

# Quad Medical Limited 2022 Quarterly Summary of activity

**January - March**



## **Introduction**

Quad Medical Limited (QML) are a Care Quality Commission regulated company. To ensure QML remains a safe, effective, caring, responsive and well led company, its systems of work including policies and procedures are routinely checked and audited.

This document provides a summary for the first quarter of the year. The aim of this document is to provide a plain language feedback on the care being provided to safeguard the quality of its delivery and the clinical care for patients.

It is pertinent to note here that as an event medical provider not all QML activity is regulated. Data from small community or private events that are provided solely with first aid provision, with less than 5000 participants do not have their data included here in this report. However the standards set out in this document are uniform for all provision of services by QML regardless of being regulated or not.

This report here therefore concentrates on data gathered from events and venues where QML have supplied medical services, which are directly related to one of the companies two registered activities:

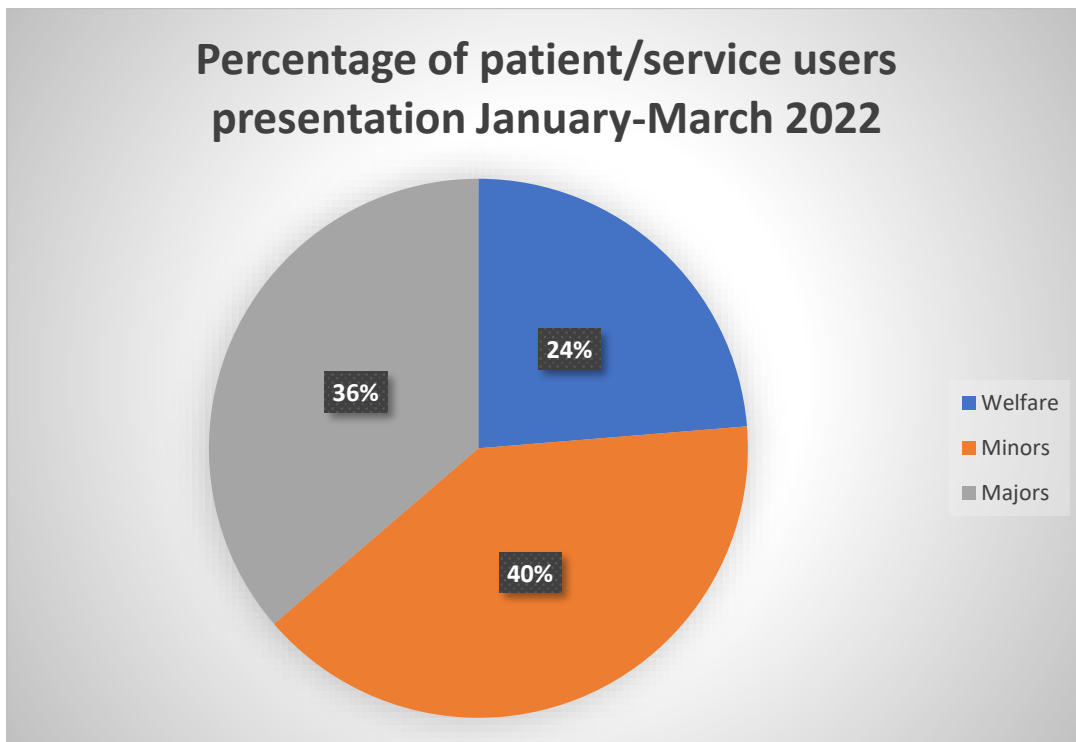
- 1) Patient transport services, triage and medical advice provided remotely
- 2) Treatment of disease, disorder or injury

## General Summary of Patient Attendance Activity January - March (For events >5000 capacity)



In the first quarter of 2022 QML saw a total of 540 service users and patients across 17 events which were attended by >5000 participants. Of these 540 service users; 128 were seen in welfare, 216 were seen treated and discharged for a minor injury with 196 patients being admitted for a period of observation and care by the QML team within the onsite medical center.

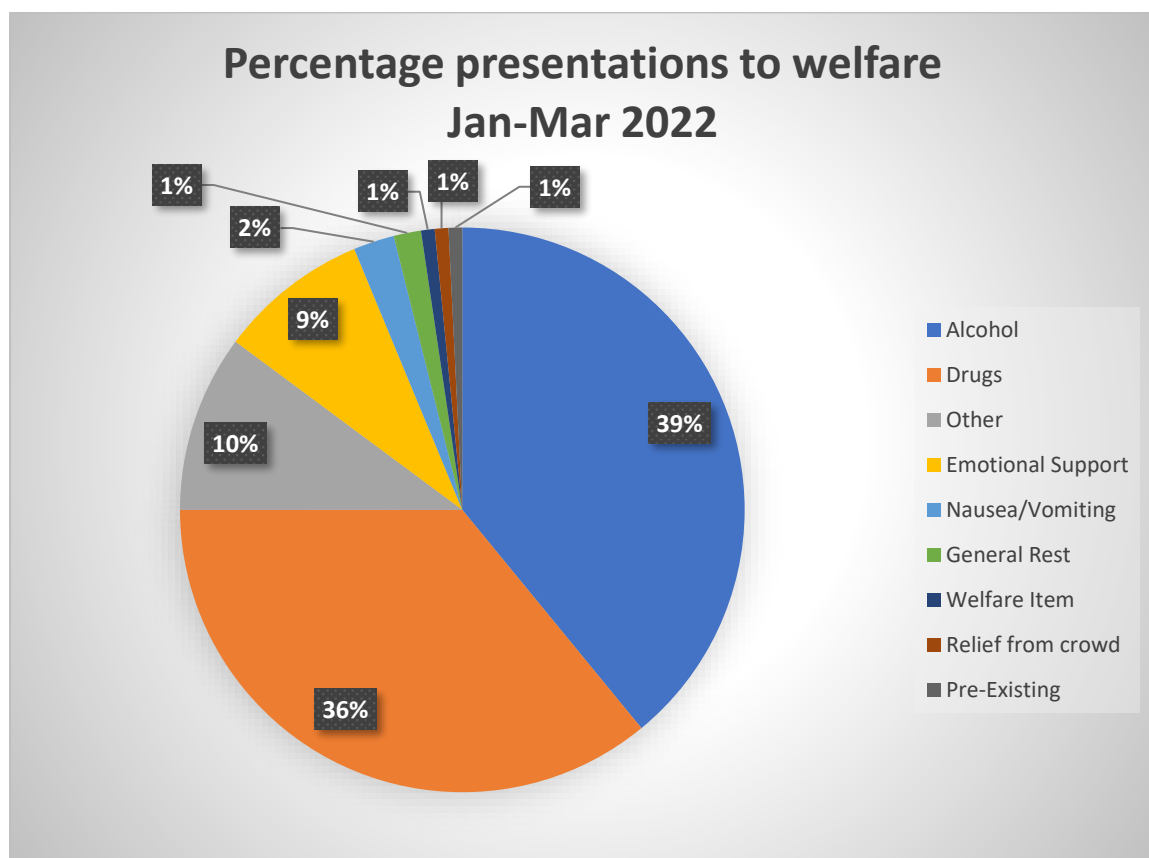
This is visualized below as percentage attendances in figure 1.0:



## Welfare

The welfare services provided by QML identify, assist and advise service users with non-medical issues. These services users are those that have been assessed and deemed medically fit and appropriate for non-medical care such as emotional support and general rest and recuperation from the venue or the environment.

