

Co-Located Primary Care Service at St James's University Hospital

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

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 the Co-located Primary Care Service at St James's University Hospital on the 13 November 2018. This inspection was planned and undertaken as part of our inspection programme and as part of a wider inspection of the provider (One Medicare Ltd). The provider had agreed to contribute to our Primary Care at Scale project.

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.
- 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 was performing in line with service level agreements.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- Staff said they felt supported by managers and leaders from both a local and organisational level.
- There was evidence of good engagement with other organisations and services relating to the provision of urgent care.

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to Co-Located Primary Care Service at St James's University Hospital

The Co-located Primary Care Service at St James's University Hospital was set up as a result of the provider being approached by local commissioners to provide a GP streaming service in the Accident and Emergency (A&E) department within the hospital. This was to help reduce pressure on urgent care systems and ensure patients were seen by the most appropriate clinician. As a result of its success, the service was formally commissioned by Leeds Clinical Commissioning Group (CCG) in October 2017.

The service operates seven days a week (including public holidays) from 11am to 11pm. There are five GPs (male and female) who cover 80% of the sessions (these are employed as sessional GPs by the provider). There are arrangements for locum GPs, or clinicians employed by the provider, to cover the remaining 20% of sessions. There is a clinical services manager who oversees the day-to-day operation of the service. They are supported by the Associate Director of Operations & Performance, who has extensive experience in urgent care and is also the Registered Manager of the service. In addition, they have access to personnel from a range of departments at provider level. For example, human resources and patient safety.

Patients cannot directly access the service. Using a set of protocols, patients who attend the A&E department, and

may be more appropriate to be seen by a GP, are streamed to the service. Any patients who are streamed inappropriately, such as minor injuries, are referred back to the A&E department to be treated. Children under the age of 18 years are not seen at this service. (The A&E Department who treats children in Leeds is based at Leeds General Infirmary.)

The service located at St James's University Hospital, Beckett Street, Leeds LS9 7TF is registered with the Care Quality Commission (CQC) to provide the following regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury
- Family planning
- Maternity and midwifery services
- Surgical procedures

The service is one of 11 registered services managed and operated by One Medicare Ltd (the provider). These include urgent care centres, GP practices and walk-in services. The provider's head office and operations centre is based near Otley in West Yorkshire.

The service has not previously been inspected by the CQC.

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 had a range of policies and procedures relating to safety, which included safeguarding adults and children. These were regularly reviewed and any updates communicated to staff. All staff had access to policies and procedures via the provider's internal intranet system. Staff received safety information from the provider as part of their induction training, and received updates as appropriate.
- The service worked with other agencies to support patients and protect them from neglect and abuse. For example, the safeguarding lead worked closely with the local Clinical Commissioning Group (CCG) and safeguarding authority to ensure they were up to date with local guidance. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. We were given several examples where clinicians had acted in response to safeguarding concerns relating to patients who had presented at the service.
- The service assessed itself against the West Yorkshire Safeguarding Standards for GP practices. This was not a contracted obligation but the provider saw it as best practice. The service had achieved a green rating against the standards.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks of staff 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. They knew how to identify and report concerns.
- There was an effective system in place to manage infection prevention and control (IPC). There were nominated local and organisational IPC Leads. We saw there were regular checks of the room where the clinician was based. We were informed that random checks were also undertaken and any issues found were

discussed with the relevant clinician. Any areas of concern identified in the reception and patient waiting area were raised with the relevant hospital staff. (The reception and patient waiting areas were under the governance of the hospital. The only area relating to the co-located service, was the one clinical room where patients were seen by a clinician.) We saw evidence to support any areas of concern relating to IPC were addressed.

- The provider engaged with the hospital to ensure the facilities were safe.
- Equipment was maintained in accordance with manufacturers' instructions and provider guidance.
- Healthcare was managed safely, in line with both the provider's and hospital's policy and procedures.

