

Fortify Clinic Limited

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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall and for all key questions

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Fortify Clinic Ltd as part of our inspection programme.

This service is registered with CQC under the Health and Social Care Act for all of the services it provides. The service provides care and treatment for patients who have urological health conditions. They use surgical theatres and outpatient clinic facilities at Manchester Foundation Trust (MFT) hospitals when they are not being used for NHS care delivery. Patients on waiting lists at the host trust are referred into this service which is provided specifically to reduce waiting times for patients needing urological care and treatment.

The provider has a registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- The provider had systems in place to ensure safety of patients when they interacted with their service but were contractually reliant on the host trust governance arrangements for much of their governance structures. We found that the provider could not demonstrate that they had followed-up on assurances in relation to risk and quality of care from the host provider following their initial due diligence when beginning the contracted work. Following the inspection, the provider demonstrated that they had sought assurances, principally through discussions at monthly contracting and governance meetings. We saw limited documentary evidence the provider had obtained from the host trust.
- The provider's performance was high, and the service engaged proactively with quality improvement activity. The provider was able to demonstrate that assurances in relation to the quality of services provided were proactively sought from the host trust. We saw that three of the six quality audits shared with us, indicated concrete assurances.
- The provider had systems in place to assess, learn from and act upon patient feedback in relation to the how they felt treated by the service. The provider had surveyed patients, the majority of whom had fed back in a positive way relating to how satisfied they felt with their care. The provider had also actively sought patient feedback in relation to access and waiting times and had responded to people's needs.

Overall summary

- We found gaps in the governance arrangements and systems of oversight employed by the provider in relation to the seeking of assurances around effective risk management. We found no evidence of harm but the providers contractually obligated reliance on the host trust's systems had led to gaps in their own systems. Evidence submitted following the inspection provided assurances that systems were limited but in place and working and would benefit from strengthening.

Areas where the provider **SHOULD** make improvements are;

- Document meetings comprehensively to ensure governance systems are demonstrably in place and effective.
- Establish evidentiary systems to demonstrate that oversight of host site systems are in place and working effectively.
- Ensure that all clinical staff are trained to the appropriate level of safeguarding training commensurate with their role.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a specialist adviser (SPA) who was a specialist in urology.

Background to Fortify Clinic Limited

Fortify Clinic Ltd.'s registered location is in the Didsbury area of Manchester.

All services are delivered from one of four Manchester NHS Foundation Trust (MFT) hospital locations:

- Wythenshawe Hospital
- Manchester Royal Infirmary (MRI)
- Trafford General Hospital
- North Manchester General Hospital

The service holds contracts with the host trust to deliver consultations, clinics, diagnostic investigations and procedures including surgical procedures to patients on their waiting lists. At present the provider only delivers surgical procedures in relation to urological conditions, whilst providing clinics for both patients with urological conditions and some cancers. This is achieved through contracting current host trust employees, outside their normal contracted hours of employment to perform the necessary clinics and procedures to reduce these waiting lists. All procedures and clinics are held on the host trust premises and use both the host trust's staff (sub-contracted) and the host trust's equipment, such as laser equipment that is used during stone removal procedures.

Fortify clinic Ltd. are contracted to provide care and treatment only for part of the patients journey through the health system. Patients seen by Fortify Clinic Ltd. have been referred through Primary care into the secondary care system, where the host trust assumes responsibility for their care. Fortify, who perform these parts of the patients' care and treatment will take responsibility for only the part of the care provided by them, such as the clinic, pre-operative assessment or surgical procedure. The responsibility for the care of the patient reverts back to the host trust once the patient has, for example, left recovery in the case of surgery, or been referred for diagnostics, treatment or ongoing monitoring should they have been seen in the clinic. The responsibility for the care of patients that are discharged from the clinic reverts to the patient's own GP.

The provider does not see or accept private patients. The host trust manages the NHS waiting lists and present patients to be seen by the provider, in turn with a view to expedite such waiting times for the benefit of all patients. The provider does not provide care and treatment for children, specialist the host trust paediatric colleagues treat all children.

Patients are informed that their care and treatment is being transferred temporarily to Fortify Clinic Ltd. by letter from the host trust and have at that point the option to "opt out" of this and remain on the waiting list for the required NHS services.

