

Ripon Hospital

Inspection report

Firby Lane
Ripon
HG4 2BS
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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

We carried out an announced comprehensive inspection of the extended access service run by Yorkshire Health Network on 14 May 2022. Overall, the provider is rated as good.

The key questions are rated as:

Safe - Good

Effective - Good

Caring - Good

Responsive - Good

Well-led – Good

Why we carried out this inspection

This announced comprehensive inspection was the provider's first inspection. We looked at the key questions safe, effective, caring, responsive and well-led.

How we carried out the inspection

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

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

This included:

- conducting staff interviews using face to face and video conferencing;
- requesting feedback from staff electronically;
- requesting evidence from the provider;
- reviewing patient records to identify issues and clarify actions taken by the provider; and
- a site visit to the head office and one site where the service is delivered from

As part of this inspection we received feedback via face to face interview, video conference interview, discussions with staff working on-site and an electronic questionnaire. This feedback came from members of the management team, clinical and non-clinical staff.

Our findings

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and

Overall summary

- information from the provider, patients, the public and other organisations.

We have rated this provider as good overall.

We found that:

- The provider continued to contribute to the local health agenda and work in partnership with stakeholders to deliver patient care during the challenges of the past year with the COVID-19 pandemic.
- The service had systems in place to keep people safe and safeguarded from abuse. Staff we spoke with knew how to identify and report safeguarding concerns.
- The provider regularly carried out quality improvement activity, including clinical audit, and routinely reviewed the effectiveness and appropriateness of the care provided.
- Staff had the skills, knowledge and experience to deliver effective care.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Leaders demonstrated they had the capacity and skills to deliver high-quality, sustainable care.
- Patient feedback about the service had been positive.

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

The provider should continue to develop governance and quality assurance processes in respect of the below:

- Review and improve systems for recording the immunisation status of staff.
- Review and improve the arrangements in place for staff in respect of fire evacuation when an on-site service is in operation.
- Review and improve the oversight arrangements in place in respect of building and facilities management at Ripon Hospital.
- Improve governance and oversight processes so that all staff complete required training in a timely way.
- Develop staff awareness of the Freedom to Speak Up Guardian
- Review and improve the arrangements in place to monitor that the provider's policy is being followed in respect of vulnerable patients/children that Do not Attend (DNA) appointments.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

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 advisor.

Background to Ripon Hospital

The Yorkshire Health Network is a GP Federation serving the needs of the population of Harrogate and Rural District. The Federation is made up of 17 general practices, with a patient population of approximately 164500, spanning four Primary Care Networks (PCNs) in the North Yorkshire Clinical Commissioning Group. The service offers pre-bookable, routine primary care appointments with a range of health care professionals such as GP's, Nurses, Advanced Care Practitioners, Phlebotomists and Health Care Assistants. Appointments are available across Hub Extended Access sites from 4.00pm to 8.00pm on Mondays to Fridays and 8.30am to 1.00pm on Saturdays, Sundays and Bank holidays.

Appointments are a mixture of face to face and remote consultation according to patient choice.

The focus of this inspection is the delivery of the extended access service only, which has been operational since November 2017. Extended Access was rolled out as a national target for all primary care to improve access to General Practice routine appointments. Yorkshire Health Network provides other services outside the scope of CQC registration such as providing the local GP led COVID-19 vaccination site.

The extended access service operates from three locations at various times during a month. All three locations are individually registered with CQC. This inspection covered the location registered as Ripon Hospital. The inspection of the other two locations, Mowbray House and the satellite site Beech House is reported separately.

The extended access service runs from the following site:

Ripon Hospital

Firby Lane

Ripon

HG4 2BS

Appointments available 8.30am -12.30pm Saturday and Sunday (face to face and telephone with a GP and face to face with a practice nurse/health care assistant) with 32 appointments available on each day.

We visited Ripon Hospital, and the head office of Yorkshire Health Network.

The extended access service delivers remote and face-to-face consultations dependent on patient choice.

