

Hounslow Urgent Care Centre

Inspection report

West Middlesex 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?

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 inspection at Hounslow Urgent Care Centre on 27 June 2018 as part of our inspection programme.

At this inspection we found:

- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- There was a programme of quality improvement including clinical audit which had a positive impact on quality of care and outcomes for patients.
- Staff had the skills, knowledge and experience to deliver effective care.

- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- Leaders had the capacity and skills to deliver high-quality, sustainable care.
- The provider engaged with patients and staff to improve the service.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- Ensure the consistent use of the validated pain score tool.
- Review the list of medicines held in stock.
- Consider ways to improve performance in relation to the number of patients with diagnostic test(s) who were redirected to A&E within 2 hours.
- Formalise the vision and strategy for the service and raise staff awareness.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a doctor specialist adviser, and CQC pharmacist.

Background to Hounslow Urgent Care Centre

Hounslow Urgent Care Centre serves Hounslow and surrounding areas. The service is co-located with the A&E department at the West Middlesex Hospital.

The centre is open 24 hours a day, seven days a week including public holidays. Patients can attend on a walk-in basis. Patients can self-present or they may be referred to the service, for example by the NHS 111 or their own GP. The local ambulance service also conveys minors patients directly into the centre. The centre provides a main point of entry to the West Middlesex Hospital A&E department. All patients are assessed (a process known as 'streaming') on entry by Emergency Nurse Practitioners. Patients with minor illnesses or minor injuries are streamed into the urgent care centre and more seriously unwell patients are streamed into the A&E department. Urgent care centre staff can also refer patients directly to other specialties within this trust and other hospitals, alternatively patients may be directed to another service if appropriate, such as the patient's own GP.

Hounslow and Richmond Community Healthcare Trust (HRCH) is the lead provider of the service.

The day-to-day management of the urgent care centre is sub-contracted to Greenbrook Healthcare (Hounslow) Ltd who employs the service manager, GPs, lead nurse and the admin manager. The HRCH employs all other nursing staff and receptionists and also provides pharmacy services. The service has access to a large number of bank staff in north west London and they routinely use appropriately qualified agency GPs and emergency nurse practitioners to ensure the staff rota is filled.

Local leadership is provided by the urgent care centre's lead GP, lead nurse and the service manager all of whom are permanently based at the Hounslow site. Greenbrook Healthcare has centralised governance systems in place and the provider's medical director and central team provide additional clinical and managerial support and oversight.

Hounslow Urgent Care Centre is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder or injury; family planning; and maternity and midwifery services.

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.

- Comprehensive safety risk assessments had been carried out. Safety policies, including Control of Substances Hazardous to Health and Health & Safety policies were in place, 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. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The provider worked with other agencies to support patients and protect them from neglect and abuse. For example, the service worked with neighbouring local authorities to identify children at risk. 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. They knew how to identify and report concerns. Safeguarding updates were delivered across the Greenbrook organisation to improve safety. For example, a recent update was given to staff in relation to the exploitation of children.
- 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. There was a lead for infection control, staff had received training and audits were carried out to monitor infection control standards. There were systems for safely managing healthcare waste.

- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

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

- There was a robust streaming pathway in place to keep patients safe. Senior nurse practitioners based at reception provided immediate assessment of all patients. Depending on the outcome patients were either transferred urgently to the A&E department, treated in the UCC or redirected for non-acute problems. All children under two years received a full triage by a GP.
- There were arrangements for planning and monitoring the number and mix of staff needed and there was an effective system in place for dealing with surges in demand. The service could demonstrate how demand was continuously monitored to maximise patient safety.
- There was an effective induction system for temporary staff tailored to their role.
- 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.
- 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.

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.

Are services safe?

- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Appropriate and safe use of medicines

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

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The provider had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance. A pharmacist monitored prescribing and provided feedback via reports which were discussed in the monthly clinical meetings.
- The clinical staff dispensed medicines from stock to patients if needed. There was an agreed list of pre-labelled medicines held in stock which were supplied by a specialist pharmacy supplier. Pre-labelled medicines enabled clinical staff dispense medicines to patients without the intervention from a pharmacist. There was a small stock of analgesic medicines to treat mild and moderate pain, in line with the types of patients the UCC is commissioned to see and treat. Patients with severe pain are managed in the A&E department. If needed, clinicians could prescribe medicines such as strong pain killers on FP10 prescriptions (NHS prescriptions) which could be dispensed by a community pharmacy. However, there may be patients attending the service who would need immediate pain relief, for which the medicines held in stock may not be sufficient.
- Medicines held in stock were stored securely. Staff members monitored and recorded medicine storage room and refrigerator temperatures daily and these were within the required temperature range.
- Emergency medicines held in stock were only for allergic and anaphylactic reactions. There was piped oxygen in the service and portable oxygen cylinders. The provider relied on the Emergency Department for the full range of emergency medicines and equipment. Emergency medicines held in stock were checked regularly.
- Nurses dispensed and administered medicines from an approved list using Patient Group Directions (PGD). (PGD is a written instruction for the supply and or

administration of named medicines in an identified clinical situation by an authorised clinician). There were good governance processes in place to ensure all the PGD's in use were updated in line with national guidance. All members of staff were competency assessed to ensure they understood and practiced within the criteria of each PGD clinical indication.

- The provider stored and tracked usage of NHS prescription stationery in line with national guidance.
- There was an electronic system in place to report medicine incidents. A pharmacist was involved in investigating and produce shared learning from medicine incidents.

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.
- Comprehensive reviews of incidents were carried out jointly with the HRCH and shared across the wider Greenbrook organisation.

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.
- The system supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took

Are services safe?

action to improve safety in the service. For example, in response to incidents the provider had developed an improved A&E handover pathway and improved procedures for the assessment of unwell children.

- 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.

Are services effective?

We rated the service as good for providing effective services.

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. The lead GP disseminated NICE updates to clinicians. For example, updates on asthma management.
- 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.
- 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. There was a pain scoring tool in place, but this was underutilised by the staff as discovered during a recent routine audit cycle. The lead nurse was, therefore, acting on improving use of the pain score.

Monitoring care and treatment

- The service used key performance indicators (KPIs) that had been agreed with its clinical commissioning group to monitor their performance and improve outcomes for people. The service shared with us the performance data from June 2017 to May 2018 that showed:
- 99% of people who attended the service were treated and discharged within 4 hours. This was better than the target of 98%.
- 100% of non-emergency handovers by ambulance service were completed in under 15 mins. This was better than the target of 95%.

- 100% of people registered with a GP had information regarding their access of urgent care centre services sent to their GP by 8am the next working day. This was better than the target of 98%.
- 100% of people not registered with a GP were helped to register with one. This was better than the target of 98%.
- 63% of people with diagnostic test(s) were redirected to A&E within 2 hours. This was below the target of 98%. (The provider told us that this figure was affected by the low actual numbers referred which was an average of five people a day, however it was a focus for improvement).
- 54% of patients who attended the West Middlesex Hospital site were discharged (either home or to a speciality) by the urgent care centre which equated to an average of 214 patients per day. The referral rate to the A&E once a patient had been seen in the urgent care centre was 2.2%.
- The service made improvements through the use of completed audits. 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. For example, an audit was carried out to improve outcomes for frequent attenders at the urgent care centre. The audit identified that out of 50 frequent attenders, 66% had attended for repeat dressings. Following the initial audit the provider fed back to the trust and worked with them to develop dressing clinics in the community. As a result a re-audit one year later showed that the number of frequent attenders for dressing changes had reduced to 16%.
- The service was actively involved in quality improvement activity. For example, as a result of two incidents the provider had developed a new treatment pathway for patients with Venous Thromboembolism. (A condition where a blood clot forms in a vein). This involved working collaboratively with the trust haematology service, A&E department and the local Clinical Commissioning Group and had involved formulary changes.

Effective staffing

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

Are services effective?

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. This covered such topics as health and safety, role specific training and policies and procedures.
- 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.
- The provider provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, 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 and when they were referred. 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.

- 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.
- Electronic records of all consultations were available to patients' own GPs through a shared clinical IT system.
- 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.

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. For example, those requiring support from community services.
- 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 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.

- 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?

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.
- The service gave patients timely support and information. There were arrangements and systems in place to support staff to respond to people with specific health care needs such as those who had mental health needs.
- All of the 11 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and feedback received on the day of inspection.

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 notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.

- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations 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.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

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.
- The service monitored the process for seeking consent appropriately.

