CareQuality Commission

Malling Health Primary Care Service Sandwell

Inspection report

Sandwell General Hospital
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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?	Requires Improvement	🟠
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.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Malling Health Primary Care Service Sandwell on 29 November 2022. This was part of our inspection programme and to provide a rating for the service.

At this inspection we found:

- The service had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service learned from them and improved their processes.
- The provider had implemented processes to keep patients and staff safe and had processes to escalate safeguarding concerns.
- The provider routinely reviewed the effectiveness and appropriateness of the care it provided. The provider was aware that the service was not meeting the targets specified by its commissioners and they were acting to improve the quality of services.
- Staff treated patients with compassion, kindness, dignity and respect.
- Clinical rooms and waiting area space was limited and patients were not always able to access care in a timely manner. However, the provider had implemented processes to mitigate risk and prioritise patients and we found the provider was taking appropriate action to improve access including liaising with the NHS trust to improve facilities.
- The service sought patient feedback, learnt from complaints and made improvements to safety and quality.
- Leaders understood the challenges to improving high quality care and were working with the hospital trust to make necessary improvements to the service.

The areas where the provider **should** make improvements are:

- To continue to work with the hospital trust to identify solutions that will enable them to effectively meet the increases in demand and offer more timely access.
- To Improve oversight of staff training to ensure staff remain up to date with their required training.

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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 GP specialist advisor.

Background to Malling Health Primary Care Service Sandwell

Malling Health Primary Care Service Sandwell is provided from the urgent treatment centre in Sandwell General hospital which is based in the Sandwell area of the West Midlands.

The provider organisation is Malling Health (UK) Limited. The service provides urgent care and streaming services (redirecting patients to appropriate care). The service is designed to see and treat patients who do not require emergency care and reduce the pressure on the emergency department.

The service is commissioned by Sandwell and West Birmingham Hospitals NHS trust.

The service offers non-emergency care for walk-in patients with minor illnesses that need urgent attention. These services are available to patients seven days a week between 9am and 9pm. At the time of the inspection the service opening hours had been temporarily extended from 7am to 10pm to help meet increased demand.

The provider has a satellite service at Birmingham City Hospital, we did not visit this site as part of the inspection. At Birmingham City hospital, the service provides urgent care to those patients who have been assessed and triaged by hospital staff.

Patients are referred for urgent treatment by the streaming nurse, who is based in the accident and emergency department at Sandwell General Hospital or patients can also be referred to the Urgent Care Centre by the NHS 111 service. NHS 111 is a telephone-based service where callers are assessed, given advice and directed to a local service that most appropriately meets their needs.

The service has approximately 27 staff directly employed by the organisation including a Services Manager. The clinical staff working at the service include GP's, advanced nurse practitioners (ANP), and healthcare assistants (HCA). These were either employed by the service directly or as bank staff (those who are retained on a list by the provider) or through an agency.

The area management team consists of a Director of Operations and a Clinical Chair.

CQC registered the provider to carry out the following regulated activities at the service:

• Treatment of disease, disorder or injury

• Diagnostic and screening procedures

The service's website address is www.malling.health/

Are services safe?

We rated the service as good for providing safe services.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had safety policies, including Control of Substances Hazardous to Health and Health & Safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training. The provider had systems to safeguard children and vulnerable adults from abuse. Safeguarding policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate.
- Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role, or were in the process of completing it. In September 2022, the provider had changed the IT system used to deliver and monitor compliance with required training. The management team told us that training records had not been carried forward onto the new system, as initially intended. We found the provider had implemented processes that would allow them to monitor compliance with training using data from the previous system. However, during the inspection, we found there were gaps in compliance with required training. The management team took immediate steps to assign relevant training to staff.
- Staff who acted as chaperones were trained for the role and had received a DBS check. We saw the provider had recently reviewed and improved processes to ensure that chaperones received enhanced DBS checks and they were in the process of collecting this information.
- There was an effective system to manage infection prevention and control (IPC). The service carried out IPC audits and we saw evidence of action plans that had been completed following the audits.
- The premises were clinically suitable for the assessment and treatment of patients, however, there was limited space allocated for the service to use. For example, at the time of the inspection, all available space was being used and could not be expanded further if demand increased. The management team told us this had been raised with the hospital trust.
- Facilities and equipment were safe and equipment was maintained according to manufacturers' instructions.
- There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective system in place for dealing with surges in demand. Senior staff were easily identifiable and available for staff to escalate their concerns.
- There was an effective induction system for temporary staff tailored to their role.