The provider website is: www.fortifyclinic.com

How we inspected this service

The inspection team visited the provider's main location to discuss elements of governance, such as consideration of risk and quality improvement and then performed two site visits to Wythenshawe Hospital and Manchester Royal Infirmary (MRI).

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection

Are services safe?

We rated safe as Good because:

The provider had systems in place to ensure safety of patients when they interacted with their service but were contractually reliant on the host trust governance arrangements for much of their governance structures. We found that the provider could not demonstrate that they had followed-up on assurances in relation to risk and quality of care from the host provider following their initial due diligence when beginning the contracted work. Following the inspection, the provider demonstrated that they had sought assurances, principally through discussions at monthly contracting and governance meetings. We saw limited documentary evidence the provider had obtained from the host trust.

Safety systems and processes

The service relied on clear systems embedded by the host trust, to keep people safe and safeguarded from abuse. Assurances were not always proactively sought.

- The provider did not conduct safety risk assessments themselves but had some systems of assurance in place to ensure that the host trust had considered risk on their behalf in line with their contractual obligations to Fortify Clinic Ltd. The provider showed us a mobilisation document that listed the responsibilities of the host trust to ensure all facilities were safe for use in line with its own obligations under Regulation 12 (1) and 17 (1) of the Health and Social Care Act 2008, but could not demonstrate that they had checked these. Following the inspection, the provider demonstrated limited minutes of monthly meetings that had taken place in April, May, June and July 2022, where risks seem to have been discussed. They also provided us with documentary evidence of various checks that had been completed by the trust that they had obtained. A trust leader also provided written assurances that weekly meetings had taken place, but details of discussions were not available.
- The provider had appropriate safety policies in place, which were regularly reviewed but could not demonstrate that these had been communicated to staff contracted to the service. We asked the provider about this who told us that their policies complimented and were based upon the host trust's own policies in each area; to prevent confusion, they referred all contracted host trust's staff to the policies that they were used to (those implemented by the host trust). These outlined clearly who to go to for further guidance within the host trust, who were then contracted to inform the provider of any issues or concerns. This was not proactively followed up by the provider. Following the inspection, the provider demonstrated that monthly meetings had taken place where risks seemed to have been discussed, limited detail was provided.
- Contracted staff received safety information from the service as part of their induction and the provider gained assurances from the host trust in relation to staff training and competencies. The provider had systems to safeguard children and vulnerable adults from abuse, which included a safeguarding lead, training provided by the host trust (for their own staff) and the host trust's internal safeguarding mechanisms that were utilised by the provider as part of contractual obligations.
- The service worked within the host trust systems to facilitate contact with other agencies to support patients and protect them from neglect and abuse. Some assurances were in place from the host trust through contracting and the mobilisation document we saw, demonstrating that steps had been taken to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Following the inspection, the provider demonstrated that discussions were ongoing with trust leaders through limited meeting minutes.
- The provider had effective assurance systems in place in relation to whether the host trust had carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. The provider demonstrated that Disclosure and Barring Service (DBS) checks were undertaken by the host trust on a rolling basis. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

Are services safe?

- Clinicians were not all appropriately trained to level 3 safeguarding (SG), although all were trained to level 2. The provider informed us that staff were directed to use host trust safeguarding procedures. Staff who acted as chaperones were trained for the role and had received DBS checks through their main employer host trust. Following the inspection, the provider demonstrated that 1 out of the 4 clinicians that were not fully trained in SG had updated their training to L3, they also demonstrated that all others had been trained appropriately to their role.
- The provider could not demonstrate that they had oversight of infection prevention and control (IPC) arrangements with the exception of personal protective equipment (PPE), where they demonstrated that assurances had been sought directly from the host trust. Host trust IPC arrangements were in place. Some assurances were in place in relation to IPC through the contract and mobilisation document we saw. Following the inspection, we saw evidence that the provider had some oversight of IPC; they had obtained some documentary evidence from the host trust in relation to room and equipment checks. IPC audits obtained were limited in scope and effectiveness but were in place.
- The provider had initially put some systems in place for safety and maintenance of facilities and equipment, but these systems had not been followed up. The provider had no involvement in the management of healthcare waste. The facilities and equipment were owned by host trust who also had responsibility for assurance around facilities, equipment and waste. Following the inspection, the provider demonstrated that monthly contract meetings and governance meetings had taken place with limited detail on discussions on waste management as part of consideration of risk. We saw that equipment checks had been completed by the host trust and documentary evidence was obtained by the provider and forwarded to us.
- The provider was unable to provide copies of environmental risk assessments during the inspection. Following the inspection, we received evidence of some oversight in relation to environmental risk, including evidence of monthly meetings (and assurances from a trust leader around weekly meetings at one of the operational host sites). Details were limited.
- The provider informed us as part of the inspection that they would develop more robust systems to ensure active participation in risk management and governance arrangements with host trust in the future. They committed to addressing the concerns we raised around safe systems and procedures.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety utilised by the provider, in line with those put in place by the host trust.