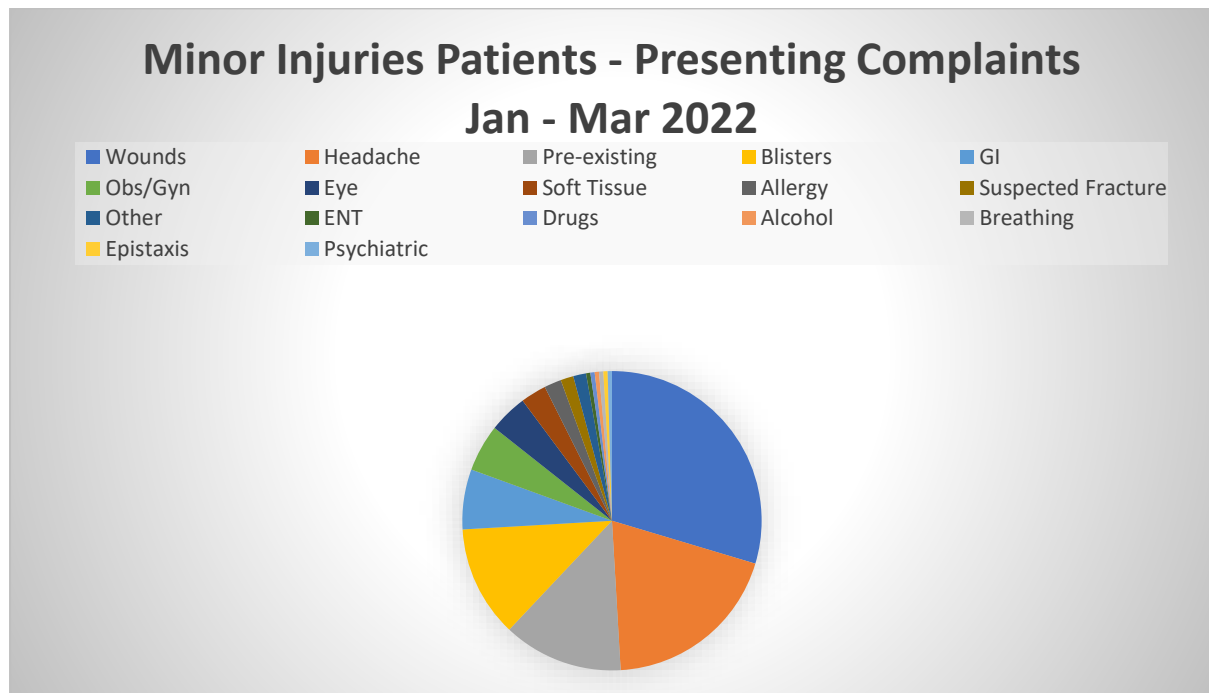
Summary of welfare services Jan – Mar 2022	
Reason for service user contact	Total No. Seen
Alcohol Related	50
Drug Related	46
'Other' needs such as sign posting or service referrals/ advice only issues	13
Emotional Support	11
Nausea/Vomiting	3
General Rest	2
Welfare Item (Sanitary product, clean clothing, footwear etc)	1
Relief from crowd	1
Pre-Existing complaint	1
<b>TOTAL</b>	<b>128</b>



## Minor Injuries

These figures include patients who require brief and minor treatment that do not necessitate any further observations of physiological parameters such as heart rate and blood pressure etc. and can be seen treated and discharged on site.

Summary of Minors Patients Jan – Mar 2022	
Presenting complaint	Total No. Seen
Wounds	64
Headache	42
Pre-Existing Conditions	28
Blisters	26
Gastrointestinal disturbances (Heartburn/Abdo pain/D&V)	14
Obstetrics/Gynaecological	11
Eye Conditions	9
Soft Tissue Injuries	6
Allergy: Bites/Stings	4
Suspected Fractures/Dislocations	3
Other	3
Ear/Nose/Throat Issues	1
Drugs	1
Alcohol	1
Breathing Difficulty	1
Epistaxis	1
Psychiatric	1
<b>TOTAL</b>	<b>216</b>



## Minors presentations for discussion

Drug presentation – Documentation of refusal of care patient refused to sign self discharge documentation form

Difficulty in breathing – Patient having a panic attack

Psychiatric – patient felt overwhelmed with pre-existing depression and had excess ETOH nil injury or illness

Alcohol – patient fell forwards when going to pick up an item from the floor but nil injuries sustained .

## Majors Patients

Majors patients include:

- 1) Patients that require additional observations beyond initial assessment, such as blood pressure, pulse, temperature etc
- 2) Those that require a period of rest or recuperation but are not suitable for welfare due to ongoing clinical concerns or behaviour.
- 3) Those that are classed as P2 on the Manchester Triage Score and require significant intervention within two to four hours.

Summary of Majors patients Jan – Mar 2022	
Presenting complaint	Total No. Seen
Drug related	119
Alcohol related	27
Head Injury	17
Seizures	7
Other	4
GI Disturbances: Abdo pain/ Diarrhoea/ Nausea/ vomiting	3
Traumatic Injuries	3
Breathing Difficulty	2
Cardiac	2
Headache	2
Psychiatric	2
Soft Tissue Injury	2
Wounds	2
Allergy: Bites/Stings	1
Epistaxis	1
Pre-Existing	1
Heat Condition (Too Hot/Cold)	1
<b>TOTAL</b>	<b>196</b>

## Recreational Drug Trends

Detailed below is the recreational drugs patients and welfare users had consumed which led to their admission with QML.

Descriptive data of mode of intoxication	
Drug/Substance taken	No. of patients seen
ETOH	68
Unknown	43
Ketamine	42
MDMA	35
Other	20
ETOH & Ketamine	15
ETOH & MDMA	5
Ketamine & Cocaine	5
Cocaine	4
MDMA/Ketamine & ETOH	4
Ketamine & MDMA	4
Ketamine/Cocaine & MDMA	2
MDMA & Cocaine	2
Ketamine/Cocaine/MDMA & ETOH	1
GHB	1
Cannabis	1
<b>Total</b>	<b>252</b>

**NB:** Mode of intoxication was recorded after patient's self-reported known drug or accompanying friends positively confirmed substances they believed patients had taken. Drug intoxication cannot be definitively categorised as there are no drug testing capabilities on site. Clinical indication and patient presentation will be taken into account with reports from the patient and accompanying friends etc.

## Referred patients

20 patients were referred to the Emergency department or Urgent Care non-life threatening injury or illness. These patients would have been advised to self-present to other providers for continuing assessment or treatment beyond the QML onsite provision e.g. blood tests, 24 hour observation, X-Rays, CT Scans etc. The highest number of referrals were for seizures.

The patients who were referred to self present to ED were not those who presented post ictal. They recovered fully post seizure or have refused conveyance to ED.

Patients referred to the Emergency Department or Urgent Care center	
Patient condition	No. Patients Referred
Seizure	6
Suspected Fracture/Dislocation	5
Wounds	4
Cardiac Issues	3
Abdominal Pain/Nausea/Vomiting/Diarrhoea	1
Eye Condition	1
Total	20

2 Patients were referred to their GP for ongoing issues that were non-acute and require ongoing investigation and management beyond that of an Emergency department or urgent care service as detailed below:

Patients referred to their GP	
Patient condition	No. Patients Referred
Bereavement support -referred by QML team	1
Mental health issues- referred by QML team	1
Total	2

## Hospitalised patients

8 patients were conveyed from event or venue sites to hospital by QML in the first quarter of 2022. This represents only 4.08% of all majors' patients that were seen and treated by QML.