Are services safe?

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need. Systems were in place to manage people who experienced long waits or who had been inappropriately streamed into the service.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.
- When there were changes to services or staff, the service assessed and monitored the impact on safety.
- The service carried out appropriate health and safety risk assessments including a fire risk assessment. The service had dedicated fire marshals, staff had received fire training and the service had produced an evacuation plan.
- Once patients had been streamed at the emergency department, they were instructed to exit the building and walk outside and follow the signs to the Urgent Treatment Centre (UTC). While we found the UTC was well sign posted, the path was well lit and only a short walk, the provider did not have a system for ensuring that every patient that was directed to the UTC arrived safely. Staff told us, on streaming patients if there were any concerns about the patient's mobility or if they were frail, they would arrange for staff to escort the patient over to the UTC.
- The provider told us they were aware this was as an area of concern and they had been in communication with the hospital trust about moving the UTC, so that patients could access the service without having to leave the building.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Where necessary, clinicians called the patients usual GP to share information.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Processes were in place for checking medicines and staff kept accurate records of medicines.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system for receiving and acting on safety alerts.

Are services safe?

- Joint reviews of incidents were carried out with partner organisations, including the local A&E department and other local urgent care services.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. For example, following a significant event, the provider reviewed and improved the referral process of patients referred from the hospital emergency department to the urgent treatment centre (UTC) and introduced formal paperwork to help support staff to ensure patients were streamed to the correct service. Following these improvements, management told us there had been fewer incidences of patients directed to the UTC incorrectly.
- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.
- The service attended governance meetings with representatives from the hospital trust to share learning following incidents and complaints to make improvements to the service.

Are services effective?

Requires Improvement 🟠

The service is rated as **requires improvement** for providing effective services because they were not meeting key performance indicators relating to the timely assessment and treatment of patients.

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 needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

- The service had implemented appropriate processes to monitor performance and share this with its commissioners.
- The service used key performance indicators (KPIs) that had been agreed with its clinical commissioner (the hospital trust) to monitor their performance and improve outcomes for people.
- Data we viewed, showed the service was not meetings its locally agreed targets as set by its commissioner. However, the provider was aware and we saw evidence that attempts were being made to address them. The provider also told us that data since August 2022 was not reliable as there had been a national problem with the clinical software, and this had affected their reporting processes. The provider was in the process of reviewing data to improve reliability.
- The service shared with us the performance data from January 2022 to November 2022 that showed:
  - 34-52% of people were assessed within 15 minutes of arrival to the urgent treatment centre. The target was to assess 95% of all people arriving at the treatment centre within 15 minutes. Data showed achievement of this target had improved from 45% in January 2022 to 52% in July 2022.
  - 61-76% of patients were assessed within 30 minutes of arrival to the urgent treatment centre.
  - 74-86% of patients were assessed within 45 minutes of arrival to the urgent treatment centre.
  - 49-72% of patients were triaged and seen by a clinician within 2 hours. The target was for clinicians to see patients within 2 hours in 95% of cases.
  - 87-97% of people who arrived at the service completed their treatment within 4 hours. The service had met their target of completing 95% of patients treatment within 4 hours in 3 months out of 11.
- Where the service was not meeting their targets, the provider had put actions in place to improve performance in this area. For example, by putting in extra resources at busier times, or having a dedicated clinician to review those patients referred by 111.
- The provider had implemented a performance plan in March 2022 to monitor performance and actions taken to improve performance. Staff told us the plan was reviewed monthly at joint meetings with managers at the hospital trust and the main area of focus was the 15 minute assessment KPI.
- The service made improvements through the use of completed audits. We saw evidence of prescribing audits that monitored whether clinicians were prescribing in line with good practice guidelines. We saw evidence of action plans when audits found that prescribing guidelines were not always followed.
- The service benchmarked itself against other similar services and staff told us KPI performance was similar to other local services.