- There were arrangements for planning and monitoring the number and mix of staff needed. The provider had exclusive involvement in the planning of this element of service delivery in spite of other contractual obligations to the host trust.
- There was an induction system in place for all staff contracted to the provider through their main employer: the host trust, this reflected their substantive role within the host trust.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies managed by host trust. These were stored appropriately and checked regularly by host trust staff as part of their normal day to day operation. This was included in the provider's assurance systems directly; we saw audits that had been completed on resuscitation trolleys. Resuscitation trolleys were kept in theatres and additional staff could be called upon by the service, contractually provided by the host trust during operational hours, to ensure patients were kept safe as far as possible. These additionally rostered staff on the wards would be on hand to receive patients after surgery recovery.

Information to deliver safe care and treatment

Contracted staff had the information they needed to deliver safe care and treatment to patients, however, the provider did not have proactive assurances in place.

Are services safe?

- Individual care records were owned and managed by host trust, contracted staff working on behalf of the provider added to the patients existing notes. The provider had access and oversight of these records, referred to as electronic patient records (EPR). They demonstrated they had feedback from the host trust in relation to surgical outcomes following procedures they performed through audits. The provider told us patient care and records were the responsibility of the host trust from the point of discharge from the recovery area and prior to their intervention, but all contracted staff completed all necessary documentation prior to handover, so that no additional workload fell on NHS staff.
- The service told staff to utilise systems for sharing information with staff and other agencies owned and operated by the host trust to enable them to deliver safe care and treatment. This was due to contractual obligations with the trust who wished to maintain principle control of these processes.

Safe and appropriate use of medicines

The service relied upon the reliable systems for appropriate and safe handling of medicines embedded by the host trust.

- Systems and arrangements for managing medicines, controlled drugs, emergency medicines and equipment in place were utilised by the provider to minimise risks, but these were managed by host trust. The service kept prescription stationery securely and monitored its use.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs. These medicines were prescribed and administered by staff contracted to the service during surgery, for example, anaesthesia. host trust policies covered the safe use of these medicines by these staff.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance within host trust convention. Processes were put in place for checking medicines by host trust and utilised by the provider.

Track record on safety and incidents

The service could not always demonstrate a good safety record.

- The provider was unable to provide comprehensive risk assessments in relation to safety issues. We were told that the nursing coordinator ensured that these were put in place by host trust but did not provide these when we asked during the inspection or immediately following the visit. Documentary evidence of some checks and risk assurances was obtained from the host trust and forwarded to us following the inspection, they also provided limited evidence of regular meetings with trust leaders where risks was an agenda item; discussion minutes were limited.
- The service demonstrated that it monitored and reviewed activity through monthly governance and contractual meetings. It relied principally on the host trust to give them a clear, accurate and current picture of safety and safety challenges and then would take action to improve safety. We saw that some limited evidence had been obtained by the provider from the host trust in seeking assurances.
- Following the inspection, the provider informed us that there have been no deaths, no serious untoward events and no 'never events' (events that should never happen in a health setting).

Lessons learned and improvements made

The service used a reliance on the host trust's systems and contract obligations to ensure learning when things went wrong.

Are services safe?

