Care Quality Commission

GP Support Team

Quality Report

Southmead Hospital
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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 service	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	●

Key findings

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Key findings of this inspection

Detailed findings from this inspection

Letter from the Chief Inspector of General Practice

This service is rated as Good overall. (Previous inspection 8 December 2016 – Good)

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 The GP Support Team on 27 November 2018 as part of our inspection programme.

At this inspection we found:

- The service had good 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. The service monitored care and treatment through peer sampling of patient records using the Clinical Guardian audit tool.

- Patient feedback indicated that staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs. The incorporation of nationally recognised assessment tools into triage and assessment ensured patients were appropriately prioritised according to individual needs and that only appropriate patients were accepted into the service
- Staff felt well supported by management in an open and transparent culture.
- There was a focus on continuous learning and improvement at all levels of the organisation. Patient pathways developed in conjunction with secondary care were designed to optimise patient outcomes in a timely manner.

The areas where the provider **should**:

- Review systems to gain evidence, of impact from clinical audit and assurance that the processing of urgent referrals is effective.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

GP Support Team

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a second CQC Inspector, a GP specialist adviser and a CQC National Clinical advisor.

Background to GP Support Team

The GP Support Team (GPST) is a registered location for services provided by BrisDoc Healthcare Services Limited www.brisdoc.co.uk. GPST was launched in the North Bristol Trust (NBT) in April 2015 and fully established by November 2015 in Southmead Hospital, Southmead Road, Bristol. BS10 5NB.

This service was commissioned to primarily support GP practices for adult only patients with urgent care needs during core hours in the Bristol and South Gloucestershire areas. Only patients who are registered with these GP practices can be referred by their GP, or community based clinicians working in these areas, to the service.

The service provides a primary care interface with secondary care; to identify patients who would be suitable to be seen by the service's GPs in an ambulatory care setting and who did not necessarily need to be seen by the consultant-led hospital medical team, such as for an acute exacerbation of a long term condition. Referrals to the service is via a GP or other health care professional or the emergency department in the hospital.

The service supports the community GPs workload by giving them access to other medical expertise and hospital diagnostic services to potentially reduce hospital admissions. The impact for patients is a continuity of care provided by GPs, and priority access to diagnostic services and treatment which may prevent hospital admission.

The service also provides a single telephone support line ('The Professional Line') which GPs, advanced nurse practitioners and paramedics can call between 8am and 6.30pm (outside these times calls are directed to the Out of Hours service). Clinicians use this line to discuss treatment of patients at risk of admission to hospital. Based on these discussions the GPST gives clinical advice based on accepted guidance and pathways. Access to hospital consultants is also available for advice where appropriate.

The GPST operates five days a week from Monday to Friday between 8am and 8pm. Telephone calls for the service were handled by trained call handlers. The service employs 19 GPs (with three GPs on duty with the GPST daily), nine call handlers, a team leader and a service manager.

The headquarters of Brisdoc is based at Osprey Court, Hawkfield Way, Hawkfield Business Park, Whitchurch, Bristol where the majority of the administration and human resources tasks are coordinated from. During our inspection we visited the Osprey Court and the Southmead sites.

The provider is registered to provide the following regulated activities:

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

Are services safe?

Our findings

We rated the service as good for providing safe services.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had safety policies, including Control of Substances Hazardous to Health and Health & Safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training. The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- 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 and were fully aware of reporting responsibilities and lines.
- The provider carried out appropriate staff checks at the time of recruitment and on an ongoing basis. 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. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- We observed the premises to be clean and tidy; with standards of cleanliness and hygiene appropriate to a hospital. The Acute Medical Unit (AMU) lead nurse liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place from the hospital and staff had received up to date training. Processes were in place for ensuring oversight of infection control prevention by Brisdoc. Regular infection control audits were undertaken by the hospital, and staff who worked as part of the BrisDoc GPST were assessed on their hand

hygiene practices by the hospital infection control team. The GPST were made aware of any actions and that needed to be taken and followed up by the hospital team

- 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. There was an effective system in place for dealing with surges in demand.
- There was an effective induction system for temporary staff tailored to their role. Locums experienced in GPST work were used and preference was always for existing staff to increase their shifts to cover any rota gaps.
- 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. Systems were in place to manage people who experienced long waits.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. Care records included information needed to deliver safe care and treatment was available to relevant staff in an accessible way. Staff had access to the patient's own GP medical records. Consent for accessing these records was obtained and recorded in the patient records when the patient was present.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

Are services safe?

- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. We saw that there was a standard operating procedure for ensuring that referrals for patients with suspected or confirmed cancer were appropriately processed. However, the service had not audited this to ensure oversight that this was being adhered to and operating effectively.