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 urgent care centre was clearly signposted around the hospital and from the car parks.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service.
- The facilities and premises were appropriate for the services delivered. The facilities had been recently refurbished and included a designated childrens area.
- The service made reasonable adjustments when people found it hard to access the service. For example, ramp access to the main entrance, automatic doors, modified toilet facilities and low reception desks for patients with mobility issues. An induction hearing loop and translation services were also available.
- The service was responsive to the needs of people in vulnerable circumstances. For example, vulnerable patients were helped to access support services such as homeless organisations and alcohol and drug support services. Patients with dementia or a learning disability were prioritised at streaming.
- Information leaflets were available to self-educate patients on a wide range of medical conditions.
- Information was available in a variety of languages upon request through the NHS Patient Advice and Liaison Service (PALS).
- There were direct referral pathways in place to specialties other than the A&E department, for people diagnosed with certain conditions or injuries.
- Staff recognised that some patients' needs were better served by other services, such as local GP and community health services. The centre's team of patient champions provided patients with help to register with a GP and they could book appointments for example with the patient's own GP or at the local primary care 'hub' service.

- The service was usually able to accommodate any patient requests to see a clinician of the same gender.
- The provider took account of differing levels in demand in planning the service and adjusted staffing levels when demand was likely to increase for example public holidays.
- Staff received training on equality and diversity and it was part of the mandatory training requirements for all staff.

Timely access to the service

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

- Patients were able to access care and treatment at a time to suit them. The service operated 24 hours a day, seven days a week including public holidays.
- Patients could access the service either as a walk in-patient, via the NHS 111 service or by referral from a healthcare professional. (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).
- Patients attended on a walk-in basis and underwent a clinical assessment ('streaming') by senior nurse practitioners based in reception. Serious cases and children were prioritised.
- We saw the most recent performance results for streaming (June 2017 – May 2018) which showed:
- 93% of children who attended the service were streamed within 15 minutes. This was in line with the target of 98%.
- 95% of adults who attended the service were streamed within 20 minutes. This was in line with the target of 98%.

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.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.

Are services responsive to people's needs?

- The complaint policy and procedures were in line with recognised guidance. Eight formal complaints were received from June 2017 to May 2018. We reviewed all the complaints and found that they were satisfactorily handled in a timely way.
- 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. For example, in response to complaints the provider had developed an improved process for contacting patients with positive x-ray results and they had improved privacy at the streaming desk.

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.

- 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 vision to deliver high quality care and promote good outcomes for patients underpinned by a clear set of organisational values. Senior management told us that the strategy to deliver the vision was to retain the right staff with the appropriate skills set to meet the key performance indicators set by commissioners. The strategy had not been formalised and staff we interviewed at the inspection were not able to articulate the vision and strategy 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.
- The service focused on the needs of patients.
- 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.
- 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.
- 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.

Are services well-led?

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 local CCG 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.

The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

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. 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. For example, in response to patient feedback the provider had changed the layout of the streaming desks and they had made improvements to staff rotas in response to staff feedback.
- Staff were able to describe to us the systems in place to give feedback. Feedback was received from formal complaints, verbal complaints and feedback, NHS choices, patient satisfaction surveys, the friends and family test and comment cards. 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. Suggestions from feedback was discussed in monthly governance meetings and actions agreed to improve the service.
- 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 a focus on continuous learning and improvement at all levels within the service. For example, the provider was looking at ways to improve staff engagement by encouraging attendance at staff meetings, relaunching daily staff 'Huddles' and implementing bi-annual staff training days. The provider was also working closely with GP Hubs to develop a redirection pathway from the urgent care centre to GP seven day access appointments.
- Staff knew about improvement methods and had the skills to use them.
- Staff were supported to attend study days and educational events.

Are services well-led?

- 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.
- The provider had implemented a number of initiatives. They had with the trust developed a team of patient champions to assist patients with registering with a local GP, accessing primary care appointments and

community services and educating patients on health conditions. The provider had developed a direct referral pathway from the UCC to mental health services avoiding the need for low risk paediatric patients experiencing poor mental health to be referred via the paediatric emergency department. The provider was also in the process of launching a new virtual specialist assessment pathway for patients with acute hand injuries to provide immediate opinion from hand consultants.