- The provider referred to the system for recording and acting on significant events deployed by host trust. Staff were told of their duty to raise concerns and report incidents and near misses through the system that they were used to using as employees of host trust. Leaders and managers supported them when they did so.
- There were systems in place for reviewing and investigating when things went wrong. The service had an agreement in place with the host trust to inform them of any concerns or when anything went wrong.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

Are services effective?

We rated effective as Good because:

The provider's service performance was high, and the service engaged proactively with quality improvement activity.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed the needs and delivered care and treatment to patients in line with current legislation, standards and guidance.

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed when the provider took temporary responsibility for the part of the patient pathway, they were involved in. Where appropriate this included their clinical needs and their mental and physical wellbeing. The service referred patients back to primary care or back to the main care provider (e.g. hospital consultant), if their services were not appropriate for the patient or other avenues of care were more suitable.
- Clinicians were consultant urologists and had the knowledge and experience necessary to make or confirm a diagnosis. The provider contracted a number of nurses, who assisted them in delivering services.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was involved in quality improvement activity.

- The service made improvements through the use of completed audits. There was clear evidence of action to resolve concerns and improve quality;
- We saw that handwashing audits had been completed monthly from May 2022.
- An audit of performance and quality, submitted to us by the provider showed:
- Of the 155 patients who were 6-12 weeks away from breaching the 52 week non-admitted target; 135 were included in the audit (as 20 had received alternative treatment options or were unable to attend evening clinics); all 135 were seen by the service within 6 weeks of referral by the host trust.
- Of those 135 patients, 88 avoided the 52 weeks wait target being breached.
- We saw that 37% were diagnosed, treated and discharged back to primary care, 25.9% referred for further investigation within the host trust, 11.9% referred for further treatment, 8.9% referred for follow-up in the host trust, 1.5% were referred onwards outside the host trust and 14.8% did not attend for their appointment.
- The provider ran an audit of completed documentation by contracted clinical staff at the service and found that in November 2021, there were 1011 outstanding documents. Following intervention by the provider, this number reduced to 152 in December 2021. The service planned on re-auditing this in the future.
- The provider showed they had completed checks of WHO (World Health Organisation) surgical checks that are completed prior to surgery and that Venous thromboembolism (VTE – a blood clot that forms in a vein) assessments were completed also. These were completed once in April 2022 and twice in May 2022. This audit showed that all necessary checks were completed on all occasions.
- The provider had used information about their service to ensure quality of their treatment and performance through a system of audits. They could not demonstrate that they had sought information from the host trust in relation to

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quality outcomes for patients that had been reabsorbed into the host trust following their involvement. The provider had an agreement with the host trust that any outcome issues in relation to quality or any other notable concerns were flagged with them but had not proactively followed this up. Following the inspection, the provider demonstrated that regular meetings had taken place to gain assurances, although documentation was limited in detail.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified in their fields. The provider had a programme of assurance for all newly contracted staff that was working effectively.
- The provider ensured that all relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) and Nursing and Midwifery Council and were up to date with revalidation.
- The provider maintained up to date records of skills, qualifications and training. Although not all clinicians had safeguarding training appropriate to their roles.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. The host trust provided additionally rostered staff for all patients returning to wards, following the recovery stage of their care and treatment with the provider.
- Patient information was shared appropriately within the systems managed by the host trust (this included when patients moved to other professional services). Verbal assurances were provided by the provider in relation to handover between them and the staff responsible for patients following recovery.
- The information needed to plan and deliver care and treatment was available to and reviewed by relevant staff in a timely and accessible way. There were no arrangements for following up on people who had been referred to other services.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- The provider understood the requirements of legislation and guidance when considering consent and decision making. Patients were informed by letter from the host trust about the providers involvement in their care and could opt out if they so wished.

Are services caring?

We rated caring as Good because:

The provider had systems in place to assess and act upon patient feedback in relation to how patients felt treated by the service. Patients feedback was generally positive in relation to how satisfied they felt with their care. Quality of the care provided was audited by the provider.

Kindness, respect and compassion

The provider treated patients with kindness, respect and compassion.