Reason for Conveyance to hospital		
Patient condition	No. Patients conveyed	No. by Blue light transfer
Potential Spiking	1	Not Required
Head Injury	1	Not Required
Head Injury with facial wound	1	Not Required
Intoxication ? ETOH	1	Not Required
Chest Pain with Reduced Consciousness	1	Yes
Drug Related	1	Yes
Seizure	1	Not Required
Head Injury	1	Not Required
<b>Total</b>	<b>8</b>	<b>2</b>



## Staff Compliance

In order to work for Quad Medical Limited staff are required to satisfy a number of recruitment and mandatory training requirements as follows:

<b>Recruitment Requirements</b> The following must be received and on file for all QML Staff before they are able to undertake work for QML	<b>Mandatory Training Requirements</b> Proof that the following training must be received and on file for all clinical QML Staff before they are able to undertake work for QML OR they must have a confirmed mandatory training date (Update day) booked to complete their training
Completed Application form on file	National early warning scores 2
Curriculum Vitae on file	Safeguarding Adults (Level 2 or above)
Enhanced Disclosure and Barring Service Check	Safeguarding children (Level 2 or above)
New Started Form	Health and safety
P46 (if directly employed as PAYE) or Invoicing details if self employed	Yearly BLS or above
Two references	Manual handling
Photographic Identification	Information governance
Proof of right to work in the UK	Infection prevention control
Proof of professional registration where applicable	Equality and diversity
	Fire safety

QML employs only two full time members of staff. These two members of staff maintain their compliance at 100% and renew their mandatory training before it runs out. All other staff are employed on a 'bank' basis i.e. work ad hoc shifts as required. To ensure compliance is met regular staff files are checks are completed when staff book into shifts where regulated activity occurs. This is also reinforced by regular staff reminders to submit any and all training that staff undertake throughout the year outside of QML and that they are not allowed to undertake work for QML unless their staff files are complete.

To achieve this QML are encouraging new starters to complete elearning that is under the Core Skills Training Framework. Face to face staff sessions are due to begin in the next quarter to improve compliance.

## Mandatory Training Compliance Report

First aid/First Responder staff			
Topic	Raw number compliant	Percentage compliance	Comments
BLS/ILS	22/23	96%	
NEWS2	20/23	87%	Not part of the CSTF
Safeguarding adults level 2	23/23	100%	
Safeguarding children level 2	23/23	100%	
Manual handling	23/23	100%	
Information governance	21/23	91%	
Mental Capacity Act/DoLs	20/23	87%	
Prevent	22/23	96%	
Infection prevention control	22/23	96%	
Equality & Diversity	23/23	100%	
Conflict resolution	22/23	96%	

Ambulance Staff			
Topic	Raw number compliant	Percentage compliance	Comments
BLS/ILS	6/7	86%	In house update days to include
NEWS2	7/7	100%	
Safeguarding adults level 2	7/7	100%	
Safeguarding children level 2	7/7	100%	
Manual handling	7/7	100%	
Information governance	7/7	100%	
Mental Capacity Act/DoLs	7/7	100%	
Prevent	7/7	100%	
Infection prevention control	7/7	100%	
Equality & Diversity	7/7	100%	
Conflict resolution	7/7	100%	

Registered Staff			
Topic	Raw number compliant	Percentage compliance	Comments
BLS/ILS	9/10	90%	
NEWS2	10/10	100%	
Safeguarding adults level 2	9/10	90%	
Safeguarding children level 2	9/10	90%	
Manual handling	10/10	100%	
Information governance	9/10	90%	
Mental Capacity Act/DoLs	10/10	100%	
Prevent	10/10	100%	
Infection prevention control	10/10	100%	
Equality & Diversity	10/10	100%	
Conflict resolution	10/10	100%	

Total Staff compliance			
Topic	Raw number compliant	Percentage compliance	Comments
BLS/ILS	38/40	95%	
NEWS2	37/40	93%	
Safeguarding adults level 2	39/40	98%	
Safeguarding children level 2	39/40	98%	
Manual handling	40/40	100%	
Information governance	37/40	93%	
Mental Capacity Act/DoLs	37/40	93%	
Prevent	39/40	98%	
Infection prevention control	39/40	98%	
Equality & Diversity	40/40	100%	
Conflict resolution	39/40	98%	

## Appraisals

As the majority of staff that work for QML do so on a 'bank' or ad hoc basis, there is little benefit in completing yearly appraisals for every member of staff. The cost of further development would not benefit the company. Staff that work full time have their appraisals completed yearly. Other staff who work on a regular basis (above 120 hours per year/1 shift per month) will also have yearly appraisals. These staff will be identified at the end of the tax year every year.

The appraisal window will therefore open in April and will run for quarter 2

(April – June)

## **Documentation Audits**

To monitor the quality of the patient data recorded a sample of patient report forms are audited every quarter. QML documentation has been specifically designed to act not only as a means of recording but also as a tool for escalation and patient assessment prompt. Where there is a failure to complete areas of the patient report form this may indicate a failing in care. Where auditing finds that forms are consistently not being completed in their entirety with no documented reason, the QML management team will discuss the short comings with staff to address any gaps in knowledge or practice that may be leading to these failures. During staff teachings and briefings these short comings can then be addressed. If the issue is a document design issue then the Quality assurance manager engages with staff to see how this is best rectified.

NB: Percentage compliance refers to the percentage of PRF's where patient information was collected correctly

Documentation completion compliance actions (based on QML Risk rating guidelines)	
Compliance 95% - 100%	No further action is required, ensure processes and practice is maintained and reviewed
Compliance 75% - 94%	Introduce measures to improve compliance before the next quarter
Compliance ≤ 74%	Take urgent action to review staff practice and implement measures to improve compliance before next quarter

<b>Patient Report Form Audit Data</b>	
Date range patient report forms completed	Jan – March
Number of major's patients seen	196
Number of patient report forms in sample	40 (Equivalent to 20% of majors patients seen by QML)

<b>Patient report form basic information collection</b>	
Question/Area of form to be completed	Percentage compliance
The date of the patient presentation is recorded	100%
The name of the event is clearly recorded	85%
The name of the QML staff treating the patient is recorded	90%
The patients first name is recorded	100
The patients surname is recorded	90%
The patients date of birth is recorded	90%
Where basic data is missing has a clear reason been given why	38%

<b>Patient report form assessment information</b>	
Question/Area of form to be completed	Percentage compliance
The patients presenting complaint is recorded	100%
The airway assessment is documented	100%
The breathing assessment clearly documented	100%
The circulation assessment clearly documented	100%
The disability assessment clearly documented	98%
The patients initial NEWS 2 been recorded	80%
The patient has an initial plan of care documented	90%

<b>National early warning 2 scoring</b>	
Question/Area of form to be completed	Percentage compliance
Respiration rate documented clearly?	98%
Where the respiration rate has scored over 3 has this been escalate to the clinical lead or registered healthcare professional?	100%
Are the oxygen saturations documented clearly on the NEWS chart?	100%
Where oxygen saturations have scored over 3 has this been escalated to the clinical lead or the registered healthcare professional?	N/A no patients scored over 3 in this singe parameter
It correctly documented that the patient is respiring on air or oxygen	90%
Where patients are receiving supplemental oxygen (as documented on the NEWS 2 chart) It is clearly documented the reasons why this is being administered	N/A no patients from the sample required supplemental oxygen
Where supplemental oxygen has been administered the mode of administration has been recorded (i.e. Nasal Cannula, High flow mask, venturi etc)	N/A no patients from the sample required supplemental oxygen
The patients heart rate is documented clearly on the NEWS 2 chart	100%
Where the patients heart rate scores three or more on the NEWS2 chart, it is clearly documented that this has been escalated to the clinical lead or a registered professional	77% Improved from last quarter (60%)
The patients blood pressure is clearly documented on the NEWS 2 Chart	100%
Where the systolic blood pressure scores 3 or more this has been escalated to a registered person or the clinical lead	N/A no patients scored over 3 in this singe parameter
The patients Disability assessment is clearly documented on the NEWS2 chart	95%
Where the patients NEWS 2 scores is 3 or more for disability this has been escalated to a registered person or the clinical lead	54%
The patients temperature has been clearly documented on the NEWS2 Chart	95%

Where the patients NEWS2 score is 3 or more for temperature this has been escalated to a registered person or the clinical lead	N/A no patients scored over 3 in this single parameter
The overall NEWS2 Score has been calculated correctly	95%
Where the overall NEWS2 has been calculated as 5 or more the escalation procedure has been followed correctly ?	50%
The frequency of patient monitoring has been completed in line with the NEWS2	70%
The person completing the NEWS2 charting has recorded their initials	78%
Where it is documented that the patient has a 'red flag' the patient has been reviewed as per the escalation policy by a registered healthcare professional or the clinical lead	80%

