Oviva UK Ltd

Inspection report

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Oviva UK Ltd as part of our inspection programme, and to rate the service. Oviva UK Ltd is registered with 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 regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Oviva UK Ltd provides a range of interventions, for example, adult nutrition support, paediatric cow's milk allergy service and diabetes prevention programme support. These are not within the CQC scope of registration. Therefore, we did not inspect or report on these services.

One of the doctors working in the service is the registered manager. 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.

Two people provided feedback about the service by speaking with us and their comments were positive. They felt that staff were supportive, thoroughly understood their needs and motivated them. In addition, they appreciated the variety of information available.

Our key findings were:

- Robust quality assurance systems ensured that the service was being continually monitored and improved.
- A proactive approach to anticipating and managing risks to people who use the service was embedded and recognised as the responsibility of all staff.
- People without access to smart phones or where English was not their first language were supported to access the service.
- 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 a dedicated team who encouraged staff to share innovative ideas for the improvement of the service.

We saw the following outstanding practice:

The provider had undertaken a study and shared the outcome data at a national obesity conference.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Overall summary

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

Our inspection team

Our inspection team was led by a member of the CQC medicines optimisation team. The team included another member of the CQC medicines optimisation team.

Background to Oviva UK Ltd

Oviva UK Ltd are an online (digital) company that provide a range of health interventions, including weight management. Whilst the company was founded in 2014, Oviva UK Ltd became registered with the CQC in January 2022 when they started offering regulated activity.

Oviva UK Ltd is contracted by some NHS organisations to provide tier 3 weight management services in England. (A tier 3 weight management service is a specialist NHS referral service for people who would like to lose weight and fit certain criteria.)

All patients must be referred to Oviva UK Ltd by their own GP. Once a GP referral is received, the patient is invited to download the Oviva application onto their smart phone. The patient is then contacted within 48 hours and if appropriate, they are enrolled onto the service. The initial intervention phase lasts 12 weeks and focuses on diet and lifestyle interventions. This phase involves assessments with a dietitian, a health coach and a GP. If the patient is suitable, they can then go on to receive prescribed medication.

The head office of Oviva UK Ltd is located within the 20 St Thomas Street building, which is close to London Bridge. Oviva UK Ltd provides dietary advice and organises the provision of prescription medicines to their patients. The service is completely remote, and all regulated activity is delivered via the Oviva phone application or via telephone consultation.

The service employs a range of staff including a GP, a specialist nurse prescriber, dietitians, health coaches and administrative staff. The service is available from Monday to Friday, 9am to 5pm, and consultations are delivered during pre-booked appointments. Staff either work from one of the provider's offices, or from their own homes. The registered manager was available at all times when the clinic was open.

How we inspected this service

We spoke to the registered manager, managing director, compliance manager, head of quality, a patient pathway coordinator associate team manager and a patient pathway coordinator. We also spoke with two patients and reviewed a range of documents.

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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

Good

Are services safe?

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 appropriate safety policies, which were regularly reviewed and communicated to staff including bank staff. They outlined clearly who to go to for further guidance. The service employed a full-time level 4 adult and children's safeguarding lead. The provider also had access to external advice from someone who was trained to level 5 in safeguarding. There was an on-call safeguarding lead rota in place. This meant that staff at all levels knew who to contact with any safeguarding concerns at all times. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- We saw evidence that 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. We saw evidence of a multidisciplinary approach taken for a patient who required safeguarding input. Staff documented discussions that were held to decide how best to support the patient's physical and psychological wellbeing. The patient was involved in the decisions made.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate in line with their policy. 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. Safeguarding training specific to this service had been developed. Staff knew how to identify and report concerns.
- The provider carried out appropriate risk assessments, which considered the profile of people using the service and those who may be accompanying them. This included risks for those working from home and those involved in lone working.

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. A system was used to predict service demand and anticipate risks. This information was used to ensure that adequate numbers of staff were available.
- There was an effective induction system for staff that was tailored to their role. We saw a document outlining the learning and development that newly appointed staff had to complete.
- When there were changes to services or staff, the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Staff were trained to do a 'location check' at the beginning of each consultation. This meant that if there was ever a need for emergency assistance, a member of staff could arrange dispatch of the emergency services immediately.
- The provider had undertaken a risk assessment in relation to managing emergencies. This concluded that due to the remote and planned nature of the service, the risk of dealing with emergencies was low.
- The provider's website included information for patients on how to access emergency assistance.

Information to deliver safe care and treatment

Good

Are services safe?

