

# ENTVS

## Inspection report

Based at:  
Knightwood Surgery  
Pilgrims Close  
Chandler's Ford  
Eastleigh  
SO53 4SD.  
www.trilocalitycare.co.uk

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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?

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? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at ENTVS on 23 July 2019 as part of our inspection programme. This was the service's first inspection.

ENTVS is one of the services registered with the CQC under the provider, Tri Locality Care Ltd (TLC Ltd). TLC Ltd is a GP federation providing additional NHS services to a group of nine GP practices in the Eastleigh North and Test Valley South region of the West Hampshire locality.

ENTVS is a transformation care service, led in the community. It is designed to provide services to reduce avoidable admissions to local hospitals, such as through medicines optimisation reviews, holistic well-being assessments and social prescribing. This service is intended for the most vulnerable patients from the member practices in the GP federation.

The ENTVS service is also commissioned to provide a phlebotomy service to the practices in the federation. However, this service is sub-contracted to the GP practices themselves so TLC Ltd is not accountable for the regulated activities involved in the phlebotomy service. We therefore did not inspect this service, other than to establish that the provider was seeking appropriate assurances about how the service was being provided by the member GP practices.

The provider's lead GP is the 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.

We did not receive any comment cards from patients using this service. We did not speak to any patients on the day of inspection due to the home-visiting nature of the service.

## **Our key findings were:**

- The service worked in association with the member GP practices and other local services to support those patients identified as most vulnerable.
- Staff had the information they needed to deliver safe, effective and holistic support to patients.
- Patients received co-ordinated and person-centred care.
- Staff treated patients with kindness, respect and compassion.
- The service organised and delivered services to meet patients' needs.
- Due to the nature of the service, performance data to monitor the service and drive improvement was limited but the service was looking at ways to improve this.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- There were clear responsibilities, roles and systems of accountability to support good governance and management but awareness of these roles and responsibilities were not consistently known from board level down to front-line staff.

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

- Consider alternative ways of producing performance monitoring data, such as through the identification of themes following medicines reviews, in order to demonstrate the impact the service was having in the locality.
- Review how quality improvement activity can be undertaken in order to drive internal improvement of the service.
- Review how all staff at the service are made aware of board level members' roles and responsibilities.
- Review the service's Safeguarding Children's policy to ensure it correctly reflects its training requirements in line with the national Intercollegiate Document (2019).
- Review training arrangements so that all staff receive Mental Capacity Act 2005 training in a timely way.

## **Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, and a practice manager specialist advisor.

## Background to ENTVS

ENTVS is one of two locations registered with the Care Quality Commission under the provider, Tri Locality Care Ltd (TLC Ltd). TLC Ltd is a federation made up of nine GP practices based in the Eastleigh North and Test Valley South area of West Hampshire. The federation and its member GP practices are all commissioned by the West Hampshire Clinical Commissioning Group (CCG).

Part of the ENTVS service, is a proactive care and transformation service. It is a community-based, home-visiting service based out of the Knightwood Surgery, which itself is a branch site of North Baddesley Surgery. Knightwood Surgery is located at Pilgrims Close, Chandler's Ford, Eastleigh, SO53 4SD. The other service linked to the ENTVS registration is a community phlebotomy service which TLC Ltd has sub-contracted out to its member GP practices to resource and regulate.

ENTVS is registered with the CQC to provide the following regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury.

Operational hours for the home-visiting service part of ENTVS are Monday to Friday, 9.00am to 5.00pm.

During our visit we:

- Spoke with the registered manager, and employees of the service.
- Reviewed service documents and policies.
- Reviewed the service's client record database.

The service provided background information which was reviewed prior to the inspection. We did not receive any information of concern from other organisations.

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:

### 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 appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse. Although the service did not provide treatment to patients under the age of 18 years, the service had access to a child safeguarding policy to safeguard any child that might be seen during home visits by staff.
- 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 had received up-to-date safeguarding and safety training appropriate to their role. From the training records provided by the service post-inspection, staff who visited patients at home had completed safeguarding children and adults training that was appropriate to their role. The service's safeguarding children's policy required a review to be in line with the national Intercollegiate Document (2019) to reflect the appropriate safeguarding training requirements for the service it offered. Staff we spoke to during the inspection knew how to identify and report concerns.
- Staff were not consistently able to identify the safeguarding lead for the service but confirmed they would report any safeguarding concerns to their line manager. The service's safeguarding clinical and administrative leads were members of the provider's board and were identified in the service's safeguarding policies appropriately.
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control (IP&C). Due to the nature of the service, staff carried gloves and hand gel. Any rubbish acquired during a home visit was disposed of at the patient's home, apart from any equipment used in blood-sampling. Staff trained in blood-taking had their own sharps boxes kept in the boot of their car. We were told these had safety closure lids and were changed every three months. The service had an agreement with the member GP practices for the disposal and provision of sharps boxes as required.
- Due to the home-visiting, community-based nature of the service, a formal IP&C audit had not been undertaken. However, a hand-washing audit with all the staff had been completed within the previous 12 months.
- The service's IP&C policy did not contain specific guidance in relation to the frequency of IP&C staff training. This was instead documented to be annually in the service's staff training list which all staff had access to. Training records provided by the service post-inspection showed staff who visited patients at home had all completed appropriate IP&C training in the previous 12 months.
- The provider ensured that equipment used by staff while visiting patients at home were safe and that equipment was maintained according to manufacturers' instructions.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be supporting them when staff performed home visits.
- Staff vaccination status had not been consistently maintained in line with current Public Health England (PHE) guidance. However, in the days following the inspection, the service provided a copy of its updated appraisal record document which included a statement to record staff member's vaccination status on an annual basis.

