

Dudley Urgent Care Centre

Inspection report

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Requires Improvement 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. (Previous inspection March 2019 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced focused inspection at Dudley Urgent Care Centre on 26 May 2022 following a review of information we held about the provider which triggered the inspection. We did not include the key lines of enquiry related to caring and responsive services, as there were no risks identified with these key questions.

At this inspection we found:

- Safeguarding processes were in place. Staff had access to policies and referral information.
- Infection control processes were in place and the premises were visibly clean.
- The service had systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence based guidelines. However, the service was not meeting the targets specified by its commissioners.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- The organisation had procedures in place for staffing, however we found instances where rotas were unfilled, and this had the ability to impact on timely assessment and treatment.
- Patients were not always able to access care and treatment from the service within an appropriate timescale for their needs and there were processes in place to mitigate risk, however recruitment of clinical staff was an ongoing challenge with 27% of shifts unfulfilled during the last 13 months.
- Governance processes needed embedding further as we found fridge temperatures were not being routinely monitored and escalated.
- Leaders understood the challenges and were working to make improvements in the service, however some systems and processes had recently been established and needed to be embedded further. For example, shift lead role, huddle meetings and escalation processes to manage patient flow and demand.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- Continue to monitor that governance and clinical escalation processes are effective and make further improvements as needed.
- Continue to monitor recruitment and make further improvements in staffing where needed.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Overall summary

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser.

Background to Dudley Urgent Care Centre

Dudley Urgent Care Centre is situated in Russells Hall Hospital which is based in the Dudley area of the West Midlands. The provider organisation is Malling Health (UK) Limited. The service provides urgent care and out-of-hour GP services for its member practices as well as a streaming (redirecting patients to appropriate care) service situated at the entrance to the emergency department. The service is designed to see and treat patients who do not require emergency care and reduce the pressure on the emergency department. The service location is accessible to those with limited mobility.

The Urgent Care Centre offers non-emergency care for walk-in patients with minor illnesses and injuries that need urgent attention. These services are available to patients 24 hours a day, seven days a week. Patients can attend the Urgent Care Centre directly which is accessed through the Emergency Treatment Centre. Patients can also be referred to the Urgent Care Centre by the NHS 111 service. NHS 111 is a telephone-based service where callers are assessed, given advice and directed to a local service that most appropriately meets their needs.

The service has approximately 24 staff directly employed by the organisation including an Operations Manager. Most of the clinical staff working at the service which consists of GP's, advanced nurse practitioners (ANP), paramedics, nurses and healthcare assistants (HCA) are either bank staff (those who are retained on a list by the provider) or agency staff. The area management team consists of a Director of Operations and a Clinical Chair. At the time of our inspection the service was recruiting for a clinical lead and interim arrangements were in place to cover this role.

CQC registered the provider to carry out the following regulated services at the service:

- Transport services, triage and medical advice provided remotely
- Treatment of disease, disorder or injury
- Diagnostic and screening procedures

The service's website address is www.malling.health/

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. There was a safeguarding lead both regionally and locally. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. The service worked with other agencies to support patients and protect them from neglect and abuse.
- 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).
- Agency staff who required background checks at the same standard as permanent staff had these undertaken by the agency who supplied them. The provider obtained evidence to confirm the checks had been made.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There were systems to manage infection prevention and control. There was an infection control lead in place, and we saw evidence that an infection control, hand hygiene, decontamination of equipment and environmental audits were being carried out.
- 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.

- There were arrangements for planning and monitoring the number and mix of staff needed, however the service was experiencing recruitment challenges. The provider was reliant on locum clinicians employed through agencies. We saw evidence of rotas planned in advance and there was a system in place for dealing with increased demand, however, staff reported that some shifts were unfulfilled at short notice with difficulties covering shifts during weekends. We found in some instances there was minimal staffing provision, impacting upon delays in assessment and treatment. However staffing levels and skill mix were continuously reviewed throughout the day and where support could be provided, it was. For example, escalation processes, resourcing staff from other sites.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need.
- There were systems in place for monitoring and carrying out observations of patients who experienced long waits. For example, the service operated a process where patients were triaged upon arrival which included taking a brief history. This enabled staff to sort patients' priority for treatment based on their clinical needs and track patients through the service.