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

- All individual care records were kept electronically. They 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.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance if they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for prescribing and managing medicines minimised risks.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidance. Patients were screened for treatment eligibility before medicines were prescribed. Staff also used standard operating procedures and bespoke consultation templates to ensure consistency in prescribing.
- Medicines were not stored at the service. Staff prescribed medicines to patients and gave them advice in line with legal requirements and current national guidance. Prescriptions were sent to a pharmacy contractor who dispatched the medicines to patients. There were robust systems to ensure that medicines were only dispatched to a patient's registered address.
- Where there was a different approach taken from their clinic's own policy, there was a clear rationale for this that protected patient safety.
- There were effective protocols for verifying the identity of patients.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. This included all the considerations relating to remote prescribing.
- 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.

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.
- 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. For example, when the service first started

Good

Are services safe?

prescribing medication, letters were sent to patients' GPs informing them of this. An internal review identified that these letters did not contain sufficient detail. As a result, the system was improved and now, detailed letters get sent out to each patient's GP. They include information on what was prescribed, any actions for the GP and how to get in touch with any queries.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicines safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including bank staff.

Good

Are services effective?

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 on obesity.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. A multidisciplinary team meeting was held to assess patient's suitability prior to their enrolment with the service. An initial consultation with a specialist weight management dietitian then took place to set mutually agreed objectives with the patient. Patients were then seen by a psychologist or psychology wellbeing practitioner (depending on their needs).
- Clinicians had enough information to make or confirm a diagnosis. All patients were referred to the service by their own GP. The provider received a full medical and medication history details prior to initiating treatment.
- We saw no evidence of discrimination when making care and treatment decisions.
- This service was provided through a smart phone application. This application contained weight management resources in a variety of formats, e.g. podcasts, videos, and written information. It also enabled patients to upload photographs of their food and log their weight measurements. Staff accessed this information and used it to make decisions during consultations with patients.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. There was a quality assessment framework policy which supported staff in identifying areas where performance could be enhanced. For example, staff completed an audit to review medicines prescribing and to ensure patients received holistic advice on weight management. Staff also completed medical record reviews to ensure that they were complete, accurate, relevant, accessible and timely. As a result, staff identified that they needed more detailed information from GP practices which would enable them to give their patients the best level of care. Another outcome of this review was to specify the NICE eligibility criteria for each patient. This would then enable external compliance checks to be completed.
- Doctors and nurses completed monthly peer to peer reviews of their consultations. They used scoring based on Royal Pharmaceutical Society competency framework and the provider's standard operating procedure. One review showed that staff were using less medical terminology which had previously been identified as an area needing to be addressed. Staff used the findings to contribute to the 'onboarding consultation template' to ensure key areas were covered and to ensure consistency.
- Patient consultations completed by the dietitians and health coaches were also reviewed quarterly to ensure compliance and look for areas of improvement.
- The service made improvements through the use of completed audits. 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. For example, the service had collected and analysed data. This showed that total diet replacement resulted in superior weight loss outcomes as part of a digital/remote tier 3 weight management programme. These findings were presented at an obesity conference in 2022. The provider also published a peer reviewed article on this topic. This showed that remote services were as good as face to face weight management services.

Good

Are services effective?

- As a result of quality improvement activity, information on the completion of safeguarding training was integrated onto the learning management system. Managers were asked to ensure that this training was complete before staff contacted patients.
- Each patient was involved in setting a personal weight loss target with their dietitian. This along with their blood pressure, was monitored periodically.
- Clinicians were supported to monitor patient outcomes via the business intelligence data team and a full-time scientific officer.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) and were up to date with their revalidation.
- 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 and were provided with a budget to do this. If a staff member wanted to complete a course costing more than the allocated amount, they could submit an additional funding application.
- Staff were able to access the support of a consultant endocrinologist with specialist interest in obesity to seek advice on patients if this was required.

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. Staff referred to and communicated effectively with other services when appropriate. We saw evidence of information sharing with patient's own GPs for each record we looked at.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. Where information was missing or incomplete, a dedicated team took action to obtain it. They accessed summary care records or contacted GP surgeries directly to obtain full medical history details for each patient.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. Whilst this had not happened, if a patient did not consent to information sharing, this would be discussed at a multidisciplinary team meeting. A consensus opinion would be reached on how to proceed. The service would be unlikely to prescribe medicines in this case due to the risks. However, clinician's would explore lifestyle interventions that could be safely undertaken without the GP's knowledge.
- The provider had risk assessed the treatments they offered and continually reviewed their prescribing risk register document. They had thought about the risks associated with remote prescribing.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, when a patient disclosed information of concern, the provider ensured they were referred for the urgent care they required.
- Patient information was shared appropriately. Information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. We saw clear and effective arrangements for following up on people who had been referred to other services.
- The service monitored the process for seeking consent appropriately.

Good

Are services effective?

Supporting patients to live healthier lives

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

- Where appropriate, staff gave people advice so they could self-care. The provider's phone application was instrumental in supporting and motivating patients to be healthier. Patients were able to track their weight, food intake, activity and mood. Patients could send messages using the chat function and get support from a member of staff. Health coaches were able to provide psychological support in order to encourage behavioural changes.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, we were told that one patient developed an illness during their treatment. Their own GP was contacted appropriately to inform them of this so that the patient could access the treatment they required.
- 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.