### Risks to patients

# Are services safe?

## 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 induction system for agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Training records provided by the service post-inspection showed staff who visited patients at home had all completed appropriate resuscitation training in the previous 12 months. They knew how to identify and manage patients with severe infections, for example sepsis. Staff told us that all patients, during an initial home visit from the service, had a baseline set of observations taken; this included heart rate, respiratory rate, blood pressure and temperature. Any abnormal results were communicated to the patient's GP and appropriately acted upon.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

## Information to deliver safe care and treatment

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

- The service received patient referrals from GPs via a secure email. We were told no referral form was used as the service was seen as an extension of the GP service. The service stipulated that prior to referring to the service, the GP must have the patient's consent to do so and for this to be confirmed in the referral email. We saw examples of emailed referrals received by the service.
- 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.
- The service used Vision Anywhere, a secure record-keeping database that could be accessed at any of the member GP practices in the federation. Records made by the service in Vision Anywhere were then uploaded to the patient's general GP patient record so

the patient's GP were aware of what the service had done. Vision Anywhere also contained important information from the patient's GP record for the service to be aware of, such as past medical history, current and previous medicines prescribed. The Vision Anywhere records did not confirm whether or not a patient had an authorised Did Not Attempt Cardiopulmonary Resuscitation order (DNACPR order), but the service said this could be requested or was confirmed in the GP's initial referral to the service.

- Staff made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. Referrals made by the service were for additional support for patients and included referrals for social support, such as Hot Meals; health support, such as the Community Pharmacy or the Dementia Advisory Society; mobility support, such as exercise classes, or voluntary support, such as Age Concern.

## Safe and appropriate use of medicines

- The service did not prescribe any medicines. It completed medicines reviews for patients and this was done by a clinical pharmacist employed by the service.
- Clinical staff gave advice on medicines in line with legal requirements and current national guidance. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There were effective protocols for verifying the identity of patients.
- We asked the service if they were monitoring the results of medicine changes or identified any themes from the medicines changes. We were told they had previously done this, but it had been decided by the local clinical commissioning group that this was not required so they had stopped. The service felt this may be something that could be re-introduced as a method of monitoring its own performance.

## Track record on safety and incidents

### 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 may lead to safety improvements.

## Are services safe?

### Lessons learned and improvements made

#### The service learned and made improvements when things went wrong.

- The service had not had any significant events in the previous 12 months but we were told there was a system for recording and acting on significant events. Staff we spoke to 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, but as the service had not had any significant events in the previous 12 months, it instead reviewed anonymised consultation records as part of its quality audit process. The service learned and shared lessons identified themes and took action to improve safety in the service.
- The provider was aware of the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents
- 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 including sessional and agency staff.

# Are services effective?

**We rated effective as Good because:**

## **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 (relevant to their service)**

- Staff 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. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.
- Staff assessed and managed patients' pain where appropriate.

## **Monitoring care and treatment**

**The service was limited in its ability to undertake quality improvement activity due to the nature of the service.**

- Due to the nature of the service being a community-based, home-visiting service, there was limited opportunity for quality improvement activity to take place. Instead, the service monitored the number of referrals it had received, the number of patients it had seen, the number of referrals the service had made following a patient's consultations and the probable number of hospital admissions avoided.
- From the period between January to June 2019, the service had completed 377 contacts with 267 patients; 231 referrals have been made to other local services. The service had completed 25 diabetic reviews and 85 pharmacy review following referrals from member GP practices. It was estimated that 60 hospital admissions had been avoided in the same time period due to the involvement of the service in patients' care.

## **Effective staffing**

**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.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council (NMC) and were up to date with revalidation.
- 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.
- Staff whose role included blood-taking had received specific training and could demonstrate how they stayed up to date.
- Training records provided by the service post-inspection showed staff who visited patients at home had all completed appropriate training in the previous 12 months. Examples of training completed included Fire Safety, Conflict Resolution, Equality, Diversity & Human Rights, Data Security, Moving and Handling and Preventing Radicalisation.

## **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. The service attended regular multi-disciplinary team meetings with the member GP practices in order to discuss vulnerable patients.
- Before providing support, 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 support as required for their needs.
- All patients were expected to be asked for consent by their GP to share details of their consultations and any medicines prescribed prior to the service contacting the patient.
- The provider had risk assessed the services they offered.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant



## Are services effective?

staff in a timely and accessible way. There were clear and effective arrangements for following up on patients if required. Patients could also be re-referred to the service by the GP once they had been discharged if required.