Appropriate and safe use of medicines

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

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, and controlled drugs and vaccines, minimised risks. BrisDoc staff had access to medicines, including controlled drugs, via the Acute Medical Unit (AMU) nurse team. The GPs could prescribe medicines to be administered for patients on site, such as antibiotics using in-patient medicine charts. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe 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.

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.
- Joint reviews of incidents were carried out with partner organisations, including the Ambulatory Care Unit, Medical Admissions Unit and the North Bristol NHS Trust.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. For example, an audit identified that a hand-written prescription was unaccounted for. Following investigation and discussion the decision was taken for a smaller quantity of hand written prescription to be held at the service to minimise the chance of reoccurrence.
- 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.
- The provider took part in end to end reviews with other organisations. Learning was used to make improvements to the service. For example, the provider worked with the local NHS Trust, GP surgeries and the clinical commission group to ensure problems with transport systems in place for patients to access the GPST were recognised and efforts made to improve these.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

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

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed.
- Telephone assessments were carried out using a defined operating model. Staff were aware of the operating model. The New Early Warning score (NEWS) was used at referral to enable a safe and effective triage and onward assessment of patients. This had been introduced as a deliberate strategy to improve the quality of handover from GPs to secondary care. The call handlers took a set of patient observations from the referring GP and from this, a NEWS score was calculated. This had resulted in set expectations for referrals and the use of the NEWS score as a standardised metric to ensure that the most unwell patients were prioritised to be seen.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. The GPST operated an integrated model of care with the acute medical team at the North Bristol NHS Trust Southmead Hospital. This facilitated a joint pathway for patients and optimisation of their outcomes. Rockford frailty scores were included in the triage and assessment list. This enabled the hospital admitting teams, working alongside GPST to have sight of those patients most at risk and prioritise care accordingly.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service monitored care and treatment through peer sampling of patient records using the Clinical Guardian audit tool; a computer programme which interrogated electronic patient records and produced reports of records completed by a clinician. These were then the subject of a review process to monitor the quality of information recorded and the diagnosis and treatment pathway used.

The service had a programme of quality improvement activity and routinely received the effectiveness and appropriateness of the care provided. For example, an audit had been undertaken to assess and improve how well the GPST were investigating for potential malignancy in patients referred with an unprovoked pulmonary embolism (a blood clot in the lungs). The audit had been completed and some identified actions taken. However, the action to re-audit had not been completed and as such there was no evidence of impact for patients.

Where appropriate clinicians took part in local and national improvement initiatives. For example, improving the appropriate prescribing of antibiotics to support antimicrobial guardianship nationally.

The service reported to the local commissioning group (CCG) monthly. We saw the following results for April – October 2018 which showed:

- Referrals to the sub-acute "hot clinic" were 9% which was in line with the target of 8%.Hot clinicsare consultant runclinicswhere GP referrals are evaluated.
- The percentage of referrals made by GPST to the acute medical unit was 68%, compared to a target of 76%. This meant that the GPST were managing more patients within the unit than the target.
- The percentage of patients managed by a GPST GP was 32%, compared to a target of 24%.
- The percentage of patients discharged from the service was 15%, compared to a target of 12%

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. This covered such topics as safeguarding, information governance, customer service and infection prevention. Clinical staff were also required to attend a minimum of two shadow shifts as part of their induction before being

Are services effective?

(for example, treatment is effective)

Good 🟢

included on the rota. After this, new clinicians had 100% of clinical advice call and patient assessments reviewed and audited through the Clinical Guardian tool for one month, so that competence could be assessed and areas for further learning identified.

- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.

- 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 attended learning sessions that BrisDoc facilitated for staff across all the services it was providing. For example, Out of Hours and GP practices, which promoted wider learning. Staff were encouraged and given opportunities to develop.

- GPST leaders provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. They could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making.

- All staff had received an appraisal within the last 12 months; the staff we spoke with found this to be a useful exercise and a tool for career progression.

- There was a clear approach for supporting and managing staff when their performance was poor or variable. BrisDoc's human resources department based at the headquarters supported the GPST leaders to manage staff performance.

Coordinating care and treatment

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

- We saw that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from GPST.

- Care and treatment for patients in vulnerable circumstances was coordinated and discussed with the patient's own GP. Staff communicated promptly with patient's registered GP so that the GP was aware of the

need for further action or follow up. Staff also referred patients back to their own GP to ensure continuity of care and referral to other services for support where necessary.

- The information needed to plan and deliver care and treatment was available to relevant staff through the linked patient record systems of the patient's own GP system, and the North Bristol NHS Trust's patient information systems. GPs kept patient information secure in line with Information Governance training and North Bristol NHS Trust policies.