Risks to patients

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

- There were rota systems to ensure clinical cover was in place to deliver the service. There were internal mechanisms in place to provide cover in an emergency, such as non-attendance of a clinician. In addition, there was a mutual aid agreement with a local care provider to ensure cover could be provided in periods of high demand or excessive strain on the service.
- All staff who worked at the service had been inducted to the role. We saw a comprehensive induction pack. We were informed that the clinical services manager ensured any new clinicians were greeted upon arrival for their shift to support the induction process.
- 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.
- Patients were advised when to seek further help and what to do should their condition worsen.
- Systems were in place to manage people who experienced long waits. We saw evidence to show the service had achieved 100% compliance to the emergency care services guidance of patients being seen within four hours of presenting.

Information to deliver safe care and treatment

Are services safe?

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.
- Clinicians made appropriate and timely referrals in line with protocols and up-to-date evidence-based guidance.
- In line with patients' consent, their own NHS GP was notified of care and treatment provided. This enabled their own GP to continue with safe and effective provision of care and treatment as appropriate.

Appropriate and safe use of medicines

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

- The service had access to emergency medicines and equipment, which were located within the accident and emergency department (A&E); adjacent to the co-located primary care service. There were systems and processes in place to ensure the medicines were in date and the equipment in good working order. Checks were undertaken by hospital staff and assurances were in place regarding usage by the co-located primary care service.
- Prescriptions were stored securely in a locked, key coded box within the clinical room. After specific security checks, the clinician on duty was given the code to access the key to open the box and have access to the prescriptions. These were replaced at the end of the clinician's shift. The clinician was required to sign the prescriptions both in and out. Prescription serial numbers were monitored to ensure all prescriptions were accounted for. We saw evidence of signature sheets and the recording of prescription serial numbers.
- Clinicians prescribed, administered or supplied medicines to patients, and gave advice, in line with legal requirements and current national guidance. There was evidence of actions taken to support good antimicrobial

stewardship. Clinicians had access to local guidelines and could contact the local hospital for advice from a microbiologist, if required. They also had direct access to the organisational pharmacy lead.

- We saw evidence to support that clinicians kept accurate records regarding prescribing in line with best practice guidance.

Track record on safety

The service had a good safety record.

- There were risk assessments in relation to safety issues.
- The provider monitored and reviewed service activity. This helped them to understand any potential 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.
- Joint reviews of incidents were carried out with partner organisations, including the local A&E department, GP out-of-hours, NHS 111 service and other 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. The clinicians understood their duty to raise concerns and report incidents and near misses. The provider 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. There had been six reported incidents for the co-located primary care service at St James's University Hospital in the preceding 12 months. We saw evidence of changes made as a result of the investigation and outcomes, such as changes to standard operating procedures, and that staff were informed. For example, a review of the governance arrangements regarding prescriptions was undertaken. It had been identified that several prescriptions intended for use in the printers had been used by clinicians to handwrite a prescription on. As a result, a standard operating procedure had been put in

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place and all clinicians informed of the new process. Learning was shared at the provider's governance meetings and also with Leeds Teaching Hospital Trust colleagues.

- Incidents were raised via an electronic reporting form, which was accessible to all staff. Incident forms were sent to specific members of both the local and provider management teams for review and assessment of risk. Where possible, local resolution was sought and managers discussed incidents with external stakeholders where necessary.
- The service learned from external safety events and patient safety alerts. The provider had an effective mechanism in place to disseminate alerts to all service staff.
- The provider produced a 'lessons shared' bulletin which was disseminated to staff across the whole of their services.

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 patients' 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. If patients had been inappropriately streamed to the GP, they were referred back to the A&E department; in line with protocol. Referrals to other services were made as appropriate, such as the secondary care dermatology department or mental health team.
- 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.

Monitoring care and treatment

The service had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- Monthly audits on antibiotic prescribing were undertaken by the provider's pharmacy lead. Any areas of concern were fed back to the clinician concerned.
- Quarterly audits were undertaken of clinical records. Records were reviewed, using a set criterion, to ensure they were clearly written and included essential information regarding assessment and decision making. Any clinician who did not meet the standards was offered one-to-one feedback to support improvements in practice. Areas of concern were raised and discussed at a local level and at provider clinical governance meetings. We saw evidence of good compliance against the set criteria.
- We saw two sepsis screening audits, undertaken in the preceding six months. Fifty sets of notes had been

examined for each audit, identifying how many patients required sepsis screening. For example, in the period April to June 2018, it had been noted that out of 14 patients requiring the screening, 13 had received it and one had not (the patient had not experienced significant harm as a result). As a result of the audit, increased awareness of sepsis had been cascaded to clinical staff across the whole of the provider's services.

