

## The Air Ambulance Service

# Derbyshire, Leicestershire and Rutland Air Ambulance Nottingham Base

### Inspection report

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

### Ratings

#### Overall rating for this location

Outstanding 

Are services safe?

Outstanding 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Good 

Are services well-led?

Outstanding 

# Summary of findings

## Overall summary

This service had not been rated before. We rated it as outstanding because:

- People were protected by a strong comprehensive safety system, and a focus on openness, transparency and learning when things went wrong.
- Staff provided good care and treatment and gave patients pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- People were truly respected and valued as individuals and were empowered as partners in their care, practically and emotionally both at the time of the incident and in its aftermath. Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided exceptional emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care. Governance arrangements proactively reviewed and reflect best practice. There was a fully embedded and systematic approach to improvement.

# Summary of findings

## Our judgements about each of the main services

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



# Summary of findings

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# Summary of this inspection

## Background to Derbyshire, Leicestershire and Rutland Air Ambulance Nottingham Base

Derbyshire, Leicestershire and Rutland Air Ambulance, Nottingham Base is a service which provides helicopter and rapid response vehicle emergency medical and critical care services to the communities of Derbyshire, Leicestershire, and Rutland 24 hours a day 365 days a year.

Helicopter Emergency Medical Services (HEMS) are provided from the Nottingham base 10hrs per day by helicopter, and 14hrs per day by Rapid Response Vehicle (RRV). Flying hours increase during April to August to take advantage of British Summer Time daylight saving hours.

A HEMS team comprises of 2 prehospital trained clinicians (prehospital doctor and a critical care paramedic or 2 critical care paramedics) and a pilot (days only). Shifts are typically 12hours, and cover is provided 24hours a day, 365 days a year.

Between January and March 2023, the service responded to 828 incidents and cared for 439 patients. Of these, 116 were in medical cardiac arrest and a further 95 had been involved in a road traffic collision. The service stabilised and treated the patients before transferring them to one of 8 major trauma centres frequently used across the region.

The service was provided to both adults and children.

This location had not previously been inspected. A registered manager has been in post within the service since July 2011 and the service is registered to undertake the following regulated activities:

- Diagnostic and screening procedures
- Surgical procedures
- Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

## How we carried out this inspection

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We inspected this service using our comprehensive inspection methodology. One inspector and a specialist advisor, with support from an offsite operations manager, carried out the inspection on 14 June 2023.

During the inspection we reviewed a range of documents related to running the service including, a staff members recruitment pack, an independent website browser platform and servicing records of equipment. We spoke with 5 members of staff including the registered manager. We also reviewed data provided by the service following the inspection which included meeting minutes and audit compliance data.

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

# Summary of this inspection

## Outstanding practice

We found the following outstanding practice:

- Staff were involved and encouraged to influence both clinical and operational practice for the benefit of the patient. There was a strong process in place to support this by reviewing proposed changes in practice at designated working groups and committees. This meant that all staff could contribute to the quality improvement of the service, took ownership of developments, and were invested in the successful running of the service.
- Staff were actively encouraged to participate in research for the benefit of patients. This included academic publications and research studies such as blood administration, calcium point of care testing and resuscitative hysterotomy (a caesarean section performed during active cardiac arrest, with the goal primarily to successfully resuscitate the mother and improve foetal survivability). All research was relevant to the services provided.
- The service supported early access to defibrillation as well as community cardiopulmonary resuscitation training for the public meaning that collapsed members of the public could access important lifesaving treatment as quickly as possible. Plans were in place to expand this further in the new strategy of the service.
- The service worked on public and preventative health. For example, the service developed a knife crime initiative in response to the increase in knife crime in the local area. This helped young people to make informed decisions and actions in the hope they would be less likely to carry knives.
- Information, data sharing and feedback from coroners following the death of a patient was proactively sought so that the service could monitor, reflect, and improve its services, policies, and procedures.

# Our findings

## Overview of ratings

Our ratings for this location are:

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

Outstanding



## Emergency and urgent care

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

### Is the service safe?

Outstanding



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

#### Mandatory training

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

Staff received and kept up-to-date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. The modules set as mandatory training within the service were aligned to the Skills for Health Core Skills Framework. All mandatory training modules had been completed by 100% of the 19-paramedic staff, and between 95 and 100% of the 42 eligible medical doctor staff.

Staff also completed additional modules specific to the needs of the service. For example, blood administration training was mandatory for the clinical staff within the service. Of the 57 eligible staff, 53 had completed the blood administration training before it had expired.

Clinical staff completed training on recognising and responding to patients with mental ill health, learning disabilities, autism, and dementia. All of the 61 eligible staff had undertaken this training and staff we spoke with during the inspection told us this was valuable and supported knowledge and understanding of how to support patients with these conditions.

Managers monitored mandatory training and alerted staff when they needed to update their training using an electronic database. An automated electronic alert was sent to the manager and the member of staff. This was monitored both locally by managers and by a central human resource team. Mandatory training compliance featured as part of the standing agenda at monthly operational meetings.

Staff undertook emergency 'blue light' driver refresher courses. The mandatory 5-year assessment was completed by dedicated 'blue light' driving instructors employed by a nearby NHS ambulance trust. This assessment was completed in the rapid response vehicles used by the air ambulance service so a realistic assessment could be made. In addition, a



## Emergency and urgent care

driving refresher course was undertaken every 2 years... Extra training was undertaken for all emergency drivers within the service. During the introduction of new rapid response vehicles in 2021 the service introduced additional training on the new 'Direct Shift Gearbox' (DSG) for all blue light driving trained staff. This training optimised the new gear box safely whilst driving under emergency driving conditions, often at night.