<b>Safe Discharge</b>	
Question/Area of form to be completed	Percentage compliance
The patients observations completed within 15mins of discharge	75%
Where the NEWS2 score was above 1 on discharge, the decision to discharge had been clearly documented and justified	73%
The patient has been assessed as being alert, orientated and obeying commands	100%
The patient has been assessed as being able to mobilise independently	95%
The discharging clinician has considered the patients safeguarding status	100%

### Patient report form action plan post audit

Question/Area of form to be completed	Action
The name of the event is clearly recorded	
The name of the QML staff treating the patient is recorded	
The patients surname is recorded	
The patients date of birth is recorded	
The patients initial NEWS 2 has been recorded	
The patient has an initial plan of care documented	
It is correctly documented that the patient is respiring on air or oxygen	
Where the patients heart rate scores three or more on the NEWS2 chart, it is clearly documented that this has been escalated to the clinical lead or a registered professional	
The person completing the NEWS2 charting has recorded their initials	
Where it is documented that the patient has a 'red flag' the patient has been reviewed as per the escalation policy by a registered healthcare professional or the clinical lead	
The patients observations completed within 15 mins of discharge	Remind staff through staff portal and staff group of their responsibilities when completing documentation and ensure that this is emphasized during mandatory training and induction.  Highlight audit findings in team update days and in team briefings.  Discuss at management meeting and ensure all senior team members are supporting junior staff in documentation completion and in reviewing their documentation
Where the basic data is missing, a clear reason has been given why	
where the patients NEWS 2 score is 3 or more for disability this has been escalated to a registered person or the clinical lead	
Where the overall NEWS2 has been calculated as 5 or more the escalation procedure has been followed correctly	
The frequency of patient monitoring has been completed in line with the NEWS 2	
Where the NEWS2 score was above 1 on discharge, the decision to discharge had been clearly documented and justified.	Duty manager to review documentation as it is handed in and remind individual staff who have incorrectly or inadequately completed documentation the accepted standards. - Discuss with staff any challenges in completing documentation - Include reminder of how and why documentation should be completed at shift briefings - Ensure all new starters are adequately trained in completing documentation and review on staff update days - Ensure all staff complete their NEWS 2 training - Inform staff immediately of the outcome of the PRF audit and the reasons why accurate documentation should be maintained as a direct reflection of patient care. - Develop a guidance document for documentation standards



## Core event documentation

To comply with QML standard operating procedures and policies there is a core documentation bundle of documents which must be completed for every event where regulated activity occurs.

Core event documentation audit	
Documentation/Task to be completed	Percentage compliance
Staff Sign in sheet: To account for the staff present at events. This is essential in the event of a fire or a major incident as we need to account for all staff on site. Sign in sheets also give an accurate record of staff signatures allowing them to be identified when analyzing documentation and check sheets. As part of the major incident protocol staff N.O.K must be identified and a method of contacting them whilst on site must be available. As part of the equipment use procedures staff using equipment must sign it out to account for equipment use.	73% Staff failing to sign in rather than events not being staffed appropriately
Briefing: Due to the dynamic nature of the environments that QML work in and the variety of events that QML are hired to cover in addition to a staff largely of 'ad hoc' staff it is important that all staff are aware of standard show operating procedures and safety information for each event. Briefings also provide the opportunity to disseminate information on any new systems of working or evidence that has been established since the previous event. This allows the company to adapt to threats to patients on a show to show basis for example if there is a recreational drug trend or alert at that current time. It is also essential to introduce staff to one another as they may not have worked together before and to identify the clinical lead and management team for each event. This ensures better communication whilst working as an interprofessional team and gives each team member an idea of what is expected them and each other	100%

**Core event documentation audit**

Documentation/Task to be completed	Percentage compliance
<p>Response bags: It is essential that staff have checked their response bags at the start of the shift and can confirm that inside and that all consumables are clean dry, intact, in date and ready for use. They must also ensure they have sufficient minimum quantities of stock within the response bag as set out in the response bag checklist.</p>	<p>82% Administration error. Staff were not signing to say bags were sealed.</p>
<p>Paramedic Bag: It is essential that staff have checked their response bags at the start of the shift and can confirm that inside and that all consumables are clean dry, intact, in date and ready for use. They must also ensure they have sufficient minimum quantities of stock within the response bag as set out in the response bag checklist.</p>	<p>75% As above</p>
<p>Operational plan: To ensure staff are aware of the risks associated with a particular event and the procedures and plans for each particular event an operational plan is available both electronically prior to the event and in hard copy on the day of the event. This plan also includes pertinent information such as the local receiving hospitals.</p>	<p>100%</p>
<p>Event trunk checklist: Staff working within the medical tent/ first aid post will have their stock conveyed to site in an event trunk (this will cater for most eventualities). All stock must be checked to ensure there are sufficient quantities to treat patients and that supplies are clean, in date and fit for patient use.</p>	<p>70% Trunk will be checked and stocked at headquarters before being dispatched to events</p>

### Core event documentation action plan post audit

Documentation/ task to be completed	Action
Response bags	Remind all relevant staff through the staff portal and staff group of their responsibilities when signing out equipment. Ensure this is included in event briefings and mandatory training. Remind registered staff of their professional responsibilities in line with their regulating bodies. Transfer current checklists online. To improve compliance.
Paramedic response bag	
Staff Sign in	Ensure all staff at the start of the shift use the QR codes to clock in at the start of their shift.
Event Trunk Checklist	Ensure one member of staff goes through the trunk at the start of the shift and used the smart survey to list and items missing or low on and anything expiring

## **Vehicle checking**

Quad Medical limited are registered and regulated by the Care Quality Commission for Patient transport services. To ensure that vehicles are safe and well maintained for each patient journey they need to be checked at the start of every shift by the crew allocated the vehicle.

<b>Vehicle checks Audit Summary Jan – Mar 2022</b>	
Checks/task to be completed	Percentage compliance
Vehicle Daily inspection	59%
Consumables & Equipment checklist	59%

<b>Vehicle checks action plan</b>	
Question/Area of form to be completed	Action
Vehicle daily inspection	It is the responsibility of the allocated ambulance crews to ensure that their vehicles are fit for use on the road and are ready to respond to an emergency call/ to convey acutely unwell patients at any moment. The Daily inventory provides evidence that basic vehicle checks have been completed to ensure the vehicle is road worthy. All crews will be reminded at event briefings and via online staff group of their responsibilities and where to access checklists. Vehicle files will be complied to ensure that all essential documentation is always accessible to ambulance crews.
Consumables checklist	Crews are responsible for ensuring that all vehicles are adequately stocked at the start of each shift. All consumables must be checked to confirm that they are in date, they are clean and fit for use. All crews will be reminded at event briefings and via online staff group of their responsibilities and where to access checklists. Vehicle files will be complied to ensure that all essential documentation is always accessible to ambulance crews.

## **Infection prevention and control**

To ensure Quad Medical Limited are providing a safe and clean environment for the care of patients and to protect patients and staff from avoidable infections and preventable harm, routine cleaning is conducted every shift. In addition to this staff are observed on each shift to ensure they are complying with hand hygiene practices.

<b>IPC Audit Summary Jan – Mar 2022</b>	
Checks/task to be completed	Percentage compliance
First aid post checklists	70%
Vehicle cleaning checklists	47%

Individual summaries of cleaning checklists have not been listed here as when completed they have historically been completed in their entirety and there does not appear to be any one area in the first aid posts or vehicles that are not being cleaned. However as illustrated in the summary compliance data checklists are not consistently being completed. Immediate actions are to discuss this with the staff to ensure they are all aware of their responsibilities on each shift. Staff discussions must also be held to establish exactly why these are not being completed i.e. is compliance failure due to lack of understanding of their responsibilities or is it because they do not have access to adequate documentation to record their cleaning or do they have insufficient access to cleaning supplies. Once established specific issues can be addressed ASAP to ensure an immediate increase in compliance. Following these results the vehicles have had their scheduled deep cleaning moved to early March (rather than at the end of the first quarter) and regular venues have also received a full clean.