- The service had formalised systems with the hospital services and specific referral protocols for patients referred to the service. An electronic record of all consultations was sent to patients' own GPs.

- The service ensured that care was delivered in a coordinated way and took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

- There were clear and effective arrangements for booking appointments, arranging diagnostic test and transfers to other services.

Helping patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence. The service ensured patients were provided with additional information about how to manage their condition. They accessed and printed guidance from appropriate websites to aid patients' understanding and self-care and gave them written records of the treatment they had received.

- 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.

Good 🟢

Are services effective?

(for example, treatment is effective)

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.

- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The provider monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the service as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information. Call handlers gave people who phoned into the service clear information.
- All of the13 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients commented on the professional friendly staff and the efficiency of the service.
- GPST carried out its own patient survey. Between April and October 2018, 759 questionnaires had been sent to patients. Results from the 206 responses showed that 206 were very satisfied or satisfied and 16 were dissatisfied. No patients responded to being very dissatisfied. All feedback had been analysed to identify any themes for actionThe GPST also engaged with the North Bristol NHS Trust regarding patient feedback, as being an integrated service, it was sometimes difficult for patients to establish the boundaries between the services they were giving feedback on. . For example, there was feedback that not all staff were friendly and approachable. As this related to a hospital staff member this was raised with the hospital staff at the monthly meeting and received confirmation that this had been dealt appropriately.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patients told us through comment cards, that staff took the time to listen, reassure and explain treatments and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. However, the one patient we spoke with felt that the service could manage patient expectations better, regarding the length of time diagnostics and treatments were likely to take.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff respected confidentiality at all times.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

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

- The provider understood the needs of its population and tailored services in response to those needs. For example, the service had analysed workforce availability versus time of day when patients need to be seen. Actions taken as a result of this had ensured improved resourcing to meet patient needs.
- The provider engaged with commissioners to secure improvements to services where these were identified. For example, the service met with commissioners on a regular basis to discuss current contract arrangements.
- The provider improved services where possible in response to unmet needs. For example, if a local GP practice was identified to be a high referrer to the service, in house education was offered to these practices to optimise the care patients received. Opportunistic support and education for GPs also took place. We saw feedback from a GP that stated that they felt much better able to manage a specific condition following advice from a GPST GP. This meant that the patient was able to be managed at home rather than travelling to the GPST service.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. Care pathways were appropriate for patients with specific needs, for example those at the end of their life. The service did not take referrals relating to children.
- The facilities and premises were appropriate for the services delivered.
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services. For example, staff asked the referring clinician if there were any special access needs such as a translator, as to whether patients were able to travel to the unit and ensured and that all staff knew who was due to arrive at the unit.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs. Patients could access the service via a referring clinician or from the Emergency Department using an agreed pathway.

- The service operated from Monday to Friday from 8am to 8pm. Referral calls were triaged from 8am and patients were offered appointments from 10.30am.
- When GPs first contacted the service, the administration staff had a process of assessing each patient need and they then transferred the call to a GP or took details so that the GP could call the referring clinician. In cases requiring emergency care, alternative arrangements were made.
- Patients had timely access to initial assessment. The service reported to the local commissioning group (CCG) monthly. We saw the following results for April – October 2018 which showed:
  - The service was receiving and handling referrals of between 597 and 782 per month against a target of 400. The provider was working with the clinical commission group to review performance measures and had worked to adapt staff working arrangements to meet this increased demand.
  - Calls answered were between 98% and 100%, with an average of 2% lost calls. Despite the increase in calls handled this demonstrated an improvement from 2017 – 2018 where lost calls were measured between 5% and 10%.
- The service had demonstrated responsiveness to patient demand through analysis of workforce availability versus the time of day when patients needed review. The provider also delivered a service, the GP support unit (GPSU), at the Bristol Royal Infirmary Hospital and a new model of integrating GPST and GPSU had been implemented to provide more flexibility and more resilience to the service. This had resulted in improvements to the numbers of patients that could be triaged and consulted with in a timely manner.
- Referrals and transfers to other services were undertaken in a timely way. We spoke with the advanced nurse practitioner who worked in the North Bristol NHS Trust ambulatory care unit who told us that the GPST and ambulatory care team worked well together to ensure patients received the most appropriate care for their needs. We were also told that

Are services responsive to people's needs?

(for example, to feedback?)

the GPST staff were receptive to suggestions and were flexible and adapted ways of working to ensure individual patients needs were central to the care they received.

- Patients were given a leaflet about the service, which included chaperone arrangements, how to complain, how to give feedback and an overview of the services offered.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.