### Safeguarding

**There are comprehensive systems to keep people safe, which take account of current best practice. The whole team is engaged in reviewing and improving safety and safeguarding systems.**

Staff received training specific for their role on how to recognise and report abuse. Clinical staff undertook safeguarding level 3 training for both adults and children. This was in line with the Intercollegiate guidance for Safeguarding Children and Young People: Roles and competencies for Healthcare Staff and Adult Safeguarding: Roles and competencies for Healthcare Staff. Of the 62 eligible clinical staff, 100% had completed level 3 training in both adult and children safeguarding.

Pilots and non-medical staff within the service were trained to level 2 safeguarding adults and children. Of the 12 eligible staff members, 92% (11) had completed this training. In addition, staff were able to access a level 4 safeguarding trained member of staff for advice and guidance through the local NHS ambulance trust, 24 hours a day 7 days a week.

Staff knew how to make a safeguarding referral and who to inform if they had concerns both inside of office hours and outside of office hours. Referrals were made in line with the service safeguarding policy which set out actions and responsibilities when harm or abuse was suspected. During the inspection we heard an example of a patient who was a repeat caller. Following the safeguarding referral, a multidisciplinary meeting was convened which included the general practitioner, local authority, and NHS ambulance trust. Feedback was provided to person who generated the safeguarding referral and wider points were shared at the whole team meeting as an example of good practice.

A dedicated safeguarding manager for the service reviewed national safeguarding requirements regularly to ensure any changes to guidance were identified and escalated. They shared updates through the service clinical and operations committees as part of the service governance process.

An automated alert was sent to the safeguarding lead for the service of when a safeguarding referral was made. The safeguarding lead made contact with the relevant ambulance service where the referral was made to confirm which local authority it was made to and whether it had been received.

### Cleanliness, infection control and hygiene

**The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and the premises visibly clean.**

All areas of the air ambulance base were clean and had suitable furnishings which were visibly clean and well-maintained. Lockers were provided for staff and laundry facilities were available. Cleaning records were up-to-date and demonstrated all areas were cleaned regularly.

We saw the staff cleaned equipment after patient contact and monthly infection, prevention and control audits of the aircraft base, rapid response vehicles and aircraft were undertaken. In June 2023, the compliance level of the aircraft infection prevention and control audit was 93% whilst the rapid response vehicle for the same period was 97%.



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Vehicles and aircraft underwent a schedule of deep cleaning each month. We saw all vehicles were up to date with the schedule.

Staff followed infection control principles including the use of personal protective equipment which was widely available for staff to use. Standard operating procedures for needlestick injuries or incidents involving splash of bodily fluids meant that staff knew how to respond in the event of such occurring.

A service level agreement was in place for surgical packs for thoracotomy to be collected and autoclaved. A thoracotomy is a surgical procedure in which a cut is made between the ribs to see and reach the lungs or other organs in the chest or thorax.

### Environment and equipment

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

A consumable store at the aircraft base was re-stocked on a weekly basis. All consumable stock we checked was sterile, sealed and in date at the time of the inspection. The service worked with local NHS trusts to purchase equipment to make this readily available.

A spare rapid response vehicle was available for the event of vehicle breakdown. A servicing schedule was maintained and access to a 24/7 vehicle breakdown recovery service was in place. The aircraft was maintained directly by the aircraft operator and underwent routine services at 50, 100, 200, 400 hours of flight, as well as annually. A same day response for maintenance agreement was in place.

An asset register set out the service and maintenance schedule of medical devices, such as the defibrillator and ventilators. These were all up to date.

Fire risk assessments, asbestos surveys and legionella checks were completed in line with national requirements. Managers were able to monitor this using an electronic activity tracker along with any associated actions.

Aircraft operators received live real time notifications which were also sent through to the pilot and any hazards were uploaded onto the map held on the computer device inside the aircraft. This meant staff could be kept updated of changing risks to the helicopter in relation to travelling by air.

Staff carried out daily safety checks of specialist equipment, including clinical equipment, such as resuscitation and defibrillator equipment and operational supplies including aircraft fuel. The airport owners tested the fuel bowsers daily, before decanting into the smaller operational fuel bowser. Further checks were completed before decanting into fuel cans which were then logged, tracked and tested daily for contaminants, such as water by aircraft base staff.

Staff carried out an emergency scenario of the day as part of the crew briefing from the emergency flight manual. A red or amber alert from the manual was selected and crews worked through the emergency checklist for aviation. An example of this was a generator failure or bird strike incident. Crew members flew with visors to protect their faces in such instances.



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A pilot load sheet was completed each shift to determine the how much could be loaded onto the aircraft and where it should be loaded, the level of fuel and medical equipment which could be carried and for how long. Limits to flying levels of range of visibility were in place to ensure the safe usage of the aircraft. In the event of weather conditions preventing flight, a standard operating procedure was in use, setting out the use of the rapid response vehicle, meaning the service could respond in as timely and efficient way as possible.

Staff disposed of clinical waste safely which was collected from the service weekly.

## Assessing and responding to patient risk

**A proactive approach to anticipating and managing risks to people who use services is embedded and is recognised as the responsibility of all staff. Staff are able to discuss risk effectively with people using the service.**

Staff used the national early warning score (NEWS2) tool to identify deteriorating patients and escalated them appropriately. A patient documentation audit between June 2022 and May 2023 found that 100% of the 137 cases reviewed met the key performance indicator which included recorded clinical observations.