Yorkshire Health Network's head office operates from Windsor House, Cornwall Road, Harrogate, HG1 2PW. There is an organisation board structure. Day to day operational oversight for extended access is provided by the Executive Chair (who is also the Clinical Lead) and two Extended Access Operations Managers, and other managers who cover areas other than extended access. Staff who work for YHN are either directly contracted by YHN on a fixed hour or a zero-hour contract or employed through a locum agency. There are two Extended Access Operations Managers (both contracted), seventeen GPs (one contracted and 16 locums; a mixture of male and female GPs), two Advanced Nurse Practitioners (ANP) (one contracted and one locum), twelve Practice Nurses (all contracted), eight Health Care Assistants (HCA) (six contracted and two locum) and eight receptionists (seven contracted and one locum).

Yorkshire Health Network is registered with the Care Quality Commission to provide the regulated activities diagnostic and screening procedures and treatment of disease, disorder or injury, maternity and midwifery services, family planning and surgical procedures.

Are services safe?

We rated the provider as good for providing a safe service.

Safety systems and processes

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

- There was a lead member of staff for safeguarding, supported by a deputy and an administrative lead. The safeguarding lead attended local safeguarding meetings.
- Safeguarding procedures were comprehensive. For example, the policy included the expectations of YHN in respect of 'was not brought'. This referred to patients not brought in for appointments, specifically in respect of patients identified as at risk. The policy and supporting flow charts for staff to follow included details in respect of action to take in respect of missed extended access GP appointments and missed secondary care appointments. Whilst all staff told us they would act, there was a lack of consistency from staff in respect of what action they would take if a person 'was not brought'. The provider had not audited compliance with their policy.
- Staff had completed safeguarding training appropriate to their role. One member of staff had not completed their training. However, we were assured this would be completed when they started working for YHN again.
- Staff we spoke with knew how to identify and report concerns. There were systems to identify vulnerable patients on the clinical record system. An Operations Manager was available either on-site or on-call during all extended access sessions. The Clinical Lead was also contactable if a situation arose.
- The provider told us there had been no safeguarding children or adult referrals in the past 12 months.
- Staff who may act as a chaperone were trained for their role and had received a Disclosure and Barring Service (DBS) check. (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.) There was a clear chaperone policy, which identified roles and responsibilities.
- Recruitment processes included appropriate checks and records of ID, employment history, references and professional registrations. The provider told us they were introducing a system to ensure they checked the professional registrations on a regular basis as they had not previously done this. We identified one contract of employment that had not been signed. We were provided with the immunisation status of staff in respect of Hepatitis B and COVID-19, but no other vaccinations required for staff in their role. However, we did see more detailed records of staff immunisation on some staff personnel records.
- The site was managed by NHS Property Services and the provider was expected to adhere to their arrangements. A range of risk assessments were in place relating to the hospital which covered the areas the provider used during the extended access service. The provider had not carried out its own risk assessment of the areas used. They had some level of assurance in respect of checks that had been completed such as fire risk assessments, business continuity plans but did not have an overarching service level agreement to provide assurance that the appropriate checks had been carried out.
- We visited the areas at Ripon Hospital used for extended access and observed it to be clean and tidy. There were systems and processes in place to manage infection prevention and control (IPC), including IPC audits. The provider had nominated an IPC lead. All but three members of staff had completed IPC training. One was not currently working and the other two were due to complete. The provider had addressed this.
- The arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

Are services safe?

