



# Quarterly Management Meeting

Venue: QML Head Quarters: Boat house Allington Lock

Meeting Date: 26 Jan 22 Time: 1200 - 1700

1. Attendees			
Managing Director	Paul Saddington	PS	
Quality Assurance Manager	Caroline Medcraft	CM	Chair
Team Leader	Leo Mac Donald	LM	Notary
Venue Lead Printworks	Joe Derrington	JD	
Venue Lead Scala	Esther Finn	EF	

## 2. Agenda, Notes, Decisions and Issues

### Apologies

Dominic Ward Clinical Lead

Matt Wood venue lead Fabric

### Welcome /Introduction/Over view

CM – Thanked all the staff for the rapid reopening of the business post covid. Quarter 3 2021 saw the equivalent of a years' worth of festivals within one three month period and Quarter 4 was mainly printworks and drumheads.

CM – Data harvesting has been completed for Q3 Jul – Aug 2021. Data from Q4 Sept – Dec 2021 is still being processed. Reports to be finalised and released asap.

QML have moved into their new base at Allington Lock in the Boat house and moving forward will host quarterly management meetings on a three-monthly basis. Agenda will include governance and a summary of the previous quarter's activity.

### Training

QML have a new training premises. CM will be leaving the NHS to concentrate more on developing the training side of the business.

In house staff training – CM will work with new clinical lead to develop a number of in house training CPD opportunities. General consensus between the management team that post covid standards of care and practice need to be re-established. Now that the training room is set up in house staff inductions need to be restarted as they appear to be more beneficial than online training. Number of new starters for the company have had their FA and FRECC3 Training.

Plans for MDT simulation – Generally agreed all members of the team individually competent in resuscitation but it is felt that as a team of professionals from a range of backgrounds MDT sim would make our response more timely and build confidence.

Competency documents in development and will be released in 2022. With venue leads now in place CM can work in the role of practice development and mentorship. To develop new starters.

## **Equipment and Resources**

All equipment has now been serviced for 2022.

Agreed that current kit list and checking process is appropriate however we need staff to order consumables when they have used them or report to PS when they need replacing. Alert to be initiated on smart survey data collection app to alert PS when a kit needs replacing.

PS has now established a store room to keep stock clean dry and organised. Weekly PS will take the orders from the staff from smart survey and restock requested items.

All bags have now been relabelled with hard wearing key tags so that they are identifiable. As policies are being renewed, checking books will be re written and replace existing books. Contents to remain the same.

CM and PS will meet with Clinical lead to discuss and agree contents of paediatric bags.

Kit bags are colour coded so they are easily identified to the area they are allocated.

Green – General use even bags for festivals

Black – Nightclub specific

Red – vehicle bags

Navy – Paramedic bags or training. Training bags will not leave the class room to avoid any confusion.

Orange – Paediatric bags

Now that QML has relocated to a new premises a full inventory needs completing of all assets and the database updated to ensure this is up to date.

## **Infection Prevention & Control**

Infection control Policy to be updated to reflect the practice of early identification of patients for isolation. The PRF should also contain a section for identifying patients for isolation and the IPC policy will need updating to reflect this.

Audits of cleaning to be completed for Q3 and Q4 nearing completion and results to be released to staff asap. Going forward quarterly audit and meetings will keep staff and practice informed in a more timely manner.

Ambulances and vehicles can now be deep cleaned quarterly at the headquarters as there is an area to store kit while the vehicle is cleaned. Deep cleaning can be done internally once a procedure is agreed between PS/CM & DW. Deep cleaning will be completed quarterly as routine.

## **Safeguarding**

One missed safeguarding referral – Patient was under the age of 18years and was found to be dealing drugs at a festival. Local police called. Known to local police and social services. Child left in the care of the police. It was discussed that despite being left in the care of the police QML should still have recorded their involvement with the child on safeguarding documentation and a formal social services referral should still have been made.

Agreed that all non urgent referrals should be made within 7 days of submission.

## **Clinical Governance (CG)**

### **Patient Focus**

There has been an increase in patients presenting for anxiety and mental health issues. Discussed potential for starting mental health first aid courses for welfare and first aid staff. CM mental health first aid trained and will explore.

Discussed the opportunity to refer patients presenting for drugs and alcohol misuse to support services. LM and JD to review services and charities available to refer patients to. CM has contacted Red thread to establish if there is a potential to set up a working relationship for patients presenting for alcohol and drug misuse between the ages of 16 to 25years.

## **CG: Information (data)**

All patient and staff files have now been moved to the office and are secured inline with data protection requirements.

Staff to endeavour to attain patient email addresses so that a feedback survey can be sent to them post discharge from QML.

Discussed the realities of moving to online documentation but there is currently not an affordable, encrypted platform on which this can be achieved. In addition due to the nature of the working environment and the remote locations QML provide services to, there is not a guarantee that access to online services is sustainable.

## **Quality Improvement**

Staff website was taken down during the halt in events work. This has been updated and needs completing and relaunching so that staff have remote access to policies and procedures etc.

Patient report forms to be re drafted to include a medication prescription chart now that the barcode system is being removed.

Documentation standards are not consistently being upheld and not reflecting the high quality care being provided. CM and LM to create documentation and clinical practice guidance for staff.

## **Medication management**

QML now have an established team of registered staff which gives assurance that the use and handling of medications is more robust. Barcode that were previously introduced to track medications will now be phased out and drugs monitoring will continue through a regular audit cycle of administration and checking logs.

Discussed train the trainer sessions for the use of pentrox as an alternative to Entonox. It was felt that there were many benefits to moving to pentrox and away from Entonox use. These include reduced cost, reduced storage needs, reduced kit load etc. CM to contact company to arrange training dates.

