

# Kings Medical Centre

## Inspection report

c/o Kings Medical Centre  
King Edward Street  
Normanton  
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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 to people's needs?		Good	
Are services well-led?		Good	

# Overall summary

**This service is rated as Good overall.** The service had been previously inspected in February 2014 but did not receive a rating at that time.

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 Kings Medical Centre as part of our inspection programme.

The provider delivers several specialist services which include:

- Carpal Tunnel Treatment and Surgery Service
- Community Dermatology Service
- Direct Access Adult Hearing Loss Service
- Community Physiotherapy Service

The service is registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008, in respect of some, but not all of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service, and these are set out in Schedule 2 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We were only able to evaluate the services which come into the scope of regulatory requirements with the CQC and therefore only inspected services in relation to carpal tunnel treatment and surgery, the community dermatology Service, and some elements of the adult hearing loss service which included an in-house wax management service which was being piloted. Services we did not inspect included audiology, such as the fitting of hearing aids and devices, and physiotherapy services as these fell outside the scope of CQC registration.

## How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, considering the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

During our inspection we:

- Looked at the systems in place relating to safety and governance of the service.
- Viewed key policies and procedures.

# Overall summary

- Reviewed patient records.
- Interviewed the provider both by telephone and face to face.
- Spoke with staff and received written submissions from them.
- Spoke with patients who used the service.

To get to the heart of patients' experiences of care and treatment, we asked the following questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- Is it well-led?

These questions formed the framework for the areas we looked at during the inspection.

## Our key findings were:

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- There were systems in place to review and investigate events and incidents when things went wrong or did not meet the required standards. Lessons learned were shared and the provider identified themes and took action to improve quality and safety.
- Patients received effective care and treatment that met their needs. Treatment was delivered in a timely manner.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The service had adjusted how it delivered care and treatment to meet the needs of patients during the COVID-19 pandemic. Patients were able to access care and treatment in a timely way.
- The way the service was led and managed promoted the delivery of high-quality, person-centre care. There were effective performance management and governance processes in place, and we saw that action had been taken to improve performance and tackle areas which had not met service internal standards when these were identified.
- Patient satisfaction with services provided was high.

Whilst we found no breaches of regulations, the provider **should**:

- Maintain records to demonstrate that staff are vaccinated in line with Public Health England guidance.
- Fully re-establish appraisal processes across all staff groups.
- Develop a standard two-cycle approach to clinical and non-clinical audit activity.

## Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection was undertaken by a lead CQC inspector and a GP Specialist Advisor.

## Background to Kings Medical Centre

Novus Health Limited is an independent healthcare provider which delivers care to NHS patients. The headquarters are located at The Normanton Hub, Millenium Court, 60 Queen Street, Normanton, West Yorkshire, WF2 6BU. The registered operating address for the service is Kings Medical Centre, King Edward Street, Normanton, Wakefield WF6 2QZ.

The provider delivers several specialist services which include:

- Carpal tunnel treatment and surgery service – the service is focused on supporting patients to maintain a non-surgical pathway of care whenever possible.
- Community dermatology service.
- Direct access adult hearing loss service – the only part of this service that is in the scope of CQC registration is a wax management service being piloted which relates to the treatment of adult hearing loss.
- Community physiotherapy service – this service falls outside the scope of CQC regulation.

Services are provided under 'Any Qualified Provider' contracts (AQP) (this is a type of NHS contract, which allows non-NHS as well as NHS organisations to provide NHS services). The main commissioner of services is NHS Wakefield Clinical Commissioning Group, although the carpal tunnel service, dermatology service, and adult hearing loss service is available to patients residing within the area covered by NHS Kirklees Clinical Commissioning Group.

The service operates from locations across West Yorkshire, some of these are the provider's own locations and some are delivered in hosted GP practices:

- Kings Medical Centre, King Edward Street, Normanton, Wakefield, WF6 2QZ - Community Dermatology Service. This service is hosted by King's Medical Practice.
- Sandal Castle Medical Centre, Asdale Road, Wakefield, WF2 7JE - Carpal Tunnel Treatment and Surgery Service, Community Dermatology Service. This service is hosted by Trinity Medical Centre.
- The Normanton Hub, Millenium Court, 60 Queen Street, Normanton, West Yorkshire, WF2 6BU - carpal tunnel treatment and surgery service, community dermatology service, direct access adult hearing loss service (including the pilot wax management service). This service is delivered in a location operated by Novus Health Limited.
- College Lane Surgery, Barnsley Road, Ackworth, Pontefract, WF7 7HZ - carpal tunnel treatment and surgery service, community dermatology service. This service is hosted by College Lane Surgery.
- Middlestown Medical Centre, 129 New Road, Wakefield, WF4 4PA - community dermatology service. This service is hosted by Middlestown Medical Centre.
- The Wakefield Hub, 8-10 Providence Street, Wakefield, WF1 3BG - community dermatology service. This service is delivered in a location operated by Novus Health Limited.
- Unit 4, Benton Office Park, Bennett Avenue, Horbury, Wakefield, WF4 5RA – clinical call centre. This service is delivered in a location operated by Novus Health Limited.

Appointments are booked via NHS referrals from patients registered in their resident NHS Clinical Commissioning Groups. Patients can opt to attend a location of their choice, depending upon which days services are delivered from each of the sites.

The days and hours of operation are flexible and driven by patient demand and clinical capacity. The service can be contacted Monday to Friday 8am to 5pm.

The service is delivered by a range of clinicians including consultant surgeons, GPs with special interests, nurses and clinical support staff. They are supported by a management, call handling, and administration team. The service utilises a mix of employed staff and sessional staff.

Novus Health Limited is registered with the Care Quality Commission to deliver the following regulated activities:

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

- Surgical procedures

# Are services safe?

## We rated safe as Good because:

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- There were systems in place to review and investigate events and incidents when things went wrong or did not meet the required standards.
- There was an effective system to manage infection prevention and control (IPC) risks.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.
- The service had access to relevant patient records systems and referral notes so they could obtain the information required to deliver effective care and treatment.

## Safety systems and processes

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

- The provider had developed systems and processes to manage the safety of patients and staff. There were appropriate safety policies, which were regularly reviewed and communicated to staff. These policies and procedures outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. Managers monitored health, safety and welfare and incidents and these were reported to the internal Health and Safety Committee which met every two months.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- 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 for all staff (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 service had systems to safeguard children and vulnerable adults from abuse and had an up to date safeguarding policy in place. All staff received safeguarding and safety training appropriate to their role. For example, clinicians had been trained to level three in safeguarding. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role.
- There was an effective system to manage infection prevention and control (IPC) risks. We saw that IPC audits had been undertaken, and that any necessary remedial actions identified had been actioned. The audits indicated a high level of overall compliance. For example, the Normanton hub had been audited in 2021/2022 and had achieved a compliance score of 99%. Where the service operated from hosted locations the provider had assurance from the host location of IPC audit finding and overall compliance. Staff had received IPC training as part of their induction and ongoing training. There was a water safety plan in place which covered issues which included Legionella controls. However, the provider had not fully assessed the vaccination status of staff in line with national guidance. The provider told us that they would action this.
- The provider had put measures in place to reduce and control infection risks to staff, patients and others during the COVID-19 pandemic. These measures had been regularly updated and refreshed.
- The provider ensured that facilities and equipment were safe, and that 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.

# Are services safe?

- There were arrangements for planning and monitoring the number and mix of staff needed against patient referral demand.
- There was an effective induction system for newly appointed staff tailored to their role. We saw that induction covered key areas such as mandatory training.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. Where services were delivered in hosted locations, they had access to emergency equipment and medicines provided by the host GP practice.

## Information to deliver safe care and treatment

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

- Individual treatment records were managed in a way that kept patients safe. The service had access to relevant patient records systems and referral notes so they could obtain the information required to deliver effective care and treatment. When cases were completed clinician case notes were entered on to the patient's record and electronically transferred to their own GP. This included information regarding follow-ups and any required tasks for the GP to undertake.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. This included inter-provider transfers to hospital trusts for patients with a suspected or potential diagnosis of cancer.

## Safe and appropriate use of medicines

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

- There were systems and arrangements for safely and effectively managing medicines.
- We saw that the provider undertook regular monitoring of the prescribing practices of clinicians to ensure this was in line with best practice guidelines. Results of this work were discussed with individual clinicians.
- Staff prescribed and administered medicines to patients, and gave advice on medicines in line with legal requirements and current national guidance. If the service provided medication, then this would be usually prescribed for at least the first 14 days. For conditions which required a patient to receive medication for longer than this period the service was either able to prescribe for a longer period, or they would arrange with the patient's own GP to prescribe.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety. We saw that these risk assessments had been regularly reviewed. In addition, managers had access to risk assessments and safety procedures applicable to any services hosted in GP practice locations, and had assurance that necessary health and safety controls and monitoring processes were in place. For example, outcomes of the fire risk assessment were available to the provider from these host sites. Staff had access to assessments and safety procedures via the shared IT system.