- There were arrangements for planning and monitoring the number and mix of staff required for the service. Arrangements were in place for ensuring that this requirement was fulfilled and took account of holidays, sickness and busy periods. Rotas were planned.
- The number and times of consultations were fixed, in line with the provider's contract. There were no walk-in or non-pre-booked appointments. Consequently, there was no requirement for any system for dealing with surges in demand.
- The service was equipped to deal with medical emergencies (including suspected sepsis). We saw that the oxygen supply and defibrillator was regularly checked by staff at Ripon Hospital. A new arrangement was put in place for more enhanced checking of these by the provider at the time of the inspection. The training record showed all clinical staff had completed anaphylaxis training. Two members of the nursing team had not completed recent basic life support training which was slightly overdue.
- Fire safety for the building was managed by NHS Property Services. Fire safety was included for staff in their induction and fire awareness training was included as part of the mandatory training schedule. Two members of staff were due to update their fire safety training. Fire marshal training was planned for reception staff. The Operations Managers had been part of a fire evacuation at the site, but the provider had not facilitated a fire evacuation for their staff, when an on-site service was in operation.
- The medical equipment we reviewed on the day had been maintained according to manufacturer's instructions.
- The provider had a business continuity plan in place. Some scenarios in the plan had been tested to assure themselves of its effectiveness.
- Clinicians we spoke with knew how to identify and manage patients with severe infections including sepsis. Receptionists we spoke with were aware of actions to take if they encountered a deteriorating or acutely unwell patient. The provider had identified the presentation of patients with potential transient ischaemic attack (TIA) or "mini stroke" as a risk and had put a PowerPoint presentation together for staff to refer to ensure they immediately contacted secondary care to help avoid delays to a patient being reviewed.

Information to deliver safe care and treatment

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

- We reviewed some individual care records and found they were written and managed securely and in line with current guidance and relevant legislation.
- Clinicians had access to patient information to enable them to deliver safe care and treatment.
- There were systems for sharing information with a patient's GP and other agencies to enable them to deliver safe care and treatment. Managers monitored daily the area on their electronic system where tasks were allocated to, to ensure that no information was missed or not acted on.
- Referral letters contained specific information to allow appropriate and timely referrals. The service had a system in place to send a notification to a patient's GP through the clinical system when an urgent two-week wait referral had been undertaken.
- The provider had Information Commissioner's Office (ICO) registration in place.

Appropriate and safe use of medicines

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

- Clinical staff we spoke with prescribed medicines to patients and gave advice on medicines in line with current national guidance.
- The service monitored the prescribing of its clinicians through clinical notes reviews. An audit of pregabalin and gabapentin prescribing had been undertaken and actions taken to address issues identified.

Are services safe?

- The service had access to all the appropriate emergency medicines. We saw that there was a system in place to check these.
- The service did not dispense any medicines and did not hold any controlled drugs.
- The service did not hold or administer any medicines which required refrigeration.
- Most prescriptions were sent electronically to a pharmacy of the patient's choice for dispensing. We found systems were in place for the management of blank prescription stationery. We saw blank prescriptions were securely stored at the site we visited.

Track record on safety

- This was the provider's first inspection.
- The provider had a system in place for receiving, recording, acting and sharing patient safety alerts.

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.
- The provider recorded other events not necessarily classed as a significant event. They shared this as a wider learning issue that was recorded and then shared more widely with staff.
- The provider had recorded five significant events related to the extended access service in the past 12 months. These were managed appropriately. The provider told us significant events would be discussed at the weekly management meeting and then actioned accordingly. Not all staff were aware of significant events that had occurred.
- The leadership team demonstrated their awareness of notifiable incidents under the duty of candour (a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- There was a duty of candour policy in place but not all staff we spoke with understood the term duty of candour.

Are services effective?

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

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

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. Guidance was available through a clinical decision support tool integrated into the clinical system as well as a 'hints and tips' section for each specific role that had been devised for staff to access. Updates were discussed at weekly management meetings and shared more widely when deemed appropriate either electronically or via a staff meeting.
- We spoke with clinicians and reviewed some clinical records. We found from those reviewed that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.
- The service monitored that these guidelines were followed through audits and random sample checks of patient records.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Monitoring care and treatment

The provider regularly carried out quality improvement activity, including clinical audit, and routinely reviewed the effectiveness and appropriateness of the care provided.

- Audits were carried out at regular intervals throughout the year, but no specific programme was in place.
- Clinical audit included whether an appropriate history had been taken, a record of the examination, whether the correct recording template had been used and whether appropriate prescribing had occurred. Additional audits included two week wait referrals and users assigned access to the YHN clinical system. Staff told us they were aware audits were carried out but did not always receive feedback. Outcomes were fed back to staff when issues of concern were identified.
- Clinicians we spoke with told us they had access to local prescribing guidelines.