Staff knew about and dealt with any specific risk issues including major trauma to the elderly and children. For complex incidents staff were able to access clinical support 24 hours a day 7 days a week from a consultant on call.

Individual risk assessments were undertaken by staff of all patients including those with an additional need. This was to ensure the aircraft was the most suitable method of transport taking into consideration individual needs and preferences such anxiety, fear of confined spaces etc.

Staff shared key information with receiving hospitals to keep patients safe when handing over their care to others. This was set out in a standardised document meaning handovers were relevant, concise and consistent. A pre-alert standby notification was shared with the receiving hospital to allow time for the most appropriate resource to meet the patient.

Shift changes and handovers included all necessary key information to keep patients safe. Daily crew briefing sessions were held at the beginning of each shift and included detailed information relating to hazards, weather, planned events and incidents, as well as mechanical issues and hospital challenges.

A standard operating procedure set out the skill mix requirements for dual working to allow full critical care interventions. The service was clear this was not a role that should be undertaken by a lone individual rather a team of a medic and critical care paramedic. This related to human factors in extremely tense and stressful situations. To support crews with this, the service had considered the lay out of the emergency response bags meaning that the clinician first at the patient carried the primary bag with immediate interventions such as basic airway adjuncts, oxygen and major haemorrhage kit, whilst the member following carried the secondary bag which contained the more specialised airway equipment and medicines.

## Staffing

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



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The service had enough staff to keep patients safe. It employed 6 critical care paramedics and held 2 others on its bank. There were 43 doctors who worked under practicing privilege agreements to cover all locations under the provider.

Managers made sure the statutory recruitment checks had been undertaken prior to commencing at the service. An electronic database meant managers could review professional registration, Disclosure and Barring Service (DBS) checks and practicing privilege agreements every 2 years, which was in line with the standard operating procedure set out by the service. At the time of the inspections all checks had been undertaken and were within date.

Managers accurately calculated and reviewed the number of staff needed for each shift. This information was available electronically for both staff and managers.

Turnover rates for the service were low. Managers told us they were below 1%.

### Records

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

Patient notes were detailed, and all staff could access them easily. A patient report form audit which reviewed 35 records in March, April and May 2023 demonstrated a total compliance level of between 98 and 99%. This was in line with the medical records operating procedure, which set out the level of detail expected within the patient record form. This included mode of transport, cannulation information, cardiac monitoring, sedation assessment and primary and secondary surveys.

### Medicines

**Staff met good practice standards in relation to national guidance and contributed to research and development of national guidance. Compliance with medicines policy and procedure is routinely monitored and action plans are always implemented promptly.**

The service had a system for the safe destruction of controlled medicines which was in line with Home Office requirements. An annual medicine review was undertaken by operational and clinical management team and service level agreements were arranged with the pharmacy stockists.

Critical Care Paramedics (CCPs) operated under patient group directions (a legal framework which allows some healthcare professionals to supply and administer medications to a specific group of patients without the need to prescribe) to administer certain critical care medicines when required. Otherwise, CCPs delivered medicines in line with paramedic JRCALC guidelines within their normal scope of practice. These

were in date and available to all staff.

Managers and staff audited medicines weekly and completed twice daily checks of fridges containing medicines. Manager used the results from the audits to generate actions for improvement and themes in medicine errors. Managers shared the audit outcomes, so staff learned from incidents to improve practice. In response to the findings from the



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weekly audit the layout of the clinical response bags was altered, which meant medicine (boxes and ampoules) were no longer being damaged in transit. Audit results from April, May and June 2023 were 100% compliant and demonstrated the medicines were stocked in line with the checklist, medicine usage was traceable to the patients and controlled medicine checks were completed in line with the medicines management policy.

Managers undertook a monthly sedation audit which reviewed the number of patients who were sedated, which staff member had administered the sedation, what the indications were and the outcome. Between March and April 2023, 29 cases of sedation had occurred, 14 of these were for the reduction of a lower limb injury.

Between May 2022 and May 2023, 3 incidents relating to medicines had been reported. One related to a broken ampoule, 1 an incorrect tally of stock and the third a human error in administration.

Managers had oversight of all people who accessed medicines. Staff used an electronic key fob which recorded all access. Managers could view CCTV which monitored staff access to the medicine cupboard. Information was stored in a cloud-based system, which was auditable and could be easily accessed by managers remotely if required.

Managers undertook audits of patient records to identify errors in recording medicine administration. Data from the audits for March, April and May 2023 demonstrated that of the 35 records checked, 100% of staff had documented administered medicines correctly.

Oxygen was stored securely within the service in line with recommended guidelines.

### Incidents

**There was a genuinely open culture in which all safety concerns raised by staff, people who use service and other were highly valued as being integral to learning and improvement.**

Staff who we spoke with knew what incidents to report and how to report them. This included near misses.

Staff reported serious incidents clearly and in line with trust policy. Between June 2022 and 2023 there had been no serious incidents or never events reported within the service.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. A duty of candour standard operating procedure was available to staff. Mandatory prompts were installed on the electronic incident reporting software and duty of candour was discussed monthly at the operational team meeting.