# Are services safe?

## 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. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. The provider had developed and adopted a significant event procedure which included the duty of candour.
- When incidents happened there were systems for reviewing and investigating these. The service learned and shared lessons, identified themes and took action to improve quality and safety in the service. Findings from investigations were discussed at monthly team meetings. Between April 2021 and March 2022, the carpal tunnel service had recorded eight incidents/events and the dermatology service 23 incidents/events. In the latter case we saw that 17 of these related to cancelled clinics. The provider had examined the late cancellation of clinics and had put in place measures to reduce this occurrence. We saw that at the time of inspection that the clinic cancellation rate had reduced.
- The service had systems in place for understanding and reporting notifiable safety incidents
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional staff. Incidents involving external organisations were also followed up with those organisations and learning shared with them. For example, issues with leaking COVID-19 swab samples handled by a third-party company prompted a review of sample bottles usage, and resulted in revised instructions being disseminated to the wider team to ensure sample bottles were adequately tightened.



# Are services effective?

## We rated effective as Good because:

- Patients received effective care and treatment that met their needs, and which was in line with current evidence-based guidance.
- Staff had the appropriate skills and knowledge to deliver effective care and treatment.
- Patients received coordinated and person-centred care.

## Effective needs assessment, care and treatment

### **The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)**

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. We heard that standards and guidelines were discussed regularly at clinical meetings, and that clinicians regularly presented cases at meetings to share learning.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate. Processes were in place for surgeons to assess pain pre- and post-operatively. Such feedback from patients was seen as a key measure of outcome. Patient reported outcomes at the 12-week review period for carpal tunnel surgery undertaken in 2021 showed that:
  - 93% of patients had symptom improvement
  - 95% of patients had improvement in night symptoms
  - 97% of patients had healed fully at the surgical site.

## Monitoring care and treatment

### **The service was actively involved in quality improvement activity.**

- The service used information about care and treatment to make improvements. For example, we saw how the provider had taken action to reduce occurrences of late notice clinic cancellations. The provider had in place detailed monthly monitoring and reporting processes which examined the performance and quality of the treatment and care delivered. The provider had recognised that whilst these were not full clinical audits, they allowed service improvements to be made and impact tracked. In response to this recognition the provider had drawn up plans improve clinical and non-clinical audit processes. Performance and quality improvement had a high organisational profile and was reported to the Executive Board on a monthly basis, and on a quarterly basis to the full organisational Board.

## Effective staffing

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

- All staff were appropriately qualified. Many clinical staff held substantive roles within the NHS and delivered services for the provider on a sessional basis.
- The provider had an induction programme in place for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation requirements.

# Are services effective?

- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

## Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. The provider worked with other health partners such as GPs and other NHS organisations to provide a seamless service for patients. For example, the community dermatology service was integrated into the local hospital Trust's care and treatment pathway. There was a single point of access for all dermatology referrals, these were assessed by the Trust and triaged by a consultant dermatologist. When care was seen as being able to be appropriately and safely delivered in the community the Trust referred patients on to the provider.
- When required the provider was also able to refer patients back to the hospital Trust via an inter-provider transfer for more specialist treatment pathways such as access to phototherapy and patch testing to establish allergies.
- Rather than immediately discharging patients from their care following cessation of treatment and aftercare, the provider clinically assessed patients who had used the dermatology service and, if identified, placed these on hold within their patient system (for up to 12 months). This meant that if they required further treatment for their condition, they were able to access the service directly. This prevented the need for an NHS re-referral, and the delays to treatment associated with this.
- Before providing treatment, clinicians at the service ensured they had adequate knowledge of the patient's health via clinical notes, any relevant test results and their medicines history.
- The service monitored the process for seeking consent appropriately.

## Supporting patients to live healthier lives

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

- Where appropriate, staff gave patients advice so they could be more aware of their condition and effectively support themselves. The provider had also developed several advice leaflets for patients regarding conditions, this included post-treatment advice.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- The service offered a degree of continuity via external organisations such as the local hospital Trust, as a number of clinical staff also worked for the Trust and were able to follow up the same patients in the Trust where care could not be delivered by the provider.

## Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making. Patients we spoke with on the day of inspection told us that they felt well informed during their consultations and understood their consent decisions.
- There was adequate space provision for patients to give informed consent in a private, quiet environment without interruption.

# Are services effective?

- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make informed decisions about their treatment and care. We saw that staff had received training in mental capacity.

# Are services caring?

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

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Information for patients about their treatment and care was accessible.

## **Kindness, respect and compassion**

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

- The service sought feedback on the quality of clinical care patients received. Patients were contacted between four and seven days after they had received treatment to track their recovery, and then at 12 weeks for a more formal assessment of outcome. In addition, patients were also sent a patient satisfaction survey, either by text or hard copy, to gather their views. In March 2022, 98% of carpal tunnel surgery patients and 97% of dermatology service patients from Wakefield CCG said that they had been treated with dignity and respect, and for patients from Kirklees CCG this was 100% for both services.
- Feedback from patients about the way staff treated people was positive. Patients we spoke with on the day of inspection told us that staff were friendly, courteous and professional and sought to put them at ease.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- Patients were given timely support and information both before and after a procedure or treatment, and were able to contact the service after they had received treatment to discuss concerns.

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

### **Staff helped patients to be involved in decisions about care and treatment.**

- Interpretation services were available for patients who did not have English as a first language.
- Patients we spoke with on the day said that they felt listened to and supported by staff and had enough time during consultations to make an informed decision about the choice of treatment available to them. The patient satisfaction survey for March 2022 showed 93% of carpal tunnel surgery patients and 90% of dermatology service patients said that they had been involved in decisions about their care.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.

## **Privacy and Dignity**

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

- Staff recognised the importance of people's dignity and respect.
- We visited a clinic in operation and saw that standards of dignity and respect were maintained. For example, there was appropriate provision to ensure dignity during examinations including sufficient chaperone availability and curtains around examination areas.

# Are services responsive to people's needs?

## We rated responsive as Good because:

- Facilities and premises were appropriate for the services delivered.
- Patients had some choice of location in relation to where they were assessed and treated.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Complaints were closely monitored by the provider and were used as a basis for the continued improvement and development of the services delivered.

## Responding to and meeting people's needs

### The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- During 2021/22 the service had received 25,228 referrals and delivered over 53,000 patient contacts across all services (this included those services outside the scope of CQC registration).
- Due to the range of locations used by the provider, patients had some choice of location in relation to where they were assessed and treated whenever this was possible.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, we saw that aids such as wheelchairs were available on site for patients who had mobility issues.
- The provider had introduced a pilot trial of an in-house NHS wax management service for patients. This was in response to identified patient need, and between July 2021 and March 2022 had treated 331 patients. The service had taken a proactive approach to the introduction of this service to facilitate the patient journey, as it reduced the need to discharge patients pending wax clearance elsewhere.

## Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- The provider monitored referrals and waiting times. For example, in March 2022 there were four patients awaiting carpal tunnel surgery. This figure showed a slight net reduction over previous months. Patients we spoke with on the day felt that from referral into the service they had been dealt with promptly.

## 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. This included information on the website and at clinic locations. We were told that the provider treated patients who made complaints compassionately and actively listened to their concerns.
- The service informed patients of any further escalation routes that may be available to them should they not be satisfied with the response of the provider to their complaint.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.

# Are services responsive to people's needs?

- Complaint levels were closely monitored by the organisation and these were reported at board, executive board and organisational committee levels. Complaint levels for the service were low. For example, in the previous 12 months the dermatology service had received ten complaints or other negative points of feedback (from 4,431 patient referrals received in 2021/2022). None of these complaints were formal, and we were informed all had been resolved.

# Are services well-led?

## We rated well-led as Good because:

- The provider had an established governance framework which supported the delivery of good quality care.
- Effective performance management was undertaken, and performance was reported regularly at senior organisational level.
- The provider had processes in place to identify, understand, monitor and address current and future risks to the services delivered.
- The provider encouraged a culture of engagement with patients, staff and external partners and stakeholders. It used feedback to shape and improve services.

## Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were actively involved in addressing them. For example, the provider had identified several challenges which included:
  - Increased demand for dermatology services post pandemic.
  - Disruption to clinics caused by COVID-19 short notice cancellations.
  - Recruitment of non-clinical staff.
  - The impact of clinical sessional contracts which could make the organisation of meetings and obtaining individual compliance assurance more complicated.