Effective staffing

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

- All staff were appropriately qualified, with professional registration checks having recently been re-checked for directly employed staff.
- The provider had an induction programme for all newly appointed staff. The induction involved orientation at the sites, a telephone call with the clinical lead and access to a range of documents. This covered such topics as details of service provided by the provider, health and safety and use of the clinical systems.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support and non-clinical support when required. The provider offered staff one-to-one meetings, appraisals, coaching and mentoring and clinical supervision. The provider could demonstrate how they ensured the competence of staff employed in advanced roles. Positive feedback was received from staff in respect of the level of support they received and had access to.

Are services effective?

- The provider understood the learning needs of staff and provided protected time and training where needed. Staff were encouraged and given opportunities to develop.
- The service had a mandatory training schedule for staff which included amongst others safeguarding children and adults, infection prevention and control, basic life support, data security, conflict resolution, information governance, fire safety awareness, health and safety, sepsis awareness and equality and diversity. The provider added Mental Capacity Act training to the mandatory requirement during the inspection. Staff used via the locum agency had to provide evidence of mandatory training prior to them being able to book any sessions. This included safeguarding, IPC, fire safety and data security.
- Staff were appraised by a member of staff suitable to carry out that role and in line with the providers schedule of clinical and non-clinical appraisal. The clinical lead informed us they had a good support network and YHN had a scrutiny panel in place in respect of decision making. The provider did not offer employed GPs an appraisal specific to their support and development needs in relation to their work in the service. These staff still received their statutory appraisal as part of the requirement to remain registered with the General Medical Council (GMC). Positive feedback was received from staff in respect of the level of support they received and had access to.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- Staff working at the service had access to each patient's full clinical record. Staff were able to view correspondence and test results within the record, and order further tests or make referrals when appropriate.
- Information was relayed to patients' own GPs via the clinical system.
- Patients with vulnerability factors were identified via a 'flagging' system on the patient record and could be viewed by staff.
- We saw that details were entered into patients' electronic records at the time of the consultation.
- There were arrangements in place for booking appointments. All appointments were pre-booked by the patient's own GP practice. There were no walk-in patients.

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.

- As an extended access service, the provider was not able to provide continuity of care to support patients to live healthier lives in the way that a GP practice would. However, we saw the service demonstrated their commitment to contributing as much as possible to providing services, patient education and promotion of health and well-being advice. For example, health checks were offered in the extended access service by a health care assistant. Once completed the registered practice was made aware to review the health check blood test results. The provider also promoted health initiatives on their website such as in May 2022 promoting blood pressure measuring.
- Staff we spoke with demonstrated a knowledge of local and wider health needs of patient groups who may attend the extended access services.
- Clinicians told us they offered patients general health advice within the consultation and if required they referred patients to their own GP for further information. Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their need.

Consent to care and treatment

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

Are services 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.
- Mental Capacity Act (MCA) training was added to the providers mandatory training schedule and confirmation that sessions were being booked for employed staff during the inspection process. Locum staff who worked in extended access did not have to provide evidence that MCA training had been completed before they carried out sessions. We were therefore unable to confirm if they had completed this training.

Are services caring?

We rated the service as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- We did not have the opportunity to speak with any patients during our inspection. However, we observed staff treating patients with kindness, dignity and respect.
- Staff we spoke with demonstrated they understood patients' personal, cultural, social and religious needs.
- Equality and diversity training formed part of the provider's mandatory training schedule and had been completed by all directly employed staff. Locum staff who worked in better access did not have to provide evidence that E&D training had been completed before they carried out sessions. We were therefore unable to confirm if they had completed this training.
- The provider had collected feedback from patients at all sites in the past twelve months. The feedback was positive in respect of the way that patients were treated.

Involvement in decisions about care and treatment

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

- All appointments were 15 minutes in length which helped to facilitate effective communication.
- Interpretation services were available for patients who did not have English as a first language and staff we spoke with knew how to access these.
- Staff helped patients and their carers find further information and access community and advocacy services.

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?

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. They took account of patient needs and preferences.