The service used key performance indicators (KPIs) that had been agreed with the local Clinical Commissioning Group (CCG). These KPIs were used to monitor performance and improve outcomes for patients. The service shared their performance data for the period November 2017 to September 2018, which showed that 100% of patients who presented at the service, were seen and either treated or referred to an appropriate service, within four hours. This was better than the contracted target of 95%.

Other data collated by the service, for the same period, showed that:

- The average attendance duration was 106 minutes. It was noted that the duration time generally increased in line with the age of the patient. (The duration time was the total time from arrival to discharge.)
- Overall, approximately 57% of attendances were female. However, within the 15 to 19 years of age range, this percentage increased significantly.
- Activity showed higher numbers of attendance on a weekend. Daily patterns were similar to those of the A&E department, with the busiest time being between 12midday to 4pm.

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. This covered such topics as safeguarding, basic life support and infection prevention and control.
- Up-to-date records of skills, qualifications and training were maintained.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The provider provided staff with ongoing support. This included one-to-one meetings with individual clinicians

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and audit feedback. A monthly governance meeting was in place, which was chaired by the clinical service manager. This provided an opportunity for peer support amongst the team.

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. The provider had oversight of the service delivery and worked with local management to support any issues or concerns identified.
- Staff communicated promptly with the patient's own NHS GP to make them aware of the need for any further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary.
- Patient information was shared appropriately. The information needed to plan and deliver care and treatment was available to clinical staff in a timely and accessible way.
- The service had formalised systems in place with the hospital to support referrals to other services as appropriate.
- 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, such as patients who had a hearing impairment or language difficulties.
- Where appropriate, staff gave patients advice so they could self-care.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given. There were protocols in place to offer patients advice should their symptoms worsen and when to seek further advice or treatment.
- 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 had a policy in place for seeking consent appropriately. Consent was monitored through audits of clinical records.

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. The GP had direct access to mental health support services, where patients who had complex mental health needs or suicidal thoughts could be referred as a matter of urgency.
- The service participated in the NHS Friends and Family Test and utilised a locally developed patient satisfaction survey to capture patient experience. The last quarter showed that 100% of patients that participated in the satisfaction survey would recommend the service to friends and family. Patients' responses were positive regarding how they were treated.

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.
- 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.

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. For example, a review of data and patient activity showed that historically 12 November was the worst day in Leeds for demand in healthcare by people. The service ensured there was enough provision to support the demand.
- The provider engaged with commissioners to secure improvements to services where these were identified.
- The provider improved services where possible in response to unmet needs. For example, regular communication was held to discuss any areas of risks, key areas of concern or issues regarding demand and capacity. We were informed how the service also supported other urgent care facilities during times of extreme patient demand, such as winter pressures.
- The facilities and premises were appropriate for the services delivered.

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 seven days a week (including public holidays) from 11am until 11pm.
- Patients were streamed to the service via the A&E department. (These were patients who had attended A&E where their needs could be more appropriately addressed by a GP.) Patients could not directly walk-in to the co-located primary care service without first presenting at A&E. All staff were aware of the policy and understood their role with regards to it, including ensuring that patient safety was a priority.
- Patients were generally seen on a first come first served basis. The service had a system in place to facilitate

prioritisation according to clinical need where more serious cases and vulnerable patients could be prioritised as they arrived. At the time of inspection, this prioritisation was undertaken by the Streaming Nurse from the A&E department.

- Patients had timely access to initial assessment, diagnosis and treatment. Waiting times were minimal and managed appropriately.
- If a patient had been streamed to the GP inappropriately they were referred back to A&E; in line with protocol.
- Where patients' needs could not be met by the service, they were referred to the appropriate service for their needs, along with relevant health care advice.