- The complaint policy and procedures were in line with recognised guidance. One complaint had been received in the last year. We reviewed this complaint and found that it had been satisfactorily handled in a timely way.

- Monthly clinical governance meetings were held with the North Bristol NHS Trust (NBT). Any complaints received were managed by GPST and shared with the NBT team to ensure any learning was cascaded to all teams involved in the patient's care.

The service learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, following a complaint about inappropriate management of a patient, it was highlighted to the clinical director and IT department the need for calls to be recorded. This had been actioned so that clinical appropriateness could be properly monitored.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Good ●

Our findings

We rated the service as good for leadership.

Leadership capacity and capability

The GP Support Team (GPST) was part of BrisDoc Healthcare Services Limited. The service had a clear vision to deliver high quality care and promote good outcomes for patients.

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

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.

- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, the service met with commissioners on a regular basis to discuss the challenges and risks to the service associated with uncertain contracts.

- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

- Senior management was accessible throughout the operational period. GPST 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. Their mission statement was: - 'Patient care by people who care'.

The service had a realistic strategy and supporting business plans to achieve priorities.

- Staff we spoke with 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. For example, adjustment of rotas to ensure the service was resilient to patient demand and needs.

- The provider monitored progress against delivery of the strategy. For example, there was a mechanism for reporting against targets to the clinical commissioning group monthly.

- The provider ensured that staff who worked away from the main base felt engaged in the delivery of the provider's vision and values. Quarterly road shows were held for all staff members where all questions posed by staff were answered, either at the event or by email following the event.

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 and we saw examples of this. For example, a member of staff was managed appropriately when information governance procedures had not been adhered to.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. These were discussed at meetings and shared with North Bristol NHS Trust (NBT) as appropriate. The GPST 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 and they had confidence that these would be addressed. We were told that that there was a supportive process to raise concerns and a no blame culture.
- There were processes for providing staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. We saw that all staff had received an appraisal in the previous year and we were told that management were receptive to requests for development and learning opportunities.
- Clinical staff, 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. Staff had received conflict resolution training to support them in their role.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Good ●

- The service promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.

There were positive relationships between staff and teams. A monthly e-bulletin was cascaded. This contained information about a wide range of topics, for example, performance data, communicable disease alerts, leadership changes, significant incidents, and audit. We saw evidence of team working, such as with information about the shared online Clinical Support Toolkit.

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. The governance and management of joint working arrangements and shared services promoted interactive and co-ordinated person-centred care. For example, honorary contracts were held with NBT and there was a governance framework setting out the arrangements which underpinned the operation of GPST which was co-located with the Ambulatory Care Unit within Southmead Hospital.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and incident reporting.
- Leaders had established proper policies, procedures and activities to ensure safety. However, they had not always assured themselves that they were operating as intended. For example, the oversight to ensure urgent referrals had been processed in accordance with the services procedures.

Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider had processes to manage current and future performance of the service. For example, integration of the providers GP Support Unit at the Bristol Royal Infirmary and GPST under one umbrella (The Acute GP Support Team) had been implemented to improve resilience and allocation of workforce, to meet changing service demands.
- Performance of employed clinical staff could be monitored through Clinical Guardian which demonstrated the delivery of safe care through audit of their consultations, prescribing and referral decisions. Clinical leaders at GPST had oversight of MHRA alerts, incidents, and complaints. 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.
- 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 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. A framework of clinical audit was in place; however, evidence of impact was not always available.

- The service used information technology systems to monitor and improve the quality of care. For example, Clinical Guardian and the Clinical Toolkit.
- 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.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Good ●

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 we spoke with told us that they were involved in discussions about how to run and develop the service. They also told us that the management team encouraged all members of staff to identify opportunities to improve the delivery of the service.

- Staff who worked remotely were engaged and able to provide feedback through one to one meetings, informal conversations and the staff survey. We saw evidence of the most recent staff survey and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.

- Patient feedback was sought through the Friends and Family test and 50% of patients assessed and managed within the service was sent a questionnaire. Patient feedback was shared with the relevant clinicians.

- A survey of local GP's was carried out. We saw that the results had been analysed and actions identified. We saw that a response letter to GP practices had been prepared which was to be sent out shortly.

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

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the service. For example, development of pathways in conjunction with NBT.

- Staff knew about improvement methods and had the skills to use them.

- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements. For example, the sharing of incidents and resulting actions and learning with NBT units.

- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance. For example, the service monitored staff effectiveness and performance through peer sampling of patient records using the Clinical Guardian audit tool.

- There was a strong culture of innovation. For example, the incorporation of nationally recognised assessment tools into triage and assessment and work was being done to embed this into primary care to improve patient outcomes.