Effective staffing

Are services effective?

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- During the inspection, we found most staff had completed all required training, where gaps were identified, the management team took immediate steps to assign relevant training for staff, and told us staff would not be assigned clinical shifts until training was completed.
- Staff were provided with ongoing support. This included one-to-one meetings, appraisals, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. Care and treatment for patients in vulnerable circumstances was coordinated with other services.
- Staff communicated promptly with patient's registered GP's so that the GP was aware of the need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary. There were established pathways for staff to follow to ensure callers were referred to other services for support as required.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The service had formalised systems with the NHS 111 service with specific referral protocols for patients referred to the service. An electronic record of all consultations was sent to patients' own GPs.
- The service ensured that care was delivered in a coordinated way and took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- There were clear and effective arrangements for booking appointments and transfers to other services. Staff were empowered to make direct referrals for patients with other services.

Helping patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- The service identified patients who may be in need of extra support.
- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given. Where concerns were identified as urgent, staff told us the service contacted the patients usual GP practice by phone.

Consent to care and treatment

Are services effective?

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The provider monitored the process for seeking consent appropriately.

Are services caring?

Good 🟢

We rated the service as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- Patients spoken with on the day of the inspection were positive about the service. We observed staff responding to patients in a caring and supportive manner.
- There were 2 reviews on the NHS website about the service. One review was positive about the staff, stating they were kind and caring, the other review was negative and referred to a long waiting time.
- The service collected and monitored feedback from patients using the NHS Friends and Family Test. Data from August 2022 to November 2022 showed the service had received 81 responses to the survey.
- Of those people that completed the Friends and Family test, the majority of people felt the overall experience was very good or good, they had been treated with dignity and respect and that staff were caring.
- Where feedback was negative, this was mostly in relation to waiting times. However, the provider told us they had acted to improve customer service levels. This included one-to-one discussions with staff, supervision and staff had to complete customer service training.
- The provider told us to increase patient feedback, in February 2022, the service had created a QR code that patients could submit feedback through using their mobile phone, this was in addition to using paper forms.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw there were notices displayed in the reception areas written in languages other than English to help patients understand information about the service.
- For patients with learning disabilities or complex social needs, family, carers or social workers were appropriately involved. During the site visit we observed that carers were allowed to stay with patients, despite the waiting area being almost full. Staff told us when the service was very busy, sometimes carers were asked to wait outside of the UTC, this was to free up space for other patients, however carers would be invited into the consultation room if needed.
- Staff communicated with people in a way that they could understand, for example, using communication aids. At the time of the inspection, the service did not have a hearing loop to help support patients with hearing difficulties, however, staff told us a hearing loop had been ordered. They told us of other methods they used to communicate with patients who had hearing difficulties in the absence of a hearing loop.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff respected confidentiality at all times.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services responsive to people's needs?

We rated the service as Good for providing responsive services.

Responding to and meeting people's needs

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

- The provider understood the needs of its population and tailored services in response to those needs.
- The provider engaged with commissioners to make improvements to services where these were identified. For example, the management team told us when the service first started in September 2020, demand was less and the facilities and premises were suitable, however since then demand had more than doubled and the provider was aware that the waiting area and number of clinical rooms were no longer adequate and this was impacting on their ability to expand the service and improve waiting times. We saw the provider was in discussions with the hospital trust to find alternative accommodation, however, at the time of the inspection, a solution had not been agreed on.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. This included alerts on patients' electronic records.
- We were provided with evidence to show the provider had communicated these concerns to the hospital trust.
- Staff had access to interpreting services and the provider had ordered a hearing loop. There was a disabled toilet and breast feeding facilities were available in a nearby part of the hospital.