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 and with respect.
- The complaint policy and procedures were in line with recognised guidance. Two complaints were received in the last year. We reviewed all two 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. Some complaints involved other services within the hospital (where the co-located primary care service was based). We saw evidence of joint investigation and learning across all the services involved.
- We saw that both verbal and written complaints were recorded; including complaints from patients that had been received through the Patient Advice and Liaison Service (PALS).
- Complaints were also monitored at provider level, which enabled cross-sector investigation and management.

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 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 available and approachable. The clinical services manager attended the service regularly and was easily accessible for staff. Leaders and managers at provider level supported the service and staff on a regular basis. They were easily accessible to enable staff to raise any issues or areas of concern.
- The provider worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Managers at both a local and provider level were accessible throughout the operational period, with an effective escalation 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 realistic strategy to deliver high quality care and promote good outcomes for patients.

- The provider had business plans in place to support service delivery and to meet the needs of the local population.
- The strategy and vision of the service had been developed jointly with staff and external partners. The strategy was in line with health and social priorities across the region.
- Progress against the delivery of the strategy was monitored both locally and at provider level.
- Staff were aware of and understood the vision and strategy and their role in achieving them.

Culture

The service had a culture of good quality and sustainable care.

- The provider had a set of values and expectations which were communicated to all staff within the service. Managers acted on behaviour and performance inconsistent with them.
- The service focused on the needs of the patients to ensure they received the most appropriate care and treatment.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems in place 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 was a strong emphasis on the safety and well-being of all patients and staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality.
- There were processes for providing all staff with the development they needed. Feedback, lessons learned and audit results were shared with the GPs to support their appraisal process.
- Staff said they felt supported and valued. They were confident that issues would be addressed and that their views were taken into account both at a local and provider level.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. We saw that structures, processes and systems were in place at provider level to support good governance at a local level. This included, for example the reporting and oversight of significant events and complaints. Systems were also in place at provider level to enable them to respond to emerging risks, for example any short-term or unexpected staff shortages. Twice weekly telephone calls were held for clinical leads from each of the provider's registered services, to ensure service delivery was not compromised.

- Structures, processes and systems to support good governance and management were clearly set out,

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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.
- The provider 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 clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions.
- There was an organisational oversight of Medicines and Healthcare products Regulatory Agency (MHRA) safety alerts, incidents and complaints.
- The provider and local managers had a good understanding of service performance against the national and local KPIs. Performance was regularly discussed at local and provider level. How the service was performing against the KPIs was shared with the local CCG as part of contract monitoring arrangements.
- Clinical audits had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. We reviewed two separate audits relating to sepsis and prescribing high risk medicines. We saw that clinicians were adhering to local and national guidance in respect of those areas.
- Business continuity plans were in place and shared with the GPs as part of their induction. These plans included information on what to do in the event of a major incident, this also included following the hospital's major incidents procedures.
- 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 safe and effective 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 good quality sustainable services.

- A range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There were systems in place to support patient feedback. For example, the Friends and Family test and the complaints system.
- Due to the type of service, it was not possible for a patient participation group (PPG). However, the service manager attended local GP practice PPGs to obtain the views of patients who may have used the service or provide suggestions for improvements.
- The service undertook quarterly patient surveys. The most recent survey (September 2018) showed that 100% of patient who participated were happy with the service.
- Managers liaised with staff to give them opportunities to provide feedback or any concerns relating to the service.
- The service was transparent, collaborative and open with stakeholders about performance.

Are services well-led?

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. Managers and leaders attended a range of groups relating to urgent care, to ensure they were engaged in discussions regarding service provision both locally and nationally.
- The provider and service managers were working with the local CCG and other services to develop and implement the local urgent care strategy regarding the roll-out of urgent treatment centres.
- Staff engaged regularly with a range of hospital personnel, predominantly those relating to urgent care such as the A&E department.
- Staff knew about improvement methods and had the skills to use them.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared both locally and across the provider's other services.