## **Waste Audit**

To ensure compliance with waste handling QML have introduced a waste audit at the start of 2022 with the results as per below;

<b>Waste Audit Q1 Jan – Mar 2022</b>	
Bin Type	Correct waste disposed of in receptical
Clinical waste bin	50%
Domestic waste bin	100%
Sharps bin	100%

Although reassuring that the appropriate waste is being disposed of in the sharps bin and the domestic waste bins, there is clearly an issue with the disposal of non clinical waste in the clinical waste bins. This potentially has a financial impact on the company as this will add to the cost of correct disposal of clinical waste bags. This will be highlighted at the team briefings for the next quarter.

### Vehicle deep cleaning.

QML do not carry out routine 999 transfers or planned patient transport to and from hospitals. Emergency vehicles are used at events for occasions where patients need immediate conveyance to hospital. Vehicles are routinely deep cleaned before the start of the 'festival season' with routine cleaning every shift and another scheduled deep clean at the end of the 'festival season'. It has been agreed that now that QML are in their new premises vehicles will have a deep clean every quarter. If QML convey a patient with a known infective organism (Known MRSA, VRE, C.Diff, Norovirus etc) vehicles will be placed out of service and deep cleaned ad hoc. Currently there is only one vehicle in service as below

Vehicle Deep Cleaning Records			
Vehicle Registration	Date of Deep clean	Deep cleaned by	Next scheduled Deep clean due
BK66 VCU	18 <sup>th</sup> March 2022	QML management	June 2022

It is worth noting that a benchmarked proforma for deep cleaning is under development to clearly document the level of cleaning and what a deep clean entails. This is currently assigned to the managing director to action.

Hand Hygiene Audit Summary		
Staff Group	Moment of hand Hygiene	% Compliance
First Aid staff	Before touching a patient	48.28%
	After touching a patient	79.31%
	Before a clean/aseptic technique	96.43%
	After exposure to bodily fluids	100%
	After touching patient surroundings	94.1%
Nursing staff	Before touching a patient	50%
	After touching a patient	50%
	Before a clean/aseptic technique	100%
	After exposure to bodily fluids	100%
	After touching patient surroundings	100%
Ambulance staff	Before touching a patient	90%
	After touching a patient	90%
	Before a clean/aseptic technique	100%
	After exposure to bodily fluids	100%
	After touching patient surroundings	100%
Paramedic staff	Before touching a patient	66.67%
	After touching a patient	88.89%
	Before a clean/aseptic technique	100%
	After exposure to bodily fluids	100%
	After touching patient surroundings	100%

QML will share the results of the hand hygiene audit and reinforce expectations at briefings. Duty managers to continue prompting staff through out the shift and to highlight good and poor practice at the time it is seen. QML already incorporate hand hygiene in to their mandatory training and provide hand washing facilities at every event. QML will continue with current hand hygiene initiatives and continue to capture adequate hand hygiene data throughout the year with re-evaluation at the end of the next quarter (June).

## **Medication checking**

The ordering, storage and administrations of medications by Quad Medical Limited is strictly controlled. To ensure that practice remains compliant with QML's policies and procedures the medication management process is routinely audited.

<b>Medication management audit</b>	
Documentation/Task to be completed	Percentage compliance
Medications are allocated to an appropriately qualified and competent named individual at the start of each shift	100%
Medication stock levels and expiry date are checked at the start of each shift.	80%
Minimum stock levels of medications in stock when randomly audited	100%
Medications are only administered by those competent and qualified (i.e. A Doctor, a paramedic or a nurse on prescription of a doctor or non medical prescriber).	99%
Medication remains appropriately secured	98%
Medication temperature logs: To ensure that medications have been stored at the correct temperatures and remain safe for use a daily log of the storage temperatures must be recorded	100%

<b>Medication Management Action Plan</b>	
Documentation/Task to be completed	Actions
Medication stock levels and expiry date are checked at the start of each shift.	Medications checklists are currently completed in a paper folder the accompanies the paramedic bag. To ensure compliance checklists have been moved online to the smart survey system so that: 1) they are remotely accessible at all times 2) Management can remotely view if checks have been completed without having to wait for Paramedic bags and their booklets to be returned.



## **Incident reporting, risk register and complaints**

The risk management policy has been updated and uploaded to the staff portal. The Risk register is now on a RAG system for clarity of users. 11 open risks and 3 closed.  
-Top 3 risks to the company as per RAG risk register:

- 1) QML have no paediatric equipment as historically only attended events where participants were 18 years or older. Senior team currently developing paediatric response bag to cover most eventualities for events where under 18s will be present
- 2) QML currently only have one emergency ambulance as they are awaiting on delivery of 3 new ambulances. If this one vehicle goes out of service QML will have no operating ambulances left to cover regulated events
- 3) The QML workforce are predominantly bank staff and therefore not routinely exposed to policy, procedure and agreed ways of working. QML to reinstate face to face inductions and team update days to ensure staff are consistently behaving and working at an agreed standard.

### Incident reports

10 incident reports – no open amber or red reports. Thematic review: 5/10 incident reports were relating to stock or equipment availability. New stock ordering system in place to ensure there is no out of date stock available to staff and when identified this can be readily replaced. 1 IR regarding staff behavior from another member of staff – staff member has now had first informal improvement conversation.

### Complaints

No direct complaints submitted to QML. One complaint picked up by venue on social media. Complaint around delay in response of medical team to a fitting patient. On investigation medical team attended to patient within the 5 minute standard response time however delay was from security/stewarding staff not calling for medical attention through the agreed channels of communication. Venue lead met with the venue to discuss and venue staff (stewards and security) reminded of the process of calling for medical assistance.

## **Safeguarding Referrals**

A total of three children safeguarding issues were raised. Two patients under the age of 18 who attended a nightclub venue together with fake ID. No intoxication or other at risk behaviors. Safely conveyed back to the care of legal guardians. No formal safeguarding referral made as did not meet local boroughs threshold for reporting. One patient at the age of 17 was taken to hospital for drug use. Unable to obtain any details from patient due to condition. Handed over to Lewisham hospital who confirmed they would complete the safeguarding when the patient had recovered enough to provide details. There were no missed referrals identified during audit.

## **Feedback (Patients)**

Data taken from the smart survey:

Patient feedback Q1 2022	
Respondents	
63% Patients 37% Friends or family of patients	
Satisfaction	
Of those that responded 88% were very satisfied with the care their received from QML and 12% were Satisfied. No respondents reported being dissatisfied or very dissatisfied.	
Question	Response
Did staff introduce themselves	100% Yes
Did QML staff keep you informed of your condition and the plan for your care?	100% Yes
Did you feel your dignity and privacy were protected	100% Yes
Would you recommend this service to a friend of family member if they were in need of similar assistance and care?	100% Yes
If you know who looked after you today and would like us to pass on your thanks or comments please write their name here	
Name	Mentions
Josh	1
Via	1
Ruby	1
Paul	1
Angela	1
Rory	1
Cisca	1
Free text comments	
Josh and Via were so attentive and put up with my sh**	
My friend didn't feel well and Rudy did an absolute amazing job	
Very attentive and caring	
Just excellent support. Thank you	
Amazing service very kind and helpful	
Rory and Cisca were amazing my friend needed a plaster and they sorted her right out. Thank you! Life savers	
Very attentive	

Feedback from clients:

“The team have been absolutely superb over the last year, we have had nothing but amazing feedback from the whole team all the way to the top so thanks!!”