- Staff understood the requirements of legislation and guidance when considering consent and decision making. Informed consent was sought when the service first had contact with the patient. If a patient did not consent to treatment, they had the option of engaging with the service in future.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Good

Are services caring?

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback from patients on how satisfied they were with the service provided.
- Feedback from patients was positive about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgemental attitude to all patients. Patients told us that staff were upbeat, made them feel supported, and gently communicated constructive criticism when this was required.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not use English as a first language. There was a list of staff who were bilingual and could support patients. The provider produced written information in a variety of languages and could access external translation services if required. Patients could be matched to a coach based on language needs if English was not their first language. Where possible, patients were also matched with a culturally appropriate member of staff.
- Patients told us that they felt listened to and supported by staff. They felt they were given sufficient time during consultations to make an informed decision about the treatment choices available to them.
- Patients felt that their views and wishes were understood. They felt that staff took time to understand their lifestyle which enabled them to come up with suitable co-produced treatment plans.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff were advised to use private locations to participate in scheduled appointments.
- Patients told us that they were advised to sit somewhere that was private and where they felt safe during their consultations.

Good

Are services responsive to people's needs?

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.

- The provider understood the needs of their patients and improved services in response to those needs. For example, records were kept of patients' language preferences. If required, patients were matched to a coach based on language needs if English was not their first language.
- Provisions were in place for people without access to smart phones to ensure that they could still access the service.
- The provider ensured that a range of appointments were available that suited patient demand and focused on making it easy to make an appointment. Patients could have personal appointments, as well as join coach led support groups.
- The service provided was entirely remote. Patients were signposted to pharmacies or GP surgeries if they required support to take validated weight measurements.
- Reasonable adjustments were made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, information accessed could be increased in size to ensure that visually impaired patients could be involved in their care decisions.
- Those with hearing impairments could access support using the chat facility in the smart phone application. This allowed them to text instead of speaking to the team.

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 and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.

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. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response 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. For example, as a result of feedback received, staff worked on automating the referral process to make it quicker and more efficient to get booked in with a clinician. Feedback was also shared with the relevant Integrated Care Boards so that GP surgeries did not give patients unrealistic expectations about appointment waiting times.

Good

Are services well-led?

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 addressing them. For example, staff meetings resulted in the development of individually assigned actions plans. This ensured that a named person took responsibility for the completion of a task.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff could speak to a 'freedom to speak up' guardian and were all informed of the whistleblowing and anti-bribery policies during their induction. Staff were encouraged to discuss challenges when they arose.
- 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.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff via an overarching strategy document.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. They were kept informed of the overall vision via quarterly meetings, away days and via email communication. Managers held meetings in person at office locations to encourage team building. Staff could access all meeting minutes via a shared folder.
- The service monitored progress against delivery of the strategy. Staff could access a dashboard that monitored progress of the business.

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. When an incident occurred, it was reviewed by a senior member of staff. Several actions were then implemented to prevent reoccurrence, and further training was provided to all clinicians and coaches. For example, the provider demonstrated openness in how they managed an information governance breach. 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. Staff felt that they could trust their managers and that they were understanding.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. The provider used an electronic system to manage all their human resources processes. This empowered staff with the ability to keep track of their own progress, training and their appraisals.

Good

Are services well-led?

- 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.
- There was a strong emphasis on the safety and well-being of all staff.
- 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 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, promoted interactive and coordinated person-centred care.
- Staff were clear on their roles and accountabilities. A document set this out along with the organisational structure which was accessible via a shared drive.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service used performance information, which was reported and monitored, and management and staff were held to account. Staff attended meetings with Integrated Care Board partners to provide updates on activity and to ensure that the service being delivered met key performance indicators.
- 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 robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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. Clinical governance and risk meetings were held. This ensured that leaders had oversight of risks and that they were monitored appropriately.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through peer to peer audit of their consultations and prescribing decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- 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.

Are services well-led?

Good

- 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.

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 the public, patients, staff and external partners and acted on them to shape services and culture. A feedback dashboard was kept ensuring that any actions required were implemented. For example, patients said that they would like more certainty regarding the date of their next appointment. As a result, staff agreed to ensure that patients knew when their next appointment would be before the end of their current appointment.
- Staff could describe to us the systems in place to give feedback. Patients could provide feedback online as well as directly to the service. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. A dedicated team reviewed feedback from staff. We also saw staff engagement in responding to these findings.
- There were systems to support improvement and innovation work and this was embedded in the provider's policy. A dedicated team engaged with staff to gather innovative ideas that could improve the service.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. Staff were supported with financial backing to seek opportunities for continuing professional development.
- The service made use of internal 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.