Staff received feedback from investigations of incidents, both internal and external to the service. Concerns raised by a local coroner were fed back to all staff within the service at a whole team meeting. During this investigation data and guidance, nationally, were reviewed and updated surrounding the procedure 'thoracotomy' (opening the patient's chest cavity to repair major organs). These guidelines were further presented at a whole team meeting and adopted by the service. This resulted in regional group meetings to share learning.

### Is the service effective?



# Emergency and urgent care



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

## Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Syringe drivers (small pumps used to deliver a consistent amount of medication over time), infusions of medicines such as sedatives (which were used to help sedate people) and mechanical chest compressions devices were all used following research into evidence-based practice.

Any proposed change to clinical practices were reviewed initially by the Head of Operations and the Clinical Supervisor Group (doctors).

The person completing the proposal included a rationale for the change frequency of use and estimation of cost. This was reviewed at the monthly clinical review group before being escalated to the clinical governance group for sign off. At the time of the inspection a medicine used to control seizures was being reviewed by the group.

Recent changes to blue light driving standards had been reviewed by the service in conjunction the 2 local NHS ambulance trusts. Managers had drawn up local agreements to support the delivery of updated assessment to ensure national guidance was followed in a controlled way with use of the most suitably trained assessors.

The safeguarding lead undertook monthly reviews of safeguarding legislation to identify national updates.

## Pain relief

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

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. A patient report form audit which reviewed 35 records in March, April and May 2023, demonstrated a total compliance level of between 98% and 99% of key performance indicators which included pain relief. Various pain relief tools were used depending on the scenario including pictures of faces and a 0 to 10 score.

Patients received pain relief soon after it was identified they needed it or requested it. Staff worked in line with an analgesia standard operating procedure to ensure best practice.

## Patient outcomes

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



## Emergency and urgent care

Outcomes for patients were positive, consistent, and met expectations. Managers and staff carried out a detailed programme of repeated audits to check improvement over time. Monthly analysis of call types allowed the service to identify the most frequent types of calls and tailor its training, treatment, and response accordingly.

In May and June (part month) 2023, of the 584 calls, 170 related to road traffic collisions, 145 were for cardiac arrests and 55 related to falls. This was comparable to similar services.

Road traffic collision calls were further broken down to analyse the type of collision, of the 170 in total 52 related to a car occupant, 13 involved a pedestrian and 6 a cyclist. This information could then be used by the service to inform improvements, for example enhanced training around mechanisms of injury.

Of the 325 patients treated in May and June (part month) 2023, 48 sadly died at the scene of the accident. Monthly mortality and morbidity meetings discussed and reviewed incidents staff had attended, allowing expert advice and guidance, as well as learning and sharing good practice. Minutes from the March 2023 reviewed a traumatic stabbing incident along with data from a review of another service thoracotomy data.

Managers also audited medicines, infection prevention and control, patient report form, consent, safeguarding and blood product usage.

### Competent staff

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

Managers gave all new staff a full induction tailored to their role. This included a technical crew member/ helicopter emergency medical service training programme including a competency portfolio sign-off over a 12-month period. An education framework set out the education, training, clinical supervision and continuing professional development requirements of critical care paramedics. This included a level 7 prehospital critical care module at an accredited educational institute along with a 'cadaveric surgical skills' course. The staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients.

All staff were invited to attend the mortality and morbidity meetings. Half of the session focused on learning from a complex case, put forward and presented by staff. This peer-to-peer learning was a positive means of developing skills and considering changes in practice for the benefit of future patients.

Staff undertook training on mental health, autism, learning disabilities and dementia. The service set out guidelines for the care and treatment of trauma in the older person. Any case involving older patients was discussed at the morbidity and mortality meetings to aid learning.

On call clinical supervisor cover was available 24 hours a day 7 days a week to provide advice and guidance for staff in complex situations if required. This was supported by a standard operating procedure which was available on the intranet site. Staff also had access to clinical pages, which were reference points for staff to access up to date guidelines.

Managers supported staff to develop through yearly, constructive appraisals of their work. Of the 25 clinical and operational staff, 24 had completed an appraisal between January and May 2023. Medical staff uploaded their clinical appraisal undertaken within the NHS organisations where they worked to an electronic dashboard which managers monitored. Professional registration checks were also monitored through the dashboard when due for renewal.



## Emergency and urgent care

Managers supported staff to develop through regular, constructive clinical supervision of their work annually. At the time of the inspection, all staff had undergone annual supervision.

Educational frameworks had been developed and implemented for each role. These set out the role requirements, so there was a clear and supported route for development at every level. This included accredited clinical and operational qualifications such as a critical care paramedic diploma, helicopter emergency medical service course and aspiring leader's course.

Driver training formed part of the mandatory training with a driver refresher twice over the last 5 years for all staff. Re-training was provided for all staff when a new rapid response vehicle was introduced with a different gear box meaning staff had the correct knowledge and skill to drive the vehicle safely under emergency conditions. A 5-year refresher course with an external NHS ambulance trust had been arranged.

The service supported sub-speciality Pre-Hospital Emergency Medicine trainee doctors to learn and develop by offering placements based on a two-year training curriculum in collaboration with a neighbouring organisation. There were also 2,12-month fellowship contracts offered each year to medical staff wanting to take time out from their specialist training to further enhance their pre-hospital knowledge and experience.

### Multidisciplinary working

**All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.**

Staff held multidisciplinary clinical telephone calls during an incident to discuss patients and improve their care.

Staff worked across health care disciplines and with other agencies when required to care for patients. This included local authority safeguarding teams, clinical steering groups, regional ambulance groups and trauma networks.

