increase of 15% on the combined previous surveys.
 - Overall engagement score was 80%, a 2% increase from the last surveys and 1% above the benchmark of similar organisations in the charity sector. Questions that contributed to the engagement score included ‘I am proud to say I work/volunteer for SJA’ (84%), ‘I care about the future of SJA’ (92%) and ‘What I do at SJA makes me want to perform to the best of my abilities’ (86%).
 - While there were overall improvements, some areas of the results showed a 10% lower than the sector benchmark. For example, involvement, recognition, change, communication and support.

Public and staff engagement

There were systems to engage with the public to gain feedback on services.

- A patient feedback framework was available within the policy pages on the internal intranet and contained procedures for managing complaints, comments, concerns and compliments, communication guidelines and template letters. Staff confirmed they encouraged patients to give feedback.
- A patient experience survey was available as a link on the public website. This survey was also advertised on a series of resources including posters, wallet cards and leaflets which explained to patients, or their representatives, how they could provide feedback on the service they had received. The leaflet contained the friends and family test and a space for further comments. Once completed this could be returned by free post to the local management office. Ways to improve the patient and customer feedback were being considered as part of the national review of the feedback policy.
- We saw comments received in response to the survey for August to November 2017. There were 54 responses in August, 43 in September, 40 in October and 93 in November. Comments included “Great service. Arrived in good time and were a reassuring presence throughout the event. We will be back in touch for next year”, “When you organise events where there is potential for injury, it is comforting to know any problems will be dealt with efficiently”, “There were no medical incidents on the day but staff were very helpful and friendly. We will be arranging cover for all future services and would be happy to work with St John Ambulance again” and “Always a very professional and thorough service from St John Ambulance, thank you once again for your support at our events.”
- The patient feedback framework produced monthly reports on feedback received through the online patient experience survey. Information from the patient experience survey was reviewed alongside comments, concerns, complaints and compliments. Data was used to help monitor trends and results were published on the website.
- Regional assurance managers were responsible for managing the process of recording, investigating and responding to feedback. They made sure all staff

Emergency and urgent care services

understood how to manage feedback, provided feedback information to the people involved and shared lessons learnt locally, regionally and nationally. They also ensured patient feedback resources were available to raise awareness of the feedback process.

- Staff were able to express their opinions and raise concerns directly with managers or through a manager's blog on the internal intranet to which managers responded. All staff had a secure St John Ambulance email account.
- There was a secure duty information and planning system where staff could post comments after events. A monthly 'survey monkey' questionnaire was generated to gather comments for the previous month. The results were published on the intranet and in the monthly newsletter. There was regular communication between staff and managers. Information was provided to staff through regular newsletters and meetings.
- Procedure documents and briefings were easily accessible on the internal intranet. It provided a platform for staff to keep up-to-date through regional news, national news and key briefings. There was also access to resources, such as contact details of fellow volunteers and employees, policies, procedures and quick guides. The internal intranet could be viewed on mobile phones which enabled access at home or at event sites.
- There was a people recognition framework which provided managers and directors with the tools and knowledge to recognise people's contributions and service. The scope of the procedure included all employees and volunteers and covered recognition of all contributions to activities in meeting the vision and values of the organisation. This included frontline staff dealing with customers, beneficiaries and patients, or supporting the frontline through functional, logistics or administrative roles.
- There were three levels of recognition which covered intensity of participation in activities and other human factors. These levels were short, medium and long term. Short term included immediate feedback and praise, acknowledging a contribution through mentions in newsletters, thank you postcards and certification of learning undertaken. Also, approximately five to 10 letters a week were sent from the regional operations

manager to staff. Medium term recognised service or achievement over a period of time ranging from three months to a few years, or for an achievement over a medium term period. The organisation recognised long-term service, typically over a substantial period of time, spent undertaking roles or activities for the organisation. The organisation had identified methods of recognition that managers were encouraged to use. These included a range of methods ranging from internal immediate recognition such as 'star of the month', through newsletters or the internal intranet, to external recognition through thank you letters, postcards, and a mention on blogs or newspaper articles.

- Support in relation to mental health and well-being was available for staff through the Blue Light Time to Change pledge with a mental health charity. This helped staff to get the support when they needed it.
- Those staff working alone were encouraged to familiarise themselves with health and safety procedures which applied to them, particularly emergency procedures. Arrangements were also made with the line manager for a contact procedure for use in the event of an emergency.

Innovation, improvement and sustainability

- The organisation had a recognition framework designed to ensure all employees and volunteers were recognised for good practice or exceptional service. Innovations were acknowledged with a 'well done' postcard from the regional operations manager, a letter of commendation from the regional director and staff were also nominated for the volunteer of the year award.
- The registered manager showed a genuine desire to continually improve the organisation. There was a clear focus on improving the quality of care for patients and developing services to ensure sustainability of the service.
- Staff told us they were always keen to learn and develop the organisation. Innovation and improvement was encouraged with a positive approach to achieving best practice. It was apparent during our inspection that all the staff had the patient at the centre of everything they did. They were dedicated to their roles and approached their work with flexibility.

Outstanding practice and areas for improvement

Outstanding practice

- Staff were issued pocket-sized reference booklets for female genital mutilation, child sexual exploitation, how to report a safeguarding concern, prevention of radicalisation, mental capacity and safeguarding.
- Monthly audits and swab testing for bacterial count pre and post deep cleaning were completed, which assured the organisation of effective deep cleaning.
- There was a genuine commitment to volunteers and the value placed on the contributions they made to the organisation. The organisation had an excellent recognition framework designed to ensure all employees and volunteers were recognised for good practice or exceptional service.

Areas for improvement

Action the hospital **MUST** take to improve

- The organisation must ensure there are effective systems and processes to maintain security of patient's record forms when sent to the external scanning and archiving facility.

Action the hospital **SHOULD** take to improve

- Ensure lessons learned from incidents are entered on the incident log.
- Level two safeguarding training should be completed by March 2018, as in the action plan.
- Terminology within the Safeguarding policy should be changed to reflect current legislation.
- Issue local safeguarding telephone numbers to staff.
- Consider a more structured approach to provide safeguarding feedback to staff.
- Improve compliance with volunteer development reviews.
- Ensure lessons learned from complaints are entered on the complaints log.
- Consider auditing daily checks of ambulances.
- Consider introducing an early warning score system for the monitoring of patient's vital observations during transfer to hospital to detect deterioration.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met Staff posted completed patient report forms containing patient identifiable confidential information. There was no formal process for tracking through the postal system to ensure they arrived at the external scanning and archiving facility. Regulation 17(2)(d)