Are services safe?

- A shift lead role had recently been implemented as a first point of contact for clinical and operational staff on duty to review patient flow, surges in demand, referrals and escalate any concerns. At the time of our inspection the provider had implemented processes, for example, piloting a rapid assessment and treatment model to identify patients who presented as low risk who could be seen and assessed quicker to avoid experiencing long waits and to reduce overcrowding. However this needed to be embedded. In addition, there was a process in place to manage patients who do not wait to be seen.
- 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. For example, a clinical shift lead had been introduced to review waiting times, update patients and escalate any concerns.
- Due to the size of the waiting area the provider faced challenges in managing the volume of patients during periods of peak demand, however the provider was reviewing these risks. For example, redirection of booking in patients, keeping relatives out of the waiting area, surge demand plans and escalation processes to manage the safety, environment and patient experience.

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.
- Regular audits of consultations were completed to ensure the relevant information had been recorded within patients' records.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. However, staff told us there had been challenges with delays in referring patients requiring to be seen for further treatment in the hospital. During our inspection, we saw evidence of working with the hospital to improve patient pathways.

Appropriate and safe use of medicines

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

- The systems and arrangements for managing medicines, including medical gases, equipment, and controlled drugs and vaccines, minimised risks.
- The service kept prescription stationery securely and monitored its use. Arrangements were also in place to ensure medicines and medical gas cylinders carried in vehicles were stored appropriately.
- We found adequate supplies of PPE was available to ensure the safety of both patients and staff during the COVID-19 pandemic.
- The service carried out audits to ensure that prescribing was in line with national or local guidelines. For example, prescriptions issued, antibiotics, analgesia, benzodiazepine and opioid prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.

Are services safe?

- Processes were in place for checking medicines and fridges, however this needed embedding further. For example, we found that fridge temperature checks were not appropriately monitored to ensure that when temperatures were recorded as out of range with the manufacturer's recommendations appropriate action was taken. During our inspection the provider took immediate action to address this issue and a risk assessment was carried out to remove the fridge which stored medical glue with mitigations in place.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- Palliative care patients were able to receive prompt access to pain relief and other medication required to control their symptoms.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system for receiving and acting on safety alerts. These were cascaded and actioned by staff via an electronic system. Copies were also kept and discussed in clinical meetings and huddle meetings. The provider also sent safety alerts to agencies for dissemination to locum staff.
- Joint reviews of incidents were carried out with partner organisations, including the hospital Trust, Clinical Commissioning Group (CCG) and NHS 111 service.

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. There was a centralised system in place for the recording and actioning of events and incidents and learning was shared and discussed during meetings. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were 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, this included near misses. An integrated learning report was completed every three months to aid learning and identify themes across incidents, complaints and claims. Evidence provided during the past 12 months indicated there had been 68 incidents recorded. Each incident was reviewed at a local level and actions were implemented to mitigate further risk, identify themes and aid learning.
- 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. For example, the provider disseminated alerts to agencies used when employing clinicians. Learning was used to make improvements to the service.

Are services effective?

We rated the service as Requires Improvement 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. For example, we saw evidence that the provider carried out random audits of clinical consultations to ensure these were in line with best practice.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Where patients need could not be met by the service, staff redirected them to the appropriate service for their needs. For example, GP practice and pharmacy first scheme.
- There was a process in place to stream patients depending on their presenting condition and a triage system in place to assess how quickly patients needed to be seen. We saw evidence that systems were in place to prioritise patients who needed to be seen using a red flagged system.
- There were guidelines for staff on treating adults and children using the national early warning score (NEWS) and paediatric early warning score (PEWS) with a repeat set of observations being undertaken for patients waiting longer than four hours. This is an assessment used to detect clinical deterioration in a patients condition.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. For example, we saw evidence during our inspection of the provider liaising with GP's and services regarding vulnerable patients who presented and needed further support.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. There was a system in place to identify frequent patients and those with particular needs, for example palliative care patients, and care plans/guidance/protocols were in place to provide the appropriate support.
- When staff were not able to make a direct appointment on behalf of the patient, clear referral processes were in place.
- Technology and equipment were used to improve treatment and to support patients' independence. For example, the provider piloted a remote monitoring system during COVID-19 for managing patients with long term conditions.
- Staff assessed and managed patients' pain where appropriate. The waiting area was in sight of the reception desk and a clinician provided visual oversight of patients, should they rapidly deteriorate and require urgent medical attention.