## **Staff focus**

There are a number of new team members to QML. For their development and for the consistency in the delivery of care both the staff hand book and the induction days need to be reintroduced. CM to finalise training schedule for the year

The appraisal window is approaching in April. Staff are largely adhoc and not every member of staff would benefit from an appraisal. It was agreed that all staff that had completed 120hours of work or more within the last tax year would receive and appraisal as would all staff that have remained working for QML pre and post covid lockdown.

Staff files being reviewed by LM post covid lock down to ensure compliance with mandatory training. LM will provide statistical overview of compliance for next management meeting to make it easier to track staff. All staff that are non compliant will be asked to cease working for QML until their files are up to date. PS will not allow staff to book onto shifts until this is completed.

It was agreed by all present that there is a need post initial training to expose staff to a variety of working environments. Staff should be rotated through venues to have the opportunity to work with a range of clinicians and different patient cohorts. Paul Saddington to address this during shift allocation.

## **Leadership**

CM to be made non executive director for training and education.

QML New clinical lead DW to join the management team.

LM is undertaking IQA qualification and is working through his CAVA to begin training for QML

Management team to resume regular venue checks and staff checks to ensure staff are maintaining expected standards.

Quarterly management meetings to be held to discuss and review audits, risks and adverse incidents and company progress.

## **Complaints**

No complaints received for 2021.

Enhance signage to be used to ensure patients, friends a relatives know how to submit a complaint.

No complaints have been received from our clients

## **Incidents and risks**

Incidents for 2020 were largely concerning the availability of equipment and the battery life of equipment and vehicles. All equipment has been serviced. The issue appeared to be staff reporting the incident on the reporting system but not informing the duty manager as per the policy. Staff update days and induction days to be recommenced post covid.

The risk register is not RAG rated and not scored. Although risks to the company are logged they are not rated and risk mitigation is not measured. Immediate actions for 2022 is to re-establish a RAG rated risk register and publish this to the staff portal

Highest risk on existing risk register was the lack of a base for the ambulances which can now be removed. Now established at new venue in Allington Lock Maidstone.

Current highest risk is the ongoing COVID 19 pandemic and the ongoing risk of the night time economy and the event industry going back into lockdown. QML survived the initial lockdowns etc as all running overheads were swiftly minimised. The training classroom was closed, vehicles were parked securely and removed from the insurance etc. No vehicles or equipment were leased therefore effectively mothballing the company was easily done for the first lockdown. Company now has 10 year lease on the new ambulance station and training venue. Further lockdowns from this point will put the company at financial risk. QML Director PS ensuring QML are serving a diverse portfolio to ensure sustainability of the company if another Lockdown occurred.

Second highest risk to company currently only one signatory for company PS. In the event of PS becoming incapacitated no one will have access to the companies finances to continue running the business. PS to immediately arrange business continuity plan.

Third highest risk to the company is the reliability of the ambulances. Whilst the ambulances are all fully functional and serviced and in date with their MOT as appropriate, there have been a number of battery issues as per the datixs raised. With a full season in 2022 it is essential that there are robust measures in place to continue service provision. The company has therefore put a deposit down on three new emergency ambulances which should put the company in good stead for the next 10 years.

## Any other business

None raised

Date of Next Meeting: TBC April

Agreed actions to complete before next management meeting April 2022	
Action	Responsible person(s)
Completion and publication of end of year report 2021	Caroline Medcraft
Re-introduce induction days	Caroline Medcraft
Develop agreed MDT simulation CPD courses	Caroline Medcraft Dominic Ward
Develop competency documents for QML unregistered staff	Caroline Medcraft
Alert to be placed on smart survey app to alert Paul Saddington when stock needs replacing	C Medcraft
Checking books to be reviewed and reprinted to newly labelled bags	C Medcraft
Agree contents of paediatric bags	C Medcraft P Saddington D Ward
Inventory check with update of asset log	P Saddington
IPC policy to be updated	C Medcraft D Ward
PRF update to include Patient isolation triggers	C Medcraft
PRF to be updated to include drugs prescription chart (MDT PRFs only lone working PRFs to remain the same)	C Medcraft
Agree deep cleaning procedure for vehicles and benchmark against existing standards	P Saddington D Ward C Medcraft
Explore opportunities for MH FA Training for staff	C Medcraft
Review of services and charities to support those that present for drug/alcohol intoxication	J Derrington L MacDonald
Rotation of staff thorough venues to gain exposure of different work environments to be supported by venue leads	P Saddington J Derrington E Finn M Wood
Staff portal to be re published	C Medcraft
Clinical practice guidance for staff regarding documentation	C Medcraft L MacDonald

**Agreed actions to complete before next management meeting April 2022  
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<b>Action</b>	<b>Responsible person(s)</b>
Medication reconciliation – Review all medication stocks and order medications that are due to go out of date by the end of the year to ensure we are prepared for the oncoming season	C MEDCRAFT L MacDonald D Ward
Explore training opportunities for pentrox and costing replacement of Entonox	C Medcraft
Produce training schedule for the year	C Medcraft
Identify staff requiring an appraisal	P Saddington
Compile statistical overview of staff file compliance	L Mac Donald
Re establish venue checks and summarise findings to present at management meetings	P Saddington L Mac Donald
Enhance signage at venues on how to make a complaint and reinstate the feed back survey to increase patient feedback	C Medcraft Venue Leads
Remind staff in briefings to complete ordering forms when checking equipment so that they can be restocked in a timely manner	J Derrington P Saddington
Up date risk register to RAG system to give clearer indication of most pertinent risks for mitigation	C Medcraft
Confirmation that CM has been made a non executive director via companies house	P Saddington