

# Church View Surgery

## Inspection report

Denaby Springwell Centre

Denaby Main

Doncaster

DN12 4AB

Tel: 01709 863302

[http://www.mysurgerywebsite.co.uk/  
index.aspx?p=X86616](http://www.mysurgerywebsite.co.uk/index.aspx?p=X86616)


Date of inspection visit: 25 September 2018

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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 practice 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 Church View Surgery on 25 September 2018 as the location registered with the Commission on 1 February 2018.

At this inspection we found:

- The practice had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice 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 patients with compassion, kindness, dignity and respect.
- Not all patients found the appointment system easy to use and reported that they were not able to access care when they needed it.

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

- Review the monthly infection prevention and control audits in line with the annual audit.
- Review the appointment system for those who would like to make an appointment at the desk in the practice and those who have difficulty travelling to other sites.
- Review the procedure to request home visits to ensure it includes reference to the emergency care practitioner visiting service criteria.

## **Professor Steve Field**

CBE FRCP FFPH FRCGP Chief Inspector of General Practice

## Population group ratings

<b>Older people</b>	<b>Good</b>	
<b>People with long-term conditions</b>	<b>Good</b>	
<b>Families, children and young people</b>	<b>Good</b>	
<b>Working age people (including those recently retired and students)</b>	<b>Good</b>	
<b>People whose circumstances may make them vulnerable</b>	<b>Good</b>	
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Good</b>	

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a second CQC inspector and a practice nurse specialist adviser.

## Background to Church View Surgery

AMP Healthcare Limited registered with the Care Quality Commission (the Commission) in February 2018 to provide services at Church View Surgery, Denaby Springwell Centre, Doncaster, DN12 4AB for 3,877 patients as part of the alternative provider medical services contract with NHS Doncaster Clinical Commissioning Group.

The provider has another location, Askern Medical Practice with a branch surgery at Mexborough Medical Practice, Alagu Close, Off Highwoods Road, Mexborough, S64 9AE. Patients from Church View Surgery can be seen at the branch surgery at Mexborough. The medical director has other separate provider registrations with the Commission and patients were also offered appointments Conisbrough Medical Practice.

Further information can be found on the practice website <http://www.mysurgerywebsite.co.uk/index.aspx?p=X86616>

Church View Surgery (referred to locally as Denaby Medical Practice) is situated in centre of the village of Denaby. The building has good parking facilities and disabled access and the community library, health visitors and the school nursing team are all based there.

The catchment area, which includes villages local to the surgery, is classed as within the most deprived areas in

England. Income deprivation indices affecting children (33%) and older people (30%) are significantly higher than the CCG (25% and 18%) and England (20% and 16%) averages. The age profile of the practice population is broadly similar to other GP practices in the Doncaster CCG area.

There is one GP who works at the practice two days a week and two long term sessional GPs who work eight sessions a week. They are supported by two advanced nurse practitioners, a part-time practice pharmacist, two part time practice nurses, a healthcare assistant, a phlebotomist and a team of administrative and reception staff. A group practice director supports the site manager.

The practice opening hours are 8am to 8.30pm on Monday and from 8am to 6pm Tuesday to Friday. Patients from this practice can access alternative Saturday morning appointments at Askern Medical Practice and the Mexborough branch surgery. Appointments are available with the practice nurse and advanced nurse practitioner at Church View Surgery on Monday evenings until 8.30pm.

We did not visit the telephone hub at the Mexborough branch surgery as part of this inspection

Out of hours care can be accessed via the surgery telephone number or by calling the NHS 111 service.

Practice staff can also book patients into the Primary Care Doncaster service which offers additional appointments with GP's, nurses and Allied Health Professionals in the evening and weekends in locations across Doncaster.

AMP Healthcare Limited is registered with the Commission to provide the following regulated activities:

- Diagnostic and screening procedures

- Treatment of disease, disorder or injury
- Maternity and midwifery services
- Surgical procedures

The nominated individual for Maternity and midwifery services and Treatment of disease, disorder or injury had left the organisation and we had not been notified of the new nominated individual.

# Are services safe?

**We rated the practice as good for providing safe services.**

## Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a DBS check. (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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment.
- There was an system to manage infection prevention and control, however some areas required review.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order. However, we did find some out of date consumables.
- Arrangements for managing waste and clinical specimens kept people safe.

## Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.

- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice 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.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The electronic patient record could be accessed across all of the associated GP practices. For those patient's seen at another site, the clinician could access the record and document details of the consultation accordingly.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

## Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. However, emergency equipment and medicines was checked monthly rather than weekly as recommended by the Resuscitation Council UK.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. The provider had recently reviewed the medicine review process and offered appropriate appointments to those patients who had not been reviewed in the last 12 months.

# Are services safe?

## Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

## Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

**Please refer to the Evidence Tables for further information.**

# Are services effective?

**We rated the practice as good for providing effective services overall and across all population groups.**

## Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long term conditions:

- Patients with long term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.

Families, children and young people:

- Childhood immunisation uptake rates for this provider were not yet available in the public domain. However, we saw that children were invited in for immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

Working age people (including those recently retired and students):

- The practice's cervical screening outcomes were not yet in the public domain. However we saw women were offered cervical screening appointments.
- The practice's uptake for breast and bowel cancer screening was not yet in the public domain.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

People experiencing poor mental health (including people with dementia):

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.

# Are services effective?

- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

## Monitoring care and treatment

The practice had started a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The Quality Outcomes Framework for 2016/17, which were available in the public domain at the time of this inspection, were not relevant to AMP Healthcare as they took over Church View Surgery on 1 February 2018 and new clinicians were responsible for the outcomes.

