

Cheshunt Minor Injuries Unit

Inspection report

King Arthur Court
Cheshunt
Waltham Cross
EN8 8XN
Tel:

Date of inspection visit: 09 November 2022
Date of publication: 13/01/2023

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 to people's needs?

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 Cheshunt Minor Injuries Unit on 9 November 2022 as part of our inspection programme. This was the first inspection undertaken at this service since it was registered with this provider.

There was no Registered Manager in place at the time of inspection due to recent changes in staff management, however the provider had submitted applications to update their registration and these applications were in progress. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- There were clear systems to keep people safe and safeguarded from abuse.
- There were clear and effective processes for managing infection prevention and control.
- The service had systems for appropriate and safe handling of medicines, however joint processes in place for administering medicines without prescriptions required strengthening.
- The provider had clear 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 provider routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence based guidelines.
- The service used key performance indicators to monitor performance and improve outcomes for people.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The service organised and delivered service to meet patients' needs.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The way the service was led and managed promoted the delivery of high-quality, person-centred care.
- Leaders and staff had a commitment to improve.

The areas where the provider should make improvements are:

- Improve induction monitoring processes for temporary and permanent staff.
- Maintain sufficient staffing levels to deliver safe care and treatment.
- Continue working with partner organisations in taking action to reduce health, safety and security risks.
- Continue with plans to develop, implement and monitor locally owned Patient Group Directions.

Overall summary

- Strengthen systems and processes with partner organisations to ensure clear responsibilities, roles and systems of accountability for staff.
- Review ways to ensure staff have a clear understanding of and contribute to the vision and strategy of the service.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

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

Background to Cheshunt Minor Injuries Unit

- Cheshunt Minor Injuries Unit is provided by HUC supported by a sub-contract with Hertfordshire Community NHS Trust. HUC is a Social Enterprise; a not-for-profit organisation with no shareholders and where any surpluses are re-invested into the service. The headquarters for HUC is in Welwyn Garden City, Hertfordshire. The service is commissioned by Hertfordshire and West Essex Integrated Care Board (ICB).
- The address of this service is King Arthur Court, Cheshunt, Waltham Cross, Hertfordshire, EN8 8XN. The website address is www.cheshuntmiu.nhs.uk.
- The service is registered with the CQC to provide the following regulated activities:
- Treatment of disease, disorder or injury.
- The minor injuries unit provides a walk-in service which is available to all patients aged one and over and has full wheelchair access. It is a nurse led service and sees approximately 505 patients a week. The service can treat a range of minor injuries from cuts, burns, scalds to a suspected fracture. The service does not treat minor illnesses or children under one year of age. The service shares the premises with Cheshunt Community Hospital.
- Clinical staff members are employed by Hertfordshire Community NHS Trust. Administrative staff are employed by HUC.
- At the time of the inspection the service team consists of 1 interim matron, 6 emergency nurse practitioners, 1 nursing associate, 2 emergency medical technicians, 1 lead administrator and 4 reception staff members.
- Cheshunt Minor Injuries Unit is open from 8am to 8pm daily, including weekends and bank holidays. The x-ray service is managed and provided by Alliance Medical and is open from 9am to 7pm Monday to Friday and 9am to 6pm at weekends and bank holidays for referred patients.

Are services safe?

We rated the service as Good for providing safe services.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had safety policies, including Control of Substances Hazardous to Health and Health & Safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training. The provider had systems to safeguard children and vulnerable adults from abuse.
- Policies were regularly reviewed and were accessible to staff employed directly by HUC. Clinical staff employed by another organisation and working for the service, could access these policies. They outlined clearly who to go to for further guidance. Clinical staff had access to regular, structured safeguarding supervision facilitated by the safeguarding lead for the partnership organisation.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The provider undertook checks of the Nursing and Midwifery Council to ensure nurses working at the service were registered.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Local safeguarding training focused on challenges in urgent care and the COVID-19 pandemic. 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.
- The premises was clinically suitable for the assessment and treatment of patients. On the day of the inspection, we saw that patients had access to additional seating located directly outside of the main reception area. Reception staff were able to monitor patients in this area.
- Facilities and equipment were safe, and equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective system in place for dealing with surges in demand, for example minutes of meetings discussed plans to increase staffing levels in response to the demand on the service. This included temporarily redeploying staff from other local sites. Senior staff were available for staff to escalate their concerns. Staffing level concerns had been identified in a recent staff survey; the provider confirmed they were working with the partnership organisation to address these concerns.
- During the inspection staff confirmed that only a verbal induction had been undertaken for a temporary member of the administrative staff. After the inspection staff had taken steps to retrospectively complete an induction checklist for this member of staff.
- 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.

Are services safe?