Timely access to the service

Patients were not always able to access care and treatment from the service within an appropriate timescale for their needs. However, the provider was aware and was taking action to improve access.

- The service was open Monday to Sunday 9am to 9pm. At the time of the inspection the service opening hours had been temporarily extended from 7am to 10pm to help meet increased demand.
- Patients could access the service either as a walk in-patient, through the NHS 111 service or by referral from the emergency department. Patients did not need to book an appointment.
- Patients were generally seen on a first come first served basis, although the service had a system in place to facilitate prioritisation according to clinical need for example, for more serious cases or young children. The reception staff had a list of emergency criteria they used to alert the clinical staff if a patient had an urgent need. The criteria included guidance on sepsis and the symptoms that would prompt an urgent response. The receptionists informed patients about anticipated waiting times.
- We found that although patients did not always have timely access to initial assessment in line with key targets, the service had met their target of completing 95% of patients treatment within 4 hours in 3 months out of 11 between January and November 2022. From data we viewed we saw between 87-97% of people who arrived at the service completed their treatment within 4 hours between January and November 2022.
- Where the service was not meeting their targets, the provider was aware of these areas and we saw evidence that attempts were being made to address them.
- The provider collected feedback from patients on their experiences including waiting times. From information we viewed, we found that feedback from people responding to the friends and family survey between January and November 2022 was mixed. For example, in February, April, June, July and October, 50% or more of the people completing the survey found the waiting times to be poor or very poor, however in other months, majority of people completing the survey found the waiting times to be very good or good.
- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- The service kept patients informed about waiting times, by displaying this information by the reception desk.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

Good 🟢

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The service had received 28 complaints between December 2021 and November 2022.
- We reviewed 4 complaints and found that they were satisfactorily handled in a timely way.
- Issues were investigated across relevant providers, and staff were able to feedback to other parts of the patient pathway where relevant.
- The service learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.
- In response to patient feedback, the provider had taken the following action:
- To improve patient knowledge of waiting times, the provider had implemented better signage in the UTC. At the time of the inspection the receptionist monitored waiting times and manually updated the information on a display board on entry to the UTC. The management team told us this would be soon replaced by electronic information.
- To help manage patient expectations about possible treatments available at the UTC the provider had improved signs in the UTC, to give clearer information on what staff could and couldn't offer at the UTC.
- The provider had implemented one to one discussions and supervision with staff where negative feedback was received about poor staff attitude.
- The waiting area had been reconfigured and more seating added. Children were given a separate waiting area to create additional seating in the main waiting area.

Are services well-led?

We rated the service as good for leadership.

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision and credible 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 patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. Staff were supported when they were involved in a traumatic incident, complaint or investigation.
- There were positive relationships between staff and teams.

Governance arrangements

Are services well-led?

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of MHRA alerts, incidents, and complaints. Leaders also had a good understanding of service performance against the national and local key performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the commissioner as part of contract monitoring arrangements.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The providers had plans in place and had trained staff 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 information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information, which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. The provider was aware that data from August and September 2022 was not accurate and there were plans to address any identified weaknesses.
- The service used information technology systems to monitor and improve the quality of care.
- The service submitted data or notifications to external organisations as required.
- 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.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.

Are services well-led?

- We saw there were posters displayed in the waiting area to encourage patients to join the UTC's Focus group. Staff told us this was a new initiative to collect feedback from patients, to further improve services. At the time of the inspection, a meeting with patients had not yet been held.
- We saw evidence of newsletters the provider used to help keep staff informed about changes within the organisation.
- Staff were able to describe to us the systems in place to give feedback. We saw evidence of the most recent staff survey and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was evidence of continuous learning and improvement at all levels within the service.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.