**Sam Spencer**  
 Head Of Operations  
**BROADWICKLIVE**  
**Feedback (Staff)**

As there are a large number of the team that are new to QML this year a staff survey was opened to gauge any staff concerns etc with the results and the management teams answers below:

**Q.1 If you could choose three things that you are proud of about Quad Medical, or what the company does well, what would that be?**

1	Training Promote teamwork Support for staff
2	Time keeping Shift allocation Uniform
3	The company's willingness to upskill and encourage its staff The standard of care provided in less than ideal conditions The company's diligence and professionalism in an industry where that isn't the standard
4	High level of training, team leadership, multi professional working.
5	Always works as a team, always feel like i can talk to someone if i have any worries or concerns about anything.
6	1. Feels like a family, can have a joke but also speak about personal issues 2. Can trust most of the staff, always feel safe asking for advice or escalating care when I feel unsure 3. Opportunities for development and leadership skills
7	Properly equipped, and staffed. Family environment - you can talk to staff about both professional and personal problems. Supports staff development.
8	Variety of events Flexibility Continuous training
9	Allowing to work as a diverse group and able to follow a variety of HCPs at events  A nice Family environment to work in  Well structured support and Educational system for learning and development of a variety of skills

10	<ul style="list-style-type: none"> <li>- Loved to see how much the business has expanded across the years.</li> <li>- Proud to be part of a great team.</li> <li>- Great training opportunities for junior staff</li> </ul>
11	<p>The team Training and support</p>
12	<p>leading company for pre hospital event medicine all staff trained to a good level friendly to students</p>
13	<ol style="list-style-type: none"> <li>1) Delivering a very professional service in a demanding industry ensuring adequate health and safety.</li> <li>2) The prolific clients Quad Medical work with.</li> <li>3) The friendly staff who work for the company.</li> </ol>
14	<ol style="list-style-type: none"> <li>1. Family dynamic</li> <li>2. Wide range of different backgrounds and qualifications. Meaning there's always someone to escalate care to</li> <li>3. The companies reputation. Respected when LAS arrive on scene due to previous encounters</li> </ol>
15	<p>Mangers are very careful at who they employ. In short you can always trust your back up. That doesn't happen anywhere else. The uniform doesn't make us look like NHS wannabes. And when you tell people you are from quad the vast majority of people i have come across know its a good company and want to work in the venues we have like printworks. Everyone is with a good background of medical knowledge for working in emergency services. If you ask for help you get. I like the use of medical team on the coats rather than ambulance for people that arent on an ambulance. The fact people dont have the opportunity to use made up titles like critical care first responder that sometimes you see in other private companies. Every single patient undoubtably gets the best patient care out of all the private medical providers in the UK. Oops that's more than three soz.</p>
16	<p>Experienced in pre hospital event medicine and leading company Range of background of staff and being able to work in a multidisciplinary team on a regular basis Management are always available for a chat and are welcoming to new ideas</p>

17	<ul style="list-style-type: none"> <li>- Good staff team work and support</li> <li>- Well managed</li> <li>- Friendly place to work</li> </ul>
18	<ul style="list-style-type: none"> <li>- Good staff team work and support</li> <li>- Well managed</li> <li>- Friendly place to work</li> </ul>
19	<ul style="list-style-type: none"> <li>- Good staff team work and support</li> <li>- Well managed</li> <li>- Friendly place to work</li> </ul>
20	<p>Making sure that the staff are safe and are okay.  If we are late booking shifts, space will be made to make sure we have some.  How easy it is to ask a question if we didn't know something.</p>
21	<p>The places we work  The working environment  The many learning opportunities</p>
22	<ol style="list-style-type: none"> <li>1. Great atmosphere</li> <li>2. Great team</li> <li>3. Great Clinical Governance</li> </ol>

**Q2. What three things frustrate/worry you about working for Quad Medical?**

	<b>Response from staff</b>	<b>Response from QML Management team</b>
1	Nothing	
2	Instability Lack of holiday pay Lack of equipment	<ul style="list-style-type: none"> <li>- Event work is seasonal and cannot be guaranteed QML have diversified its portfolio to create more stability for the company</li> <li>- Staff that are full time receive holiday pay. The company is not in a position to offer our bank staff holiday pay however all staff are always paid breaks and QML have committed to being a living wage employer</li> <li>- QML provide enough equipment for event based on risk assessment and guidance set by recognised bodies such as the UK resuscitation council. QML are cautious not to purchase and circulate equipment that would be over and above the scope of practice for staff. If there is any equipment that staff believe would benefit their practice and patient safety within their role in QML they are welcome to suggest this to the management team.</li> </ul>
3	The use of equipment past it's use by date	<ul style="list-style-type: none"> <li>- All staff are explicitly told to check their equipment at the start of their shift and to dispose of any out-of-date consumables. All equipment is asset tagged and serviced once a year. Staff should report any instances where they do not have access to in date equipment via the incident reporting system</li> </ul>
4	Staff attitude towards working. Communication. Experienced first	<ul style="list-style-type: none"> <li>- Issues with staff attitude should be raised with the management team who will then address the working attitude</li> </ul>

	<p>responding staff having more responsibility than less experienced staff at the same training level.</p>	<ul style="list-style-type: none"> <li>- Responsibilities are set out as per the persons job description however we so encourage more experienced clinicians to work towards developing their leadership and management within the team and build a strong culture of support. If staff feel they have too much responsibility they need to raise this with the management team</li> </ul>
5	<p>Sometimes get confused about times different places start and finish especially if never worked at that event before</p>	<ul style="list-style-type: none"> <li>- The event industry is dynamic and staff need to be flexible to accommodate the needs of the service. Times are given in advance of shifts. Event plans for larger events are sent to staff in advance of the shift and are accessible on the staff portal</li> </ul>
6	<p>1. I don't really understand why Quad is beginning to upgrade their staff to FREC 4 when there's no difference from FREC 3 in the company (or even first aiders). Still same pay, and skill set used in practice. As FREC 4 skills such as using IGels can only be completed by paras in quad and are not at venues. Also FREC 3s are being used for hospital transfers. Making the teaching for the skill level redundant for most people. Making people think whether it's worth doing or not, taking time off uni, work etc</p> <p>2. Communication between staff and management could be better</p> <p>3. Not a lot of positive feedback from company, only hear from management if</p>	<ul style="list-style-type: none"> <li>- QML are not upgrading their staff to FREC 4 and do not insist on this training nor provide this training. QML are an event medical company and not an exclusive ambulance service providing frontline services on behalf of the NHS therefore this does not suit the service needs at this time.</li> <li>- The FREC courses are undertaken by non registered persons with no standard proof of competency. There is no guarantee to QML as employers that staff are not only qualified in their new FREC 4 skills but are also competent in them. Once an established competency based document is released this may change in the future but to safeguard patients at the current time only experienced and registered clinicians can perform extended sills.</li> <li>- Staff have access to a number of members of the management team and are able to contact the MD and quality assurance manager as well as the team leader 24/7. There is always a member of the management team who will answer their phone. Staff are given feedback and information communicated to them via</li> </ul>

<p>there's a complaint. Never told you're doing well</p>	<p>briefings and via online platforms. There will be additional comms released with the reinstatement of the staff portal online</p> <ul style="list-style-type: none"> <li>- Management team will make a conscious effort to relay positive feedback. Thank you, letters are posted on the staff channels. Individuals are contacted if there is individual feedback.</li> </ul>
<p>7 Same pay rates for first responders as other staff - with no difference between FREC 3 or FREC 4.  Sometimes poor communication with shift changes - may suddenly see your name on a shift somewhere other than where you signed up for without any warning or checking if this is okay.  Some shift allocation (minus full-time staff/HCP's) prior to shifts being posted - comes across as favouritism.</p>	<ul style="list-style-type: none"> <li>- Currently do not use FREC 4 as a standalone qualification with no specific JD for FREC4 staff. Staff undertake same level of work when at events for FREC 3 and FREC 4 and are used a first responders. FREC 4 is an ambulance assistant qualification. QML is not a patient transport provider or exclusive ambulance service. QML are an events industry for which FREC 4 does not give specific specialist training for to distinguish from FREC 3.</li> <li>- Welfare is a speciality of its own not a lower skilled position to progress up from. Progression can be sideways into clinical work. Plans are in place for progression with in the welfare team so that they can upskill.</li> <li>- Staff are employed to work flexibly and when agreeing to work a date are agreeing to undertake work on that date in line with the service needs, customers requirements and inline with the persons level of qualification and experience. The events industry is fluid in nature and last minute alterations occur beyond the control of QML. Staff are not able to 'Cherry pick' all of the events they work at as the management team need to ensure adequate cover of all contracted work. If there are any concerns regarding reallocation of duty due to travel or other circumstances staff should contact the management team as soon as possible.</li> <li>- Staff are not allocated on basis of 'favouritism'. Staff that are reliable and consistently show up to booked shifts will be given preferential</li> </ul>