- The service sought feedback from patients in relation to their satisfaction with the services received in October 2021.
- Feedback from patients was positive about the service generally. The provider asked four open questions of patients, one of which related in a limited way to how people felt they were treated; Overall, how satisfied were you with your consultation today? Of the 116 patients surveyed, 77 responded to the four questions. The results showed that the average response to this question was 9.8 out of 10 (1 being the lowest score and 10 being the highest score).
- The provider understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information. Patient feedback we saw demonstrated this. Of the 116 patients surveyed, 77 responded to the four questions. One of the questions asked; How satisfied were you with the information given to you by your clinician today? The results showed that the average score was 9.9 out of 10.

Involvement in decisions about care and treatment

The provider helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the treatment and clinic areas; the service confirmed that these would be available in languages other than English if necessary, informing patients this service was available.
- Patient feedback provided to us by the service demonstrated that they felt they had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Of the 116 patients surveyed, 77 responded to the four questions. One of the questions asked; Did you feel you had adequate time in your consultation today? The results showed that the average score was 9.9 out of 10.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff we spoke with recognised the importance of people's dignity and respect.
- The service told us that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

The provider had systems in place for patients to feedback, had actively sought patient feedback in relation to access and waiting times, had responded to people's needs and had systems for learning and responding to such feedback.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider told us they understood the needs of their patients and would improve services in response to those needs should anything arise. The provider had a number of ways for patients to provide feedback including complaints and being surveyed. The service did not feel there were any areas for improvement following good feedback relating to patient satisfaction.
- The facilities and premises were appropriate for the services delivered. These were maintained and utilised primarily by the host trust.
- Reasonable adjustments had been made by the host trust so that people in vulnerable circumstances could access and use services on an equal basis to others.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment, part of this pathway would be owned by the provider at any one time, whilst the host trust retained ownership of the other parts. Some patients were seen by the provider in clinic, whilst others would have full surgical procedures and recovery, before being passed back to the trust for ongoing care. This service was designed to expedite the reduction of NHS waiting lists.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Through initial triage by the host trust, which the provider did not have ownership of, patients with the most urgent needs had their care and treatment already prioritised.
- The provider sent patients appointment notifications; patients were able to opt out of the appointment should it be inconvenient. Patients were not surveyed in relation to the appointment system but asked more generally about how satisfied they were. Of the 116 patients surveyed, 77 responded to the four questions. One of the questions asked; How satisfied are you with the waiting time in clinic today? The results showed that the average response was 9.8 out of 10.
- Referrals and transfers to other services were undertaken in a timely way. Staff on the wards would take over care of the patient following recovery, or they would be passed back to either the host trust or their own GP should further investigation or continued monitoring be required following a clinic consultation.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- There was one complaint from a patient was received. We also saw that complaints from stakeholders were addressed in a timely and comprehensive manner.
- Information about how to make a complaint or raise concerns was available to patients for clinics, we were told that complaints would also be raised with the host trust, who were contractually obliged to provide details to the service.

Are services responsive to people's needs?

We saw that clinics held by the provider were clearly labelled with posters, outlining how to complain. The service told us that they would be developing this information in letters sent to patients from the host trust detailing the providers involvement with their care. There was one complaint logged by the service from patients but nothing else had been raised to them by the host trust. Following the inspection, the provider demonstrated that monthly meetings were taking place where complaints was an agenda item.

- The service told us they would be able to inform patients of any further action that may be available to them should they not be satisfied with the response to their complaint, for example, raising their complaint to the Ombudsman. There was no sample letter available when asked for. Following the inspection, the service provided us with a sample letter, which contained all the information that patients would need to escalate their complaint, should they not be happy with the providers response.
- The service had a complaint policy and procedures in place, which reflected those of the host trust to ensure that staff contracted to the service were not confused. The service learned lessons from individual complaints it had received and would be in a position to analyse trends from the complaints should they be received. We found that complaints from stakeholders were investigated and responded to appropriately.

Are services well-led?

We rated well-led as Good because:

We found gaps in the governance arrangements and systems of oversight employed by the provider in relation to the seeking of assurances around effective risk management. We found no evidence of harm but the providers contractually obligated reliance on the host trust's systems had led to gaps in their own systems. Evidence submitted following the inspection provided assurances that systems were limited but in place and working and would benefit from strengthening.