- Systems were in place to manage people who experienced long waits or patients whose clinical presentation fell outside the scope of the service. The provider had responded to patient and staff feedback regarding waiting times, due to an increased demand on the service. The service had introduced an initial assessment process to ensure that only patients appropriate for the service waited for a full assessment, and those that required more immediate urgent attention were redirected to more appropriate services.
- 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.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. Clinicians liaised with the local radiology department and received input and advice from the accident and emergency department when required.
- We saw a small number of x-rays that had not been reviewed within the services agreed pathway timeframe. After the inspection the provider confirmed that the backlog identified had been resolved and that attempts to contact each patient been undertaken. Staff told us they had been allocated protected time to undertake the reviews but expressed concerns that this had led to increase waiting times within the unit due to the reallocation of clinical resources.

Safe and appropriate use of medicines

The service had systems for appropriate and safe handling of medicines, however these required strengthening.

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, and vaccines, minimised risks. We observed that the stores were kept clean and in a neat and orderly manner. Detailed records were in place for all the medicines stocked at the unit. We saw that all the medicines we viewed during the inspection were in date.
- Staff administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- Processes were in place for checking medicines and staff kept accurate records of medicines. Qualified staff used Patient Group Directions (PGDs) to administer medicines without prescriptions. On the day of the inspection we identified gaps in the system to ensure that PGD's were being used in line with the local partnership policy. For example, PGD documentation had not been reviewed to ensure they always identified staff administering medicines under these directions, in addition they had not been authorised to confirm the competency of staff. PGDs provide a legal framework which allowed some registered health care professionals to administer specified medicines, such as painkillers. Following the inspection, the provider confirmed they had taken action to address these concerns and worked with the partnership organisation to review all of the PGD's to ensure they were in line with current legislation and governance.
- Arrangements for dispensing medicines kept patients safe. The service supplied a limited number of medicines for patients to take home, in line with the local policy.

Track record on safety

Are services safe?

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. For example, a security risk assessment had been undertaken by the provider in November 2022 following concerns raised regarding staff safety, and with reference to the service provided out of hours. However additional security concerns were identified on inspection. Following the inspection, the provider had taken action to review and mitigate the risks to patient and staff safety and welfare, where appropriate.
- 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.
- Joint reviews of incidents were carried out with partner organisations, the local A&E department, GP out-of-hours, NHS111 service and urgent care services.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. The service carried out a review and learning exercise following the identification of a small number of missed fractures. Learning from this had been shared with all clinical staff. The provider had identified subject matter experts to support incidents relating to safeguarding, infection prevention control, information governance and medicine management.
- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.
- The provider took part in end to end reviews with other organisations; and with other services managed by the provider. Learning was used to make improvements to the service. Learning from incidents was regularly reviewed at a provider level, where themes and trends, benchmarking comparisons and areas of good practice were discussed.

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.
- There were processes in place to oversee nurses' practice in relation to the interpretation of x-rays. Emergency Nurse Practitioners were trained to interpret x-rays and there were regular audits to ensure accuracy of interpreting x-rays. In addition, any x-rays in which the treatment was incorrect were investigated so learning could be identified
- 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
- Technology and equipment were used to improve treatment and to support patients' care.
- Staff assessed and managed patients' pain where appropriate. Patient's presenting to the service were offered pain relief, as required, during the initial assessment.

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. The service reported monthly to the Integrated Care Board (ICB) on their performance against a set of standards. 99% of the patients who arrived at the service completed their treatment within four hours. This was better than the national target which was to see and discharge 95% of patients within four hours.
 - Approximately 2% of patients' x-rays had missed fractures between May 2022 and July 2022. This was better than the target of 5%.
 - Data from August 2022 showed the re-attendance rate within seven days was 1% (24 patients). This was better than the target of 5%.
- The service used key performance indicators (KPIs) that had been agreed with commissioners to monitor their performance and improve outcomes for people. The service shared with us the performance data from November 2021 to October 2022 that showed:
 - 6% of people who attended the service were advised to attend A&E. The service used information about care and treatment to make improvements. In response to increasing attendances an initial assessment process had been introduced to improve patient experience by identifying whether the unit was the appropriate place for their care and treatment. This meant that patients did not wait for long periods before being told that they needed to be treated in another service.
- The service used audit to assess and improve the quality of care and outcomes for patients. We saw that the service had undertaken a second cycle audit of clinical documentation. Following the second cycle the overall score for quality of documentation had improved to 90%. The service was continuing to audit this process and had set the target for the next audit at 95%. We saw the provider monitored audit activity through regular clinical governance meetings.

Effective staffing

Are services effective?

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

- All staff were appropriately qualified. There were induction packs in place for clinical and administrative staff to support new team members. The provider had recently introduced a monitoring process to provide assurance that all staff, including those not directly employed by the provider, undertook induction and ongoing supervision. This covered such topics as orientation, mandatory training and roles and responsibilities.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required. Following the inspection, we saw evidence that the service assessed staff competencies and an action plan in place to provide individual supportive supervision sessions with the Clinical Director. This provided real time learning and feedback to staff.
- The provider understood the learning needs of staff, however staff told us due to the demand on the service there was not always protected time for training during core hours. 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.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred. Care and treatment for patients in vulnerable circumstances was coordinated with other services. We saw examples that staff had considered the needs of both the patient and their vulnerable relatives and had liaised with external agencies to ensure the safeguarding of these individuals. 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.
- The service had formalised systems with the NHS 111 service with specific referral protocols for patients referred to the service. An electronic record of all consultations was sent to patients' own GPs.
- The service ensured that care was delivered in a coordinated way and took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- There were clear and effective arrangements for booking appointments, transfers to other services.