The service signposted people to their GP for follow up visits after treatment.

### Health Promotion

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

The service promoted healthy lifestyles across its community. Staff worked collaboratively with a local police force to address rising knife crime in response to higher patient numbers presenting with knife related injuries. A video was produced in which staff from the service shared first hand experiences about cases of knife crime they had attended. This was shared with young people ages 13 to 16 and formed part of a school presentation pack.

### Consent, Mental Capacity Act and Deprivation of Liberty safeguards

**Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions.**

Outstanding



## Emergency and urgent care

Staff received and kept up to date with training. All 61 clinical members of staff had completed safeguarding level 3 training. The training included the Mental Capacity Act. Staff we spoke with during the inspection understood how and when to assess whether a patient had the capacity to make decisions about their care.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. When patients could not give consent, staff made decisions in their best interest. Between June 2022 and May 2023, 137 patient records were reviewed by the service, of this, 94% had consent and capacity documented appropriately.

### Is the service caring?

Outstanding



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

#### Compassionate care

**Feedback from those using the service was continually positive. There was a strong visible person-centred culture. Staff recognised and respected the totality of people's needs with emotional needs seen as being as important as physical ones.**

Staff described how they would act discreetly and responsively when caring for patients. Staff told us they took time to interact with patients and those close to them in a respectful and considerate way. This included protecting patients from the rain, talking to them and holding their hands when heavy and noisy machinery was operating in the background at road traffic collisions and making sure patients were appropriately covered and dignity protected whilst trying to assess the level of injury a patient had sustained.

Patient and relatives who we spoke with were continually positive about the way staff treated them. We spoke with 2 patients and 3 relatives. All felt the service had provided exceptional care and treatment. They told us how staff had treated them with kindness, respect and dignity. One told us of the "good experience from a terrible situation" whilst another felt "looked after superbly" with care and support exceeding expectations. An example of this was when staff discussed with a patient the risks around flying with spinal injury, the consideration given to travelling by land and then accompanying the patient by land to definitive care. "An unbelievable level of knowledge" was how one patient we spoke with described staff at the service.

Staff followed policy to keep patient care and treatment confidential by sharing patient details at the hospital handover only and keeping patient report forms safely stored where they were not accessible to others. Data sharing agreements were in use, to support the confidentiality of such care and treatment.

#### Emotional support

**Staff were fully committed to working in partnership with people and making this a reality for each person by recognising that people need to have access to, and links with, advocacy and support networks in the community in which they support people to do this.**

Staff were fully committed to working in partnership with patients and relatives and understood the emotional and social impact the person's care, treatment, or condition had on their wellbeing and on those close to them. Patients and



## Emergency and urgent care

relatives we spoke with said staff gave them and those close to them help, emotional support and advice when they needed it. Often, staff told us, it was simple things such as why clothes had been cut off or why the patient had been transferred by land rather than helicopter, which meant the most the patients and relatives as these were the details they had thought about afterward.

The service had recognised the importance of advocacy and support required for patients and relatives following serious incidents and so, offered signposting to psychological services and support groups. An electronic trauma application was shared with patients and their relatives, which enabled them to keep a contemporaneous journal of both good and bad days they may experience. This, the service had recognised enabled reflection and empowered patients and relatives to become active members in their journey of recovery.

Staff knew how to break bad news and explained how they would demonstrate empathy when having difficult conversations. This including situational awareness, for example the location where this was carried out. This was meaningfully considered by staff, an example, taking into consideration the relative may have to live in or pass through the location every day.

### **Understanding and involvement of patients and those close to them**

**Staff supported and involved patients, families and carers to understand their condition, express their views and be actively involved in making decisions about their care and treatment. Consideration of people's privacy and dignity was consistently embedded in everything that staff did.**

Staff made sure patients and those close to them understood their care and treatment. This included base visits and meeting with clinical crew for both patients and bereaved family members if they wished.

Staff had created an innovative closed social media peer support group to enable them to manage their own health and care when they could and to maintain independence as much as possible. The group was monitored by the social media manager and the clinical liaison officer for the service and included safeguarding consideration and group rules. This group was not open to the public. Patients or their loved ones wanting to join provided time, date and location of incident so the service could ensure those requesting to join were genuine. The purpose of this group was to help patients and relatives in finding support from one another.

A focus on holistic wellbeing and recovery and closure were evident. Following base visits, the patient or loved one was contacted by the clinical liaison officer (CLO) so they had the opportunity to ask questions. During this call, the CLO established whether there were any aftercare requirements and if so, was able to signpost them to the appropriate care and support agencies. This followed a legitimate contact process set out by the service.

Patients and their families could give feedback on the service and their treatment. Staff supported them to do this in a variety of ways so nobody such as those not able to use technology were excluded. QR codes, business cards and written forms were used. Feedback for the service was overwhelmingly positive. Twenty patients over an 18-month period provided feedback; of these, 16 said they had been treated with dignity and respect, 11 said they were informed or kept informed of their care and treatment whilst 7 could not remember.

### **Is the service responsive?**



# Emergency and urgent care



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

## Service delivery to meet the needs of local people

**The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.**

Managers planned and organised services, so they met the needs of the local population 24 hours a day 7 days a week. This included working with local NHS ambulance and acute trusts, integrated care boards and trauma networks. Initiatives with police and fire colleagues around knife crime and road traffic collisions in the local area was also undertaken.