		<p>allocation. Staff who consistently book shifts then cancel last minute are less likely to be booked into shifts. Staff will also be booked based on clients request or dependent on skill mix and level of experience and competency. QML is a family business that has been established over the last 10 years. This means that there is a tight knit group of pre-existing staff which can alienate new team members. The team will make a conscious effort to include all new starters and to ensure we are remaining and inclusive employer.</p>
8	<p>Ratio of first-aid is compare to practitioners, paramedics or advanced medical training personnel is my only one thing I would say</p>	<ul style="list-style-type: none"> <li>- Staffing ratios are set out by national guidance as per the purple guide. This is then agreed during venue and event safety advisory group meetings which involve the client, health and safety team, local councils, local authorities, emergency planners &amp; local emergency services etc. The decision on numbers and type of skill mix are not the sole decision of QML. QML can only provide what is agreed in SAG's and as per the operational plans and will only be paid for these numbers of agreed staff and skill mix.</li> <li>- QML has 10 years experience in providing medical cover at events, venues and festivals. Staffing is also based on risk assessment of the event or venue type, the attending audience and previous statistics</li> </ul>
9	<p>The lack of opportunities to work to the full extent of our roles and events as first responders and opportunities to work alongside HCPs in complex cases</p> <p>I feel that some staff are more 'favourites' to curtain members of quad than others</p>	<ul style="list-style-type: none"> <li>- Whilst QML pride themselves on providing staff with development opportunities, in house training and the opportunity to network with HCP colleagues, QML are fundamentally a healthcare business and not a student placement. The priority is to provide high quality care to the patient. Where possible staff are supported to be involved in acute/complex cases but this is secondary to the care needs of the patient at the time.</li> </ul>

and there receive better treatment both at a Professional and non-professional bases.

I feel the distribution of workload at events such as printworks is unfair on First Responders when compared to HCPs as they never go on walks and the majority of the time there are at least 2 on shift and it's only a short walk back for them if they are required.

- All staff are treated fairly and receive equality and diversity training. Please see comments above. Staff who are consistent and reliable in their working will be given priority for shift booking etc. If staff feel that they are not being treated fairly they should speak to a member of the senior management team for support and to address their concerns. All staff receive equality and diversity training as part of their mandatory training package.
- The distribution of staff and their performance at events is dependant on their job role. We do not advocate that the HCP's 'go on walks' about the venue as they need to be readily accessible should a patient deteriorate. Registered staff such as nurses are trained and accustomed to working within inpatient settings and are not experienced in moving and handling or as first responders. It would be beyond their scope of competency and qualification to be expected to recover patients from venues. Staff are allocated job roles dependant on qualification and competency as well as needs of the service. Paramedics for example need to be easily dispatched and available should their be an acutely unwell patient. If they are out in the venue or across the event site this would delay this. Paramedics are also responsible for dispensing over the counter medications as First responders are not. The medical posts must therefore have a registered paramedic or Doctor within the medical tent to fulfil this role. HCP colleagues are also the source of escalation and support to junior staff. They must be present within the first aid room should they be required for this purpose.

10	Missing Equipment Last min staff changes (not always avoidable)	As Above
11	I worry about the younger ones working on very little sleep over the weekends and what it could be doing to their studies/ mental health	<ul style="list-style-type: none"> <li>- Staff should not exceed the working time directives</li> <li>- Staff request shifts and are not contracted therefore do not have to undertake work unless they request it.</li> <li>- If staff feel they are being exploited they should raise this immediately with the management team</li> </ul>
12	last minute shift/ manning changes staff not letting problems known to managers early on and following an escalation pathway	<ul style="list-style-type: none"> <li>- As above</li> <li>- Management team will endeavour to inform staff at the earliest opportunity of changes</li> <li>- In staff briefings it is reiterated to staff to follow escalation pathways this will also be included in staff update days</li> </ul>
13	<p>1) Sometimes you get put on event work without notice.</p> <p>2) Not knowing if requesting to work on an event is a guarantee - which entails alternative plans only to be then put on an event.</p> <p>3) Wages sometimes not going on by the due pay date.</p>	<ul style="list-style-type: none"> <li>- As above. Staff give their availability for that day and may be moved to suit the needs of the service</li> <li>- staff bookings are confirmed with the staff ahead of the event . as above</li> <li>- Pay date is the 10<sup>th</sup> . Staff that have concerns over payment should contact the managing director ASAP</li> </ul>

14	<p>1. Unclear of what management to contact for what issue</p> <p>2. Confusion on what FRECS are allowed what responsibilities. Such as hospital transfers</p>	<p>- It is made clear in briefings and in staff communications who to contact out of hours and how. To call Paul Saddington in the first instance 07904706660 then Caroline Medcraft 07746969125 and if unsuccessful to contact Leo MacDonald 07721693654.</p> <p>- As above. If there are non urgent hospital transfers the clinical lead may deem it more appropriate to keep the registered staff on site at the event and allow the patient to be conveyed with the FREC 3 attending. This is risk assessed by the clinical lead on a patient by patient basis</p>
15	<p>Just kit replacement. Sometimes when i work at the smaller venues they dont have gloves or they have an oxygen cylinder with less than a 1/4 in it etc.</p>	<p>- New ordering system online on staff survey staff should inform the management team if they check their kit and they find something lacking.</p>
16	<p>Staff not following the escalation pathway which has been laid out multiple times for any problems</p>	<p>- Staff are being reminded of their escalation points in staff briefings and in the update days. This is being audited within the documentation audit to assure compliance</p>
17	<p>- No complaints</p>	
18	<p>- No complaints</p>	
19	<p>- No complaints</p>	
20	<p>Personally, I prefer that when I have a patient that no one would interfere unless I asked for help or passed the patient over. Sometimes people try to get involved</p>	<p>- Although QML recognises and respects all levels of clinicians it will always remain the responsibility of senior clinicians to have oversight of patient care. QML team members of the same level should respect their colleague's clinical management and not get</p>

	which makes me want to take a step back.	involved unless there is an imminent patient safety issue. If there are concerns that are non urgent and non life threatening these concerns should be escalated immediately to the clinical lead for assessment of the patient and intervention when needed.
21	It sometimes feels like there is favouritism between management and other staff	- As above
22	1 . Not able to use my extended skills obtained in NHS as an Technician That's the only thing really	- Staff work within their job description and to their level of training and competency.