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. For example: there were regular reviews of consultations and medicines prescribed.
- The service used key performance indicators (KPIs) that had been agreed with its Clinical Commissioning Group (CCG) to monitor their performance and improve outcomes for people. However, the service was not meeting all of the targets specified by the CCG at the time of our inspection as follows:
- The key target for assessing patients within 15 minutes of arrival to the urgent treatment centre was 95%. The service had not met this target. Between August 2021 and March 2022, the reported performance was between 42% and 67%.
- The key target for a nurse (triage) assessment and a definitive clinical assessment was 85%. Between August 2021 and March 2022, the provider had met this target, with the exception of one month which was 77%.

Are services effective?

- The key target for the number of patients who were managed within four hours was a target of 95%. The Urgent Treatment Centre (UTC) had met this target for only one month between August 2021 and March 2022 with reported performance ranging between 88% and 96%.
- The percentage of planned clinical shifts filled with planned clinical skill for the out of hours service was a target of 95%. Between August 2021 and March 2022, the provider had met this target on two occasions with performance ranging between 73% and 105%.
- The provider stated that these shortfalls were due to the COVID-19 pandemic, a national shortage of clinicians and an increase demand in patients accessing the service. During the time of our inspection the provider and commissioners had put actions in place to improve performance. Areas where the service was outside of the target range for an indicator we found that attempts were being made to address them. For example, the provider had implemented an early warning system in place to trigger potential breaches, which was managed by the shift lead and updated regularly. We saw evidence that performance for managing patients within a four hour period had increased to 96% in April 2022 and 95% for May 2022.

Effective staffing

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

- All staff were appropriately qualified, and checks were undertaken for staff employed through agencies. The provider had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection control and health and safety.
- The provider ensured that all staff worked within their scope of practice. Staff had access to clinical support on-site during the week as an interim measure until they had recruited for a permanent clinical lead. Staff working during the out of hours and weekend had access to an on-call senior leader.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The provider provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- There was a high reliance on agency staffing to deliver the service which at times created challenges. We saw examples of unfilled rotas during operational hours for both the urgent care and out of hours service for GP's, advanced nurse practitioners (ANP's), nurses and healthcare assistants (HCA). The provider was aware of these challenges and told us that shifts were often cancelled by locums at short notice and they were working to address this. For example, we saw examples of requests for feedback from locums who had worked at the service to understand challenges in filling rotas and recruiting on a more permanent basis. The provider was also reviewing enhancements and incentives for clinicians and was engaging across the wider networks to increase recruitment into the service.

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.

Are services effective?

- Patients received coordinated and person-centred care. Care and treatment for patients in vulnerable circumstances was coordinated with other services. Staff communicated promptly with the patient's registered GPs so that their 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

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.

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 well-led?

We rated the service as Good for providing well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care, however this needed embedding further.

- Leaders had the experience, capacity and skills to deliver the service strategy, however improvements had been identified prior to our inspection in areas such as workforce, clinical safety, leadership and partnership working. Actions had been implemented to improve outcomes and to prevent delays in assessment and treatment for patients, however some of these areas had recently been actioned and needed time to be embedded.
- Discussions with staff responsible for managing the day to day running of the service demonstrated an openness and awareness of the current challenges such as reliance on agency staffing, a lack of a permanent clinical lead and improvement with hospital pathways. The service had been supported by an external provider to address areas of under performance and leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The provider had recently introduced staff team huddles at the start of shifts. A clinical shift lead role had also been implemented to support the day to day activity. A permanent clinical lead was being recruited at the time of our inspection and in the interim senior clinical leaders were providing clinical lead cover for the service during Mondays and Fridays.
- Senior management was accessible throughout the operational period. There was an on-call system that staff were able to use during the weekend and out of hours when senior staff were not on-site. However, we found gaps in fridge temperature checks and saw evidence that this was not appropriately monitored during the weekend to ensure that when temperatures were recorded as out of range with the manufacturer's recommendations appropriate action was taken. During our inspection, immediate action was taken to address this further.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. For example, work was being reviewed to consider job share opportunities to attract staff within the service and to provide effective leadership opportunities.