Trends were collated and analyzed so the service could plan its resources in the most appropriate and efficient manner. Information provided by the service demonstrated the call numbers increased on Friday and Saturdays in May and June (part month) 2023, whilst 58% of the 584 calls were throughout the dayshift.

They reviewed data to support the planning of service. In May and June (part month) 2023, of the 325 patients treated, a thoracostomy (a tube inserted into the chest wall to drain fluid, blood and or air from space around the lung), whilst 15 patients were sedated. The service could target specialist training and resources to patient requirements.

Facilities and premises were appropriate for the services being delivered and reviewed daily to ensure the load of the vehicle was suitable and safe.

The service had guidelines to help care for patients in need of additional support or specialist intervention. This included medical intervention such as surgical airways as well as physical aids such as spinal immobilisation or limb reduction.

The service had business cards they were able to give to bystanders or those who had witnessed traumatic events. The card held contact details of the Samaritans and other care providers.

One staff member undertaking an aspiring leadership course had recognised there was no patient or relative room at the base of the service and had set about undertaking a project to plan and create such a space. This had been embraced by leaders at the service who were supporting the member of staff with their project.

## Meeting people's individual needs

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

Staff made sure patients living with mental ill health, learning disabilities, neurodiversity or dementia, received the necessary care to meet their needs.



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An accessibility button which allowed people to increase the size and font of text on the service website helped people with a range of differing needs to access information. This was in line with the accessible information standard. In addition, details around information and communication needs could be recorded on the electronic patient report form and highlighted to staff at the acute NHS trust on handover.

Telephone translation services could be accessed by crews 24 hours a day 7 days a week, so patients, loved ones and carers could get help from interpreters when needed. At the time of the inspection the service was in the process of obtaining multilingual phrase books and patients who were hard of hearing or deaf could be supported with British Sign Language via face-to-face smart phone applications if required. Bariatric patients could be conveyed by the service and were individually risk assessed to ensure they could safely be cared for in the aircraft. Arrangements for land transfer accompanied by staff from the service were made for those patients deemed unsuitable to fly.

Staff were trained in de-escalation of violent and aggressive patients; however, staff explained any patients deemed to be violent or aggressive were transported via land ambulance for the safety of the patient and the crew.

## Access and flow

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

The service monitored incident outcome data including the number of taskings (emergencies dispatched to), diverted enroute, aborted due to weather, and stood down from emergency. In May and June 2023, staff were dispatched to 584 emergencies. Of these, 2 were aborted due to weather conditions and 267 were stood down by the tasking NHS ambulance trust. Staff from this service treated 311 patients.

The service provided a rapid response vehicle (RRV) crewed with a doctor and paramedic outside of permitted flying hours and monitored the timeliness of this resource. Managers monitored the number of RRV attendances the time between the call being allocated to the RRV team; and them arriving to the patient. In May and June (part month) 2023, the 2 RRV's within the service responded to 231 incidents.

## Learning from complaints and concerns

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

Staff had access to information to give to patients, relatives and carers about how to complain or raise concerns. Pocket sized information cards were available on the helicopter for the staff to give to patients and relatives when appropriate. The service website had an area where people could raise concerns and a separate area for them to give feedback.

No complaints had been received by the service between April 2022 and May 2023.

Managers had a proforma which would be used to investigate complaints if received. This set out mandatory actions including an acknowledgement letter, contact with complainant and verbal feedback of the outcome for both the person raising the concern and staff members. Learning from complaints would feature as part of the whole staff team meetings managers told us.

Staff understood the policy on complaints and knew how to handle them if received.



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## Is the service well-led?

Outstanding



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

### Leadership

**There was compassionate, inclusive and effective leadership at all levels as well as a deeply embedded system of leadership development and succession planning.**

Leaders were visible and approachable within the service. Staff understood leaders' roles and their responsibilities.

Operational staff felt widely supported by leaders within the service who had high levels of experience, capacity and capability. There was an embedded system of leadership development, which included recognising aspiring leaders and a leadership framework to support succession planning.

Leaders who we spoke with were able to tell us and demonstrated clear priorities for ensuring sustainable, compassionate inclusive and effective leadership. We saw high-quality person-centred leadership during the inspection, as leaders protected dedicated debriefing time of crew members. We heard about the leadership strategies used to ensure and sustain delivery of care. These had led to the creation of data sharing agreements and key organisational priorities for the service.

Leaders had a deep understanding of the challenges to quality and sustainability as well as risks to performance. Leaders had action plans to address challenges identified. The most recent example came from the COVID-19 pandemic where filtering face piece 2 (FFP2) masks staff wore when caring for patients were very difficult to get. This presented a risk of not having enough for staff to be able to care for patients. The service took action to procure as many masks as possible, collected them and after this, distributed them not only within their own service but also other organisations, such as local NHS trusts and ambulances services to support the wider COVID-19 response.

### Vision and Strategy

**The service had a clear vision and credible priorities to deliver high-quality sustainable care to people and robust plans to deliver them.**

The service had a clear vision and a set of values both of which had quality and sustainability as top priorities which were aligned to the wider health economy.

At the time of the inspection, leaders were reviewing the strategic vision of the service. Leaders had identified relevant organisational priorities. These were realistic, aligned to local plans in the wider health and social care economy and aimed at delivering quality care. For example, improving digital infrastructure (the services ability to connect widely both virtually and physically), review of estate footprint (size and location) and progression with public and preventative health initiatives.