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

## Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice 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 practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.

- 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 with other health and social care professionals to deliver effective care and treatment.

- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised with, community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which 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 helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example, through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

## Consent to care and treatment

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



## Are services effective?

- 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.

**Please refer to the evidence tables for further information.**

# Are services caring?

**We rated the practice as good for caring.**

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The GP patient survey was conducted between 1 January 2018 and 31 March 2018. AMP Healthcare took over this practice on 1 February 2018 which was part way through the GP survey being sent out to patients. The results were below local and national averages for questions relating to kindness, respect and compassion. The provider explained that there had been staff changes since February 2018 and they were monitoring the situation through their own in house surveys.

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

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

- 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.
- The practice proactively identified carers and supported them.
- The GP patient survey was conducted between 1 January 2018 and 31 March 2018. AMP Healthcare took over this practice on 1 February 2018 which was part way through the GP survey being sent out to patients. The survey results were below local and national averages for questions relating to involvement in decisions about care and treatment. The provider had recognised this and were monitoring the situation through their own in house surveys.

## **Privacy and dignity**

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

**Please refer to the evidence tables for further information.**

# Are services responsive to people's needs?

**We rated the practice and the population groups as good for providing responsive services.**

## Responding to and meeting people's needs

The practice had re-organised services to meet patients' needs. However, it did not take account of all patient needs and preferences.

- The practice had reviewed the needs of the population and introduced a new telephone hub based at the Mexborough surgery which is a branch of Askern Medical Practice. Those patients who attended the practice and needed to make an appointment had access to a telephone on the reception desk to contact the appointment hub. Some patients told us this system did not suit them as if they needed to be called back they would need time to get home if they did not have access to a mobile phone. Also as the phone was located on top of the reception desk, this meant that conversations could be overheard and were not confidential. Since the inspection the provider has told us that the floor is now marked requesting that patients to stand behind the line whilst waiting to use the telephone.
- Telephone appointments were available which supported patients who were unable to attend the practice during normal working hours and patients could be seen at another site during the extended hours period.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

### Older people:

This population group was rated good for responsive because:

- All patients had the same named GP who worked at the practice two days a week. Patients told us that it was difficult making appointments to see the same GP, due to their availability, and told us they were asked to travel to other sites to be seen sooner than in the practice.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. However,

we did receive feedback that not all visits from the Emergency Care Practitioner service were appropriate as ECP's could not make changes to the medicines prescribed and a GP would be required.

- Patients residing in residential and nursing homes were reviewed every twelve weeks or by request.
- Local pharmacies offered a medicines delivery service for housebound patients.

### People with long term conditions:

This population group was rated good for responsive because:

- Comments received by some patients highlighted that the new system for getting an appointment did not fully meet the needs of this population group as they could not be seen in the practice at a time suitable for them.
- Patients with a long term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment.
- The practice liaised with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

### Families, children and young people:

This population group was rated good for responsive because:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

### Working age people (including those recently retired and students):

This population group was rated good for responsive because:

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, patients could access extended opening hours and Saturday appointments at other sites.

# Are services responsive to people's needs?

- The number of patients signed up to the online patient record system was 1% which was lower than the local average 16%.

People whose circumstances make them vulnerable:

This population group was rated good for responsive because:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

People experiencing poor mental health (including people with dementia):

This population group was rated good for responsive because:

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Staff were trained as dementia friends.

## Timely access to care and treatment

We received mixed views from patients regarding access to care and treatment from the practice within an acceptable timescale for their needs.

- The practice offered appointments with GPs, advanced nurse practitioners, practice nurses and healthcare assistants at other sites associated with this practice which suited some patients but did not suit those with no transport.
- The provider had calculated there were 540 appointments either missed or unused at the site between June 2018 to August 2018. They had produced a notice to inform patients of this and the importance of contacting the hub to cancel the appointment if they were not going to use it.
- Patients contacting the appointment hub with the most urgent needs had their care and treatment prioritised. However, on arrival at the practice patients confirmed their arrival by entering their details into the patient

record system screen. We observed reception staff worked in the office behind the reception desk where they did not have oversight of the waiting area and unwell patients.

- Patients reported long delays for the telephone to be answered at the hub first thing in the morning. The provider told us staff extra staff were rostered on to answer calls to meet the demand. The provider had installed a system on the telephone to monitor the number of calls coming into the hub and the time people waited for the call to be answered.
- The GP patient survey was conducted between 1 January 2018 and 31 March 2018. AMP Healthcare took over this practice on 1 February 2018 which was part way through the GP survey being sent out to patients. The survey results were below local and national averages for questions relating to access to care and treatment. The provider took over the practice one month into the three month period the survey was performed. They explained that the changes were down to the new systems and would take time to settle in.
- Since taking over the service the provider told us they had increased the number of appointments available for patients to book into at the practice. Appointment utilisation was monitored weekly and running at 85% to 95% of appointments available used.

## Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

**Please refer to the evidence tables for further information.**

# Are services well-led?

**We rated the practice as good for providing a well-led service.**

## Leadership capacity and capability

Leaders had the 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 all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

## Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

## Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance that did not comply with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. 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 co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

## Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

# Are services well-led?

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information, from February 2018, 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 practice 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 practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems across the associated GP practices.

## Engagement with patients, the public, staff and external partners

The provider had a joint patient participation group with Askern Medical Practice. Members told us they were able to access appointments at all the sites and were happy with the arrangements. They were also able to attend the other practice for minor surgery, rather than being referred to a hospital.

The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

**Please refer to the evidence tables for further information.**