Helping patients to live healthier lives

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

- The service identified patients who may be in need of extra support.
- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Are services effective?

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 staff members had received training on equality, diversity and inclusion.

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 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.
- Curtains were provided in consulting rooms to maintain patient's privacy and dignity during consultations.
- We noted that consultation and treatment room doors were closed during consultations, conversations taking place in these rooms could not be overheard.
- 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 provider understood the needs of its population and tailored services in response to those needs. The provider engaged with commissioners to secure improvements to services where these were identified. For example, the service had engaged with commissioners to introduce an initial triage assessment to ensure safety and earlier signposting to other services, where appropriate.
- The provider improved services where possible in response to unmet needs.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. Staff told us alerts were used on patient records, for example safeguarding alerts.
- The facilities and premises were appropriate for the services delivered. There were accessible facilities.
- The service made reasonable adjustments when people found it hard to access the service. A hearing loop was available to assist communication with those patients with hearing impairment.
- The service was responsive to the needs of people in vulnerable circumstances. We saw good practice where staff identified that a patient's relative required support and ensured that assistance was arranged.

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 365 days a year from 8am to 8pm.
- Patients could access the service either as a walk-in patient, via the NHS 111 service or by referral from a healthcare professional. Patients did not need to book an appointment.
- Patients were generally seen on a first come first served basis, although the service had a system in place to facilitate prioritisation according to clinical need where more serious cases or young children could be prioritised as they arrived. The reception staff had a list of emergency criteria they used to alert the clinical staff if a patient had an urgent need. The criteria included guidance on sepsis and the symptoms that would prompt an urgent response. The receptionists informed patients about anticipated waiting times.
- Patients had timely access to initial assessment, test results, diagnosis and treatment. Performance data from November 2021 to October 2022 showed:
 - 99% of patients who arrived at the service completed treatment within four hours.
- Waiting times and delays were minimal and managed appropriately. The service engaged with people who are in vulnerable circumstances and took actions to remove barriers when people found it hard to access or use services.
- Patients with the most urgent needs had their care and treatment prioritised.
- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Referrals and transfers to other services were undertaken in a timely way.

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. 13 complaints were received in the last year. We reviewed 13 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 from analysis of trends. It acted as a result to improve the quality of care. We saw that the service had delivered additional training to staff following a complaint regarding a missed fracture and had introduced a new monitoring process.

Are services well-led?

We rated the service as Good for leadership.

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- We saw the provider had recently recruited to additional senior leadership roles, including a new dedicated Clinical Director for Primary and Urgent Care. In addition, we saw plans were in place to provide redirected leadership support to staff in interim roles.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. Senior leaders met regularly with partnership organisation to ensure open and robust communication and alignment with service priorities, standards and assurance processes.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Leaders had recognised a need to provide additional support to staff at the unit and had taken action to address this.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- This vision and strategy was understood by senior leaders, however some staff said they did not feel they were engaged in the delivery of this. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with patients and external partners.
- Not all staff we spoke with understood the vision, values and strategy and their role in achieving them. The clinical and governance teams had been recently expanded and leaders acknowledged they were working hard to strengthen the relationship with local organisations.
- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. Some staff we spoke with did not always feel their concerns had been addressed. The provider had recently undertaken a staff survey, the findings had led to immediate actions to address concerns raised, for example this included increased leadership presence onsite.

Are services well-led?

- 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
- All clinical staff were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work, but this needed to be consistent. The provider had recently redirected leadership capacity to provide structured daily huddles, supervision and support, targeted audits and shared learning.
- There was consideration given to the safety and well-being of all staff. Staff had access to support when they were involved in a traumatic incident, complaint or investigation.
- 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 onsite 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. The provider had identified a need to enhance relationships with the partnership organisation. Service level assurances were reviewed at monthly shared governance and operational meetings.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Leaders were in the process of establishing and embedding policies, procedures and activities to ensure safety and that they were operating as intended.

Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through audit of their consultations, 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 commissioning bodies 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.

Are services well-led?

- 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. Leaders had taken action to address a small backlog in x-ray reporting.
- 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. The service regularly collected and reviewed patient feedback. Patient experience questionnaires for adults and a separate questionnaire for children were available.
- The service had recognised they did not have access to a registered patient list to assist with patient engagement. A new initiative had been commenced in October 2022 to actively develop a Patient Participation Group (PPG) in partnership with local GP practices.
- Staff were able to describe to us the systems in place to give feedback. We saw evidence of the most recent staff survey and how the findings were fed back to staff. 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. 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 and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance. However, staff told us due to the demand on the service this was sometimes difficult to achieve.
- There were systems to support improvement and innovation work.