Leaders had a clear understanding of the strategic directions of the service and staff contributed to the setting of the strategy, aims and objectives. In addition to monthly virtual team calls, annually all staff were invited to a 'consensus



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day' where they contributed ideas and feedback. Senior leaders used the feedback at executive level strategic meetings. In addition, feedback from system governance meetings was used to inform the setting of the service strategies. This provided a structured planning process in collaboration with staff and stakeholders to meet the needs of the relevant population.

## Culture

**Leaders had an inspiring shared purpose, and strive to deliver and motivate staff to succeed. There were high levels of satisfaction across all staff. There was strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences.**

Staff who we spoke with during the inspection felt supported, respected, and valued. Staff could access confidential support if they needed it. Managers worked hard to recognise and address stress and pressure upon their staff given the high level of patient acuity in terms of trauma, injury and illness with which staff were exposed to daily. Staff had access to specialised support to help manage vicarious trauma (trauma from witnessing traumatic events or situations).

Leaders promoted a culture where staff could feel safe and focus on their wellbeing. We saw that leaders had contacted staff who were off duty to ensure their welfare following a large-scale incident. A lone worker policy was available, as were risk assessments around the safety and welfare of staff. Leaders ensured mandatory safety checks and briefings. Staff were confident to speak up in the event of missing or defective kit, equipment or anything which may be of concern.

The service had a reflective culture and strong collaboration, team working, and support were evident across all functions of the service. Staff and managers gave examples of opportunities to reflect upon their clinical practice to develop professional and personal skills. These included sharing of good practice and lessons learnt across a wider system and developing in line with the most recent clinical developments and research. The service was clearly centred upon the needs of the people using and the staff working within the service.

Incident reporting feedback had been strengthened within the service. The manager told us personal feedback was provided for each incident and near miss reported, including what was reported and what actions had been taken. As a result, the service had seen an increase in its reporting culture.

## Governance

**Governance arrangements proactively reviewed and reflect best practice. A systematic approach was taken to working with other organisations to improve care outcomes.**

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

Service level agreements between third parties including blood products and surgical equipment were set up. During the inspection we reviewed three agreements which were detailed and demonstrated date of approval and were within review date. The agreement for the provision of blood and blood components from a local NHS pathology service set out key information including the duration of the agreement, service objections, services and equipment covered, quality management specification, traceability, and mandatory reporting. The agreement was linked to a standard operating procedure and included detail of an emergency blood management plan.



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A monthly flight report was produced by the aircraft provider which detailed monthly aircraft flying hours, aircraft utilisation, contract compliance, base audits, and safety reports along with a maintenance forecast summary. This was shared within the service's own governance meetings. The board and other levels of governance within the service interacted with each other appropriately. Various meetings including for example; operational, clinical governance and immediate care governance groups, as well as a mortality and morbidity and audit and risk compliance management groups were held monthly. Standing agenda items were set up for each meeting. The operations meeting included quality matters such as infection, prevention and control; risk register; budget; operational cover; aviation time; incidents; compliments and complaints, training and education. An action tracker monitored all actions and clearly indicated progress with the action. Terms of reference for each group set out its purpose, objectives, membership, administration arrangements, key documentation and standing agenda items. Key decisions from the last meeting were reviewed along with actions at the beginning.

Staff were clear about their roles and responsibilities. Managers provided feedback and learning from incidents at monthly team meetings, daily briefings, on email and in face-to-face discussions. Staff had access to noticeboards which contained key information. Staff who we spoke with knew how to escalate information if required and felt confident it would be reviewed and acted upon accordingly. A whole team meeting held on the 17 May 2023 discussed top organisation, clinical and workforce priorities, achievements, clinical supervision and mentoring and wellbeing.

A systematic approach was taken to working with other organisations to improve care outcomes. Leaders were participating in a pilot scheme with a local NHS ambulance trust. This scheme was trialling an air ambulance clinician from this, and a neighbouring service, being seconded into the emergency operations centre of the NHS trust to filter calls and decide which would most benefit from a critical care response. This pilot was underway and being planned at the time of the inspection and was implemented through the NHS ambulance clinical governance group in conjunction with the local integrated care board.

The service worked with external agencies to undertake geographical mapping to decide the best locations for automated external defibrillators to be placed within communities. Leaders attended bimonthly governance meetings with local NHS providers including ambulance services to manage this.

The service had a process to ensure staff did not work excessive hours. All contracts included working time directive details and set out how staff must not attend work at the service straight from another employer or shift. Pilot hours were considered as part of shift planning and consideration was given to the length and patterns of shifts.

Data sharing agreements were in place between NHS providers and the service to allow the transfer of information on patient outcomes to be shared.

### Management of risk, issues and performance

**The service was committed to risk management and openly addressing problems identified. Leaders and teams identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.**

The service demonstrated commitment to best practice and risk management systems and processes. Leaders used an incident reporting system and risk register for the identification, recording and management of risks. This included data on risk mitigations, action plans, probability and impact. The service reviewed its risks frequently as a key part of the governance system. At the time of the inspection, 42 risks were recorded. Leaders could identify the top 3 risks and



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information relating to these was displayed in the staff areas so staff could understand the key challenges the service faced. Leaders followed a risk management policy which set out the operating procedures including escalating key risks to the executive leadership team for board review. At the time of the inspection, there was 1 risk with a residual risk score above 15 (moderate risk), this related to COVID-19.

Leaders reviewed incident themes at operational and clinical governance meetings. This included near miss incidents meaning the service could take preventative action to reduce risk.