### **Supporting 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.**

- Staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

### **Consent to care and treatment**

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making. However, evidence to demonstrate that all staff had received Mental Capacity Act (2005) training was not available on the day of inspection. The service confirmed all staff had previously attended a training session, but no evidence was available to support this. The service has confirmed since inspection that a face to face training session to refresh all staff in relation to the Mental Capacity Act (2005) has been arranged to take place in the coming weeks and all staff have been advised to complete an additional online training module.
- Staff we spoke to during the inspection demonstrated appropriate knowledge in relation to the Mental Capacity Act (2005) and supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.



# Are services caring?

## **We rated caring as Good because:**

### **Kindness, respect and compassion**

#### **Staff treated patients with kindness, respect and compassion.**

- We did not receive any comment cards from patients for this inspection. We saw feedback received by the service from patients, which was positive about the way staff treated people.
- Staff 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.

### **Involvement in decisions about care and treatment**

#### **Staff 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. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.

- Feedback received by the service from patients confirmed that they felt listened to and supported by staff and had sufficient time during home visits to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved. The service told us that home visits were often completed with family members or carers present to ensure everyone was aware of how the service could support them.
- Staff communicated with people in a way that they could understand, for example, easy read materials were available.

### **Privacy and Dignity**

#### **The service respected respect patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them additional time during a home visit to discuss their needs.

# Are services responsive to people's needs?

## We rated responsive as Good because:

### 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 understood the needs of their patients and tailored services in response to those needs. The service visited patients in their own homes.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. Staff confirmed they could be flexible with how home visits were organised to meet the needs of their patients.

### 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 an initial assessment and support.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Referrals to other services were undertaken in a timely way.
- The service did not have a direct telephone line for patients to contact as the service was not intended to a first point of contact for a patient in need of support. Instead, patients were advised to contact their own GP, to contact the surgery in which the service was based

from (Knightwood Surgery) or to contact the service via a dedicated and secure email address that was checked regularly during service hours Monday to Friday. This email was supplied on a compliment slip to every patient during their initial assessment visit. This also allowed patients' families to contact the service if required.

### Listening and learning from concerns and complaints

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

- The service told us it had not received any formal complaints in the previous 12 months. Any negative comments that had been received via the service's feedback survey were discussed during regular supervision groups and improvements had been identified and implemented appropriately.
- Information about how to make a complaint or raise concerns was available. Staff told us they would treat patients who made complaints compassionately.
- The service confirmed patients would be informed of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.

# Are services well-led?

**We rated well-led as Good because:**

## **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 quality and future of services. They understood the challenges and were addressing them.
- Leaders at the service were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Board level leaders were reported to be less visible, but staff were comfortable to speak with their line managers who would then escalate any concerns to board members accordingly.
- 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 staff and external partners (where relevant).
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy but this was limited due to the nature of the service.

## **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 and told us they enjoyed providing the service to patients.
- 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 was encouraged when discussing home visits or received feedback during supervision groups. The provider told us this was

the same for the reporting of incidents or complaints but as the service had not had any incidents or complaints in the previous 12 months, we could not evidence that the service was doing this. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff told us they could 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 time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## **Governance arrangements**

### **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.
- Front-line staff were clear on their roles and accountabilities but told us they were less sure of the roles and responsibilities of provider-level board members.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

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- The service had established an assurance check-list and standard operating procedure to use with its member GP practices in relation to the phlebotomy service that had been sub-contracted out to the practices.

### 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 service had processes to manage current and future performance. Performance of staff was demonstrated through supervision review of their home visits and referral decisions.
- Leaders had oversight of safety alerts, incidents, and complaints.
- The provider had business continuity plans in place which were under review at the time of the inspection and had trained staff for major incidents.

### Appropriate and accurate information

#### The service acted on appropriate and accurate information.

- Due to the nature of the service and its access to clinical quality information, there was limited evidence to demonstrate that such information was being used to drive improvement. However, the service was able to gather the views of patients and reviewed patient consultation records to identify any areas of required improvement.
- 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 the delivery of quality care was accurate and useful, but the service were aware that more could be done in this area to demonstrate the impact the service was having in supporting the member GP practices.
- 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.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- In order to gather patient feedback in a formal way, the service had commissioned a feedback survey from an external provider, approved by the local clinical commissioning group. This survey was sent to all patients following a home visit. It asked questions relating to patient's personal well-being, health confidence, loneliness, medication adherence and the patient's experience of the service. The external company collected the survey results and produced a monthly report for the service to review.
- Staff 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.
- The service was transparent, collaborative and open with stakeholders about performance. The service attended regular contract review meetings with the local clinical commissioning group to demonstrate how the service was fulfilling its contract and service provision duties. This meeting had been held monthly but from April 2019 was moving to three-monthly.

### Continuous improvement and innovation

#### There were systems and processes for learning, continuous improvement and innovation but this was limited due to the nature of the service and its ability to obtain additional performance data.

- There was limited focus on continuous learning and improvement due to the nature of the service and how improvement data could be collected, aside from

## Are services well-led?

patient feedback and reviews of patient consultations. The service was aware of this and confirmed they would review how performance data was gathered in order to drive improvement more effectively.

- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.