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the future of services they were delivering. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with contracted staff and others to make sure they prioritised compassionate and inclusive leadership. Following the inspection, the provider told us that directors were on-call for all periods when their service was in operation, but there was no evidence submitted to demonstrate this.
- The provider had not yet developed processes to foster leadership capacity and skills, including planning for the future leadership of the service. The service was registered in 2019 but the provider has only clinically active since September 2021.

Vision and strategy

The service had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with their external partners.

Culture

The service had a culture of high-quality sustainable care.

- The service focused on the needs of patients.
- Leaders and managers had systems in place should they need to act on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to complaints and had systems in place to deal with incidents should they arise. The provider had agreements with the host trust to raise incidents with them but had not been involved in incident meetings. The provider told us they would becoming involved in these going forward. Following the inspection, the provider demonstrated that monthly meetings had taken place with trust leaders and we had assurances from trust leaders that meetings also took place informally on a weekly basis too. Meeting minutes provided were limited in detail but demonstrated that discussions had taken place in some format. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were systems in place that would enable staff to raise concerns where appropriate.

Are services well-led?

- There were processes for providing all staff with the development they need through the host trust's governance systems. The provider assured themselves that all contracted clinical staff received regular annual appraisals and that they were up to date. Records we saw confirmed this.
- Contracted clinical staff, whose records we reviewed had received equality and diversity training.
- The provider reported positive relationships between contracted staff at all levels.

Governance arrangements

The provider relied on the responsibilities, roles and systems of accountability to support good governance and management deployed by the host trust. Following the inspection, we saw that some systems of oversight were in place to ensure that the provider was able to follow up on important areas.

- Structures, processes and systems to support good governance and management were clearly set out although not always distinct from those established and maintained by the host trust. The provider told us that this was a contractual necessity. Contracted staff were referred to processes that they were used to using through the host trust, although the provider did have many systems in place that reflected these, documentary evidence that assurance systems were always proactive was not readily available at the time of inspection. Following the inspection, the provider demonstrated that systems of assurance were in place, although documentary evidence was limited.
- There was information available to ensure staff were clear on their roles and accountabilities. For example, organisation structure diagrams and named leads in policies such as safeguarding. To avoid confusion, the provider referred staff to those systems within the host trust rather than their own.
- The provider was able to demonstrate some areas of governance were in place and working, for example, recruitment, whilst others such as oversight of risk, were in place but limited. These would benefit from being strengthened by the provider to ensure a comprehensive system of oversight and being able to demonstrate this evidentially and in a formal manner.

Managing risks, issues and performance

There was limited clarity around processes for managing risks, issues and performance.

- The provider relied on effective processes implemented and maintained by the host trust to identify, understand, monitor and address current and future risks including risks to patient safety. Following the inspection, the service provided additional information that demonstrated that systems were in place for providing assurances, principally through meetings with trust leaders. Although the documentary evidence was limited. We saw that some checks had been completed by trust staff, that had been obtained by the provider but showed limited oversight.
- The service had processes to manage current and future performance. Performance of contracted clinical staff could be demonstrated through audit of their completion of relevant paperwork. Consultations, prescribing and referral decisions were included in these audits by the provider along with the quality of those individuals work. Leaders had oversight of safety alerts and the complaints they had received from stakeholders and patients.
- Clinical audit demonstrated a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve performance.
- The provider had plans in place and had ensured that staff were trained for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance and quality information was combined with the views of patients.

Are services well-led?

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance and quality information within their service parameters, which was reported and monitored, and management and staff were held to account.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service had systems in place to encourage and hear views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- Leaders we spoke with could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- The provider demonstrated an effective focus on continuous learning and improvement. Systems of audit were in place for service delivery areas, there was evidence of improved outcomes for patients.
- The service made use of complaints received from stakeholders and patients. Learning was shared and systems were in place to implement any improvements as a result as required.
- There were systems in place to support improvement and innovation work, although there were gaps that would benefit from being strengthened before innovation could be supported. The service planned to expand their business model to other areas of clinical services outside of urology but advised us that they would consult with experts in the fields to ensure their skill mix remained relevant and their contacted staff were competent to undertake these.