The service had set out an interim agreement for the national shortage of a sedative medicine. This agreement had been shared with all staff.

Potential risks were planned for. Emergency action plans were in place for the event of an air incident and a separate business continuity plan set out key actions and contacts for the event of an incident threatening critical business function. Leaders had a rota to cover 24/7 on call in case of emergency incidents. This was in addition to 24/7 clinical support.

There was a programme of clinical and internal audits to monitor quality, operational and financial processes. This included the audit, risk and compliance group and monthly operations meeting along with a clinical supervisors group meeting which reviewed all clinical support calls including the advice given, actions taken and outcome of each call. Budget sheets were sent out monthly. The clinical and operational management team completed assurance checks every 6 months to confirm the information which was being shared.

Leaders were involved in multiagency incident rehearsals to develop learning to improve responses to major incidents. For example, one incident rehearsal was based on a bombing which took place at an events arena in a major city. All staff were expected to take part. All staff had undertaken training on the Joint Emergency Service Interoperability Programme (programme of services working together).

### Information Management

**There is a demonstrated commitment at all levels to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement.**

The service had clear service performance measures which were reported and monitored through its governance process. The information used in its reporting, performance management and delivering quality care was accurate, valid, reliable, timely and relevant. An example of this was mandatory training, safeguarding and appraisal compliance. Leaders also analysed data about incident and near miss reporting and performance.

Staff could find information and data they need which included all clinical statement of purposes listed on the public website and handheld electronic tablets used whilst on the helicopters.

All systems were password and fire wall protected and the service had the same security standards as NHS providers in terms of encryption and NHS email addresses. As a result of this information could be shared securely and confidentially. Data sharing agreements has been created with most NHS providers to allow patient outcome monitoring and learning from incidents.



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The nominated individual submitted notification both statutory and otherwise to the relevant external organisations as required. The service had a Caldicott guardian (a senior person responsible for protecting confidentiality) and all staff undertook training on data protection.

As part of the service strategic aim of improving data access, CCTV monitoring to the medicine storages areas was recorded to a cloud-based system. This enabled traceable and auditable information such as key fob access to be monitored.

Statutory notifications were co-ordinated and made in line with statutory requirements.

### Engagement

**There were consistently high levels of constructive engagement with staff and people who use services. Services were developed with the full participation of those who use them, staff and external partners as equal partners.**

The provider engaged with stakeholders to ensure the services were used appropriately. At the time of the inspection the service was in the process of trying to obtain invites to the integrated care board regional meetings given that the service accounted for a large proportion of the major trauma brought into the regional NHS trusts.

Regional trauma networks both strategically and clinically were represented by the service as well as board level representation at both local NHS ambulance trusts.

The service attended the enhanced critical care group which fed into the clinical steering groups. Information sharing such as standard operating procedures could be standardised through group discussion. In addition, the service attended the intermediate care governance group.

The service engaged with patients to assess the quality of its services. This was done through various methods including feedback cards, QR codes and base visits. The service website contained space for patient and public feedback and telephone calls were also received. Data sharing agreements to allow patients and relatives to be contacted where appropriate had been set up.

The service engaged with staff. Personal feedback to staff following incident reporting had meant the staff felt more engaged and valued managers told us. An increase in the incident reporting culture had been noted in addition. An annual staff survey as well as a bi-annual pulse survey were used within the service to sense check satisfaction.

An annual family fun day had been introduced and in addition, an annual fitness fundraiser for all staff was provided the opportunity to engage and have fun together.

Staff from the service worked with police and fire brigade colleagues to attend schools and education the public about the risks of knife crime and speeding causing road traffic collisions.

Webinars, group discussions and conferences with child bereavement charities and road collision charities had also been undertaken by the service previously.

### Learning, continuous improvement and innovation



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**There was a fully embedded and systematic approach to improvement. Improvement was seen as the way to deal with performance and for the organisation to learn. Safe innovation was celebrated. The service took a systematic and proactive approach to seeking out and embedding new and more sustainable models of care.**

Staff were empowered to lead and deliver change. Staff had the opportunity to put forward suggestions for development to clinical practice. We saw an example of a proposal which was reviewed by 2 doctors. The proposal included a rationale, information about frequency of use and estimations of cost. Once submitted the clinical supervisor group then reviewed and either accepted, declined or asked for further information. The proposal was also escalated to the clinical governance committee. All staff could contribute to the quality improvement of the service, take ownership of developments, and were invested in the successful running of the service.

There was an embedded and systematic approach to improvement, which made consistent use of a recognised improvement methodology. Work was underway at the time of the inspection to provide community resuscitation and defibrillator training as well providing the automated external defibrillators into the community. Work was being undertaken with an NHS ambulance service to map and understand where the greatest demand for the defibrillators should be placed.

Work had begun around public and preventative health; the knife crime initiative was underway and staff members had been encouraged to raise similar initiatives.

Coronial feedback requests ensured the service could feed back to its staff causation of death. This was thought to be an important aspect of reflection and learning within the service, allowed the service to review its procedures and supported greater understanding of mechanisms of injury as well as underlying pathology.

Staff were encouraged to participate in research which included academic publications by staff members and research studies such as blood administration, calcium point of care testing (testing before arriving at hospital for acid–base imbalances and potassium concentration) and resuscitative hysterotomy (a caesarean birth of a mother in cardiac arrest). In addition, staff were involved in higher level study which included research modules.