### Q3. What three things would you change to improve?

	Staff comment	Management feedback
1	Nothing	
2	Holiday pay More equipment Bonuses	As above  Staff should speak to the management team if they feel there is equipment that would be beneficial to patient care  There is a staff incentive scheme currently running for the staff that obtain the most positive feedback by the end of the year
3	I honestly can't think of anything that is within the company's control to change, since the role is to provide a high standard of care in a less than ideal setting for a public that don't understand the cost of the work...well, now that the old ambulances are being/have been replaced.	
4	More communication training days. De-escalation training. More accessible uniform for all staff - to allow other staff and patients to identify skill level of staff.	Training days in development – see management meeting minutes  Staff are supplied with uniform that is relevant to their post
5	maybe put the times for every event on the page when signing up for shifts if possible	- The management team will endeavour to complete this

6	<p>1. Meetings about how we are doing. Positives and negatives. Makes staff feel under appreciated when they're only spoken to about what they've done wrong. Especially when they work long hours</p> <p>2. Better communication with management. Clear structure about who should be contacted and for what specific issue</p> <p>3. Rate of wage. Most private companies have adverts out all over Facebook paying first responders upwards of £13+ per hour also different wages for FREC 3+4. I understand it's a small company though but with rises in electric, bills, petrol etc. is a bit tight</p>	<p>Staff feedback to be included in briefings. Large student work force new to professional working require more support and encouragement.</p> <p>Staff have access 24/7 to management and briefings are held every shift as well as comms going out on social media and on the staff portal. Mgmt team to speak with staff to clarify which comms need to be clearer.</p> <p>Most private companies do not provide 1. Consistent weekly work but rather one off events. Not all other companies are regulated and pay the same registration fees and insurances as QML. Not all other companies provide kit, training, support or insurance 2. We do not insist on having FREC4 as we currently have no JD or job role for them 3. Staff are Ohrs contract so no requirement to stay working for QML and are welcome to look else were for more lucrative employment.</p>
7	<p>Pay gap between staffing groups - but based on the understanding that increased pay involves increased responsibility and that cannot just palm off patients to lower levels or not work as hard. If staff become complacent, written warnings could be given before pay is decreased to previous level for a period of time.</p> <p>Increased communication on shift changes or allocations (whilst this sometimes happens last minute with sickness etc - and is different)</p>	<p>Wages are based on skill level. To clarify with staff that welfare staff are NOT considered a lower skill level as they have a different skill set but are just as experienced and knowledgeable as the medical staff. We do not operate a performance based pay system as this in itself be inequitable if not managed properly. Currently</p>

prior to changes being made.  
Easier distribution of supplies when kit runs out.

QML do not have the administrative support to constantly review performance based pay.

Staff are allocated to work based on skill mix and service needs. When the sign up to a shift they are agreeing to work that time or date and can be redeployed to a non preferential shift should the service require. Staff are given as much notice as possible when this happens.

New kit store and ordering system in place. Staff are required to log their kit requirements and restocking on the smart survey system for management to restock.

8 Continue training and building my skills

9 The distribution of personal at events such as printworks so that the company are better equipped to deal with patients that my require FREC treatment or higher rather than just a First Aider

The opportunity for staff to work at different venues rather than the same few getting the venues on a consistent bases as well as staff getting shifts at venues such as MoS prior to the shifts being released to the rest of the team

Stuff etiquette and warnings while working with colleges and with patients as I've noticed that some staff are quite unprofessional and horrible when talking to curtain members of staff at times and the language that is used while patients are present in the room is

QML do not employ first aid staff as medical staff. The national requirement now as per the purple guide is for FREC3 staff to be used as first responders. It is down to the operational plan which is made in agreement with the venue and the local safety advisory group how many staff are on site. In addition it must be made clear to staff that qualification of FREC 3 does not always ensure competence. The duty manager will allocate staff based on skill mix and experience as well as qualification.



unprofessional such as swearing while they are present should not be tolerated yet at times it feels that it is tolerated by staff

Some venues preferentially request staff. As we are a private company we will give the paying client the option where possible of who they employ. QML hold some contracts with venues for example that specifically pay for a certain individual as they have been Tupe over in the past. The management team will where possible rotate staff through venues but this will always be based on the service needs and skill mix.

Any unprofessional behaviour in any form should be reported to the senior management team and an incident report entered.

- 10
- Staff sign up for work, taking it off
  - CPD days for registeted staff
  - Group chats?

The list of events goes live to all staff at the same time and is allocated on a first come first serve basis unless there is a specific need for a member of staff to be prioritised i.e. due to skill mix, previous experience or request from the client

CPD days are under development now that QML have found a training venue and have started moving in. This however is at a cost to the company and will depend on revenue generated in order to support this.

		<p>Closed group chats can encourage isolation of individual team members who do not participate. Group chats are not currently viewed as an appropriate way to communicate the service needs and to professionally discuss important issues. Staff should raise concerns and ideas with the senior management team who can discuss these in an appropriate setting with all staff in a way that is equitable and accessible for all.</p>
11	Nothing except insist on 8hr gaps between shifts	<p>Staff are given adequate rest between shifts. Staff are also not contracted to work shifts meaning that they should consider their rest and wellbeing needs before signing up for work. If there are concerns that staff are working 'over their hours' they should speak to the senior management team.</p>
12	better communication following an escalation pathway	<p>Unsure what is meant by this comment. There is a clear escalation pathway in place for all deteriorating patients which is to escalate to the clinical lead at the event. In their unlikely absence then the duty manager should be informed who can ensure the patient is seen by another registered professional in a timely manner.</p>

- 13
- 1) Ensure more communication.
  - 2) Being paid on the due pay date.
  - 3) I can't think of a third thing to change.

QML management will endeavour to improve communication and will clarify with staff what this comment means as it is very broad.

Staff are always paid on the 10<sup>th</sup> of each month for any work undertaken between the 1<sup>st</sup> and last day of the previous month.

- 14
1. Explanation on who should be contacted for specific issues so there is no confusion
  2. Meetings to voice concerns. Or appraisals occasionally
  3. Equal workload for bigger venues

This is made clear in the briefings and in the escalation policies as well as the company SOP's. Staff should make them selves familiar with these and attend induction/update days. If staff are unsure who to speak to the main point of contact is always the managing director. There are incidents of staff informing other staff that they are the point of contact for escalation, out side of the company policies and procedures. Staff who incorrectly claim to be the point of contact or escalation for matters will be disciplined. If unsure at any point regarding any process speak to the managing director (Paul Saddington) in the first instance and then the Quality Assurance Manager (Caroline Medcraft) Then the team leader ( Leo MacDonald). There will always be one available at any time. IF in the unlikely event two of the three are planned to be out of contact staff will be informed in advance of who else can be contacted.

Appraisal window opens April to July but staff can request feedback at any time

There is a false perception that every member of staff should be walking venues at all times. To be clear staff should make themselves familiar with the company SOPs and the job roles of the staff during their induction and update days. Staff have different roles and different training which means they are working in different ways during all events. For example nursing staff are trained to work at the bedside and do not have the same dynamic risk assessment training of the environment nor the moving and handling training as for example FREC 3 staff. For this reason they will work within a medical tent or room and not patrol venues or recover patients to the medical room unless they have had sufficient training to do so. If there are questions regarding this speak to a senior member of the management team.

15 Uniform. Love the design. Just need more of it. Asap.  
The hi viz tabards. Totally agree with the use we tend to work mostly in the dark most of our venues. But it's very rare to get one that's even close to your size and they do just get in the way when treating patients especially when you're outside of the medical room it just gets in the way and they end up getting taken off which is kind of against a point so may be a mix between the green coats you give us with medical team on the back and a hi vis so its less baggy. I don't know if

Staff can request uniform reasonably from the managing director.

Hi Visibility jackets are essential for identification of staff in venues and on sites. Staff should not be removing hi visibility jackets whilst on duty except during their lunch breaks. In the winter hi

	that's even a thing but would help greatly especially in the winter and outside events etc.	vis jackets should be worn on the outside of the coat.
16	nil	
17	The layout for the festivals are a bit more difficult to find as when they are uploaded they go further down. Maybe if they were uploaded in a different format with all the festivals on and dates it might be clearer.	See the staff portal for festival dates
18	The way you book shifts	The management team are still exploring cost effective IT systems to manage shift bookings.
19	<p>1. Allow trained staff to use their extended skills .</p> <p>That's it as I feel the company is ran well with a good management team</p>	Staff can be qualified in 'extended skills' but may not be competent. It needs to be clarified what staff feel are an extended skill. QML management and governance need to be assured that staff are working within their capacity to keep patients safe.

## Agreed actions to complete before next management meeting April 2022

<b>Action</b>	<b>Responsible person(s)</b>
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**  
**Continued (Pg 2 of 2)**

<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