The provider had measures in place to tackle some of these challenges. For example, they had recently completed the recruitment of additional clinical staff to meet the demand for dermatology services.

- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive care.
- The provider had effective processes to develop leadership capacity and skills.

## Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities. We saw that there was a strong emphasis on delivering good local care to meet the needs of the local community.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. A member of staff informed us that they were regularly involved in discussions around the vision and values of the organisation at monthly meetings.
- The service monitored progress against delivery of the strategy.

## Culture

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

- Staff we either spoke with, or received feedback from, told us that they felt respected, supported and valued.
- The service focused on the needs of patients and worked with others to achieve this.

# Are services well-led?

- Leaders and managers acted on behaviour and performance inconsistent with the vision and values of the organisation.
- 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 told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal, supervision and career development conversations. However, some appraisals had not been completed within the provider's identified timescales due to operational pressures which included COVID-19. The provider had reviewed their approach to appraisals. In light of this they planned to implement a revised process for both clinical and non-clinical staff to improve the robustness of conversations and documentation derived from these, and to reinstate more formalised appraisals with GPs with special interests. Staff were supported to meet the requirements of professional revalidation where necessary. Staff were given protected time for professional development and evaluation of their clinical work. In the 2021 staff survey, 60% of staff reported that they had accessed training, learning or development opportunities in the previous 12 months (this excluded mandatory training), and 92% of respondents felt that their manager had supported them to receive training, learning or development.
- There was a strong emphasis on the safety and well-being of all staff. In the 2021 staff survey 92% of staff either agreed or strongly agreed that their immediate manager took a positive interest in their health and wellbeing.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- Staff informed us that there were positive relationships between managers, staff and individual teams.
- Clinical staff informed us that there were systems in place to keep them up to date with changes to pathways and protocols as well as relevant national guidance and evidence-based treatment changes.

## 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 and referral arrangements promoted interactive and co-ordinated person-centred care. We saw that regular senior management meetings were held to discuss key operational areas. This included board, executive board, clinical governance committee, health and safety committee and finance and operational performance committee meetings. Details of meetings were communicated to staff via email. We saw that the service had developed effective monitoring and reporting systems and that these were discussed at all levels within the organisation.
- Staff were clear on their roles and accountabilities and job profiles and outlines had been developed.
- Leaders and managers had established appropriate policies, procedures and activities to ensure safety and assured themselves that these operated 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 service had developed a risk log which was monitored and reassessed regularly. Organisational risk was discussed at executive board and board level. At the time of inspection identified significant risks included:
  - Recruitment and staff retention.



# Are services well-led?

- That the organisation had a dependency on a limited number of individuals for the delivery of some services, and that this reduced the resilience of the organisation should these individuals become unavailable.

1. We saw that the provider had plans in place to manage these risks.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through the ongoing monitoring of a range of key outcomes. These included monitoring prescribing performance, and patient satisfaction with outcomes. The organisation had oversight of safety alerts, incidents, and complaints.
  - Monitoring procedures, ongoing audit checks and learning from these had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality and outcomes when this was identified as a need.
  - The provider had plans in place and had trained staff for major incidents.

## 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. The provider had developed detailed procedures and processes to assess performance and had established governance routes which gave the necessary oversight.
- Quality and sustainability were discussed in relevant meetings.
- 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 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.

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

### The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from patients, staff, external partners and stakeholders and acted on them to shape services and the culture of the organisation. For example, the provider contacted patients after they had received treatment for their views on the services they had received. Evidence we saw from March 2022 indicated that 97% of Wakefield CCG patients who had accessed the carpal tunnel surgery or dermatology service would recommend these services to friends and family, and this rose to 100% of patients from Kirklees CCG.
- There were systems to support improvement and innovative work. The provider shared with us identified service improvement initiatives. These included:
  - Improving operational and organisational resilience.
  - Clinical and non-clinical audit – introduction of more formalised audit processes.
  - Appraisals – improving appraisal documentation and placing appraisals on a more regular footing post-pandemic.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff. The provider undertook an annual staff survey which was used to inform the development of business operating models. Results from the 2021 survey showed generally high levels of staff satisfaction. We saw that 76% of staff reported that they often or always looked forward to going to work, and 96% of staff either agreed or strongly agreed that they felt trusted in their job.
- 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 strong focus on continuous learning and improvement.
- The service made use of 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.
- Dermatology – review of the current integrated service model and examination of new opportunities to create a shared systems vision and approach with the local hospital trust.