Vision and strategy

The service had a vision and strategy. However, this needed embedding to ensure services were delivered effectively.

- There was a clear vision and set of values. The service had a strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with patients, staff and external partners.
- 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 priorities across the region. The provider planned the service to meet the needs of the local population. However, improvement was under review and new processes were being implemented to deliver high quality care and promote good outcomes for patients.

Culture

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

- Staff felt respected, supported and valued. 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.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

Are services well-led?

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. A regular review of incidents and complaints was carried out to mitigate future risk. 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. There was a named freedom to speak up guardian in place and staff had the confidence that concerns raised would be addressed.
- Staff training was being monitored at the service and there were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- 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 some positive relationships between staff and teams, however, staff reported that at times more clinical staff were needed. The provider was in the process of recruiting a clinical lead, however staff we spoke with told us that consistency and a core clinical team to support clinicians would strengthen the service further.

Governance arrangements

There were responsibilities, roles and systems of accountability to support governance and management.

- Structures, processes and systems to support governance and management were set out, however some of the processes had recently been introduced and were still being embedded. For example, joint working arrangements, pathways and team huddles.
- Monitoring tools such as the clinical audit programme was in place to provide assurances that clinical performance was appropriate and safe.
- Staff including locums were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- The provider had a framework for ensuring that all patients who presented received access to care in an organised manner. The systems provided assurance that patients were being prioritised, however this was not always within a timely manner.
- Leaders had established policies, procedures and activities to ensure safety to assure themselves that they were operating as intended such as systems for keeping people safe and safeguarded from abuse and disseminating learning from significant events and complaints. However, some systems had recently been implemented and needed time to be embedded.

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- There were processes to identify, understand, monitor and address current and future risks including risks to patient safety. The provider was aware of challenges during COVID-19 and the impact patients were experiencing in accessing GP services locally which was increasing demands of the service. The provider was working through a development plan to address and mitigate areas of risk to ensure appropriate action was being taken.
- Staffing and recruitment of the service remained an ongoing challenge. At the time of our inspection there was no clinical lead and the senior regional clinical leadership were providing support on a rota system. We found that the provider was reliant on agency staff to deliver care and treatment and there was not always enough substantive staff on a shift, particularly at evenings and weekends. There had been a number of times the service had been left short of

Are services well-led?

staff on particular days due to locums cancelling shifts at short notice or difficulties filling rotas, which had the ability to compromise delays in assessment and treatment. The process for calculating staffing was kept under regular review, however we identified that due to the dependency on locums this could impact on the staffing levels to meet the demands of the service. At the time of our inspection the provider was working to address these challenges and reviewing the skill mix of clinicians to meet the needs of the service.

- The provider had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of MHRA alerts, incidents, and complaints.
- Leaders also had a good understanding of service performance against the national and local key performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local CCG as part of contract monitoring arrangements.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The providers had plans in place and had trained staff for major incidents.
- The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information, which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service used information technology systems to monitor and improve the quality of care.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- Staff were able to describe to us the systems in place to give feedback.
- The service was transparent, collaborative and open with stakeholders about performance.
- At the time of our inspection the provider was engaging with the hospital trust to improve patients pathways into secondary services. Meetings had been established to improve referrals and work more collaboratively to meet the current demands and challenges.
- The provider was a member of the West Midlands Alliance and was working with services and commissioners to integrate and deliver high quality sustainable care for patients locally.

Continuous improvement and innovation

Are services well-led?

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. For example, the provider had introduced vibrating pagers for patients with hearing sensory loss.
- 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.
- There was a strong culture of innovation evidenced by the number of pilot schemes the provider was involved in. For example, the provider had piloted a triage video consultation system during Covid-19.