- The provider understood the needs of their population and tailored services in response to those needs. Examples included: In May 2020 at the start of the COVID-19 pandemic the provider was swift to restart wound dressings and smear appointments from a new location as their existing site was being used as a COVID-19 'hot' site where patients with potential COVID-19 were seen.
- The service had the ability to react to surges or changes in demand and had demonstrated the ability to adapt during the COVID-19 and beyond, by arranging more or different types of appointment. For example, increase in phlebotomy appointments starting in 2021, assisting in delivering the COVID-19 vaccination to 12 to 15-year olds and offering FeNO testing. This is a test that can be used in asthma diagnosis and management.
- 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, babies, children and young people.
- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when people found it hard to access the service.
- Feedback from patient surveys carried out by YHN was positive in respect of accessing services.

Timely access to the service

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

- Appointments were available across Hub Extended Access sites from 4.00pm to 8.00pm on Mondays to Fridays and 8.30am to 1.00pm on Saturdays, Sundays and bank holidays. Appointments at Ripon Hospital extended access site were available 8.30am -12.30pm Saturday and Sunday. The provider delivered remote and face-to-face consultations dependent on patient choice.
- Waiting times, delays and cancellations were minimal and managed appropriately. Catch up and break times were incorporated into session times.
- Appointments were 15 minutes long.
- Access to the extended access service was via the patient's own GP practice who could book appointments on behalf of patients.

Listening and learning from concerns and complaints

The service had systems in place to respond to complaints and improve the quality of care.

- There was a complaints policy. We were unable to determine if the service learned lessons from individual concerns and complaints as there had been no complaints within the past 12 months. However, we did see a complaint that had been recorded which was received as part of an additional service outside of the area CQC inspected that had been appropriately managed.
- Information was made available to patients on how to make a complaint.

Are services well-led?

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and demonstrated a commitment to try and address them.
- 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 either on-site or via an on-call system that staff were able to use.

Vision and strategy

The service had a clear vision and strategy to deliver high quality, sustainable care.

- The provider promoted their vision on their patient-facing website. YHN is promoted as 'The go to organisation for designing and providing high quality at scale primary care-based services in partnership with our member practices'.
- The service had a realistic strategy to achieve their priorities. Progress against delivery of the strategy was monitored through regular engagement and management meetings.

Culture

The service had a culture which drove high-quality sustainable care.

- Staff we spoke with stated they felt respected, supported and valued. They were happy to work in the service. We were told of social events that were held and gifts of thanks that were provided such as hampers and flowers. The provider website showed that on International Nurses Day in May 2022 that the provider had presented nursing staff with a framed certificate, a keyring and chocolates to thank them for their work.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. We were provided with examples of this.
- Staff told us there were positive relationships between staff, and the clinical lead and that operational managers were approachable and accessible when needed.
- The provider had a whistleblowing policy in place which referenced a Freedom to Speak Up Guardian. Not all staff we spoke with knew who the Freedom to Speak Up Guardian was.
- The management team were aware of the requirements of the duty of candour. There was a duty of candour policy in place.
- 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.

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 in general were clearly set out, understood and mostly effective. The provider should continue to develop governance and quality assurance processes to address some of the issues identified.

Are services well-led?

- A structure of governance was in place which held the provider to account. For example, the management team met weekly and there was a scrutiny panel in place whose role was to scrutinize decisions made in respect of decisions made by YHN including the extended access service.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Policies were easily accessible and kept under review.

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of MHRA alerts, incidents, and complaints. Leaders also had a good understanding of service performance against contract requirements. Performance was regularly discussed at senior management level.
- 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.

Appropriate and accurate information

The provider demonstrated commitment to using data and information proactively to drive and support decision making.

- The provider used performance information, which was reported and monitored, and management and staff were held to account.
- Quality and operational information was used to ensure and improve performance.
- Arrangements were in place in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. YHN had a programme in place to audit users of the YHN systems to ensure access was appropriate.
- Clinicians had access to patient information to enable them to deliver safe care and treatment.
- The service submitted data or notifications to external organisations, including the Care Quality Commission, as necessary.
- The information used to monitor performance and that the delivery of quality care was accurate and useful. There were processes in place to performance manage staff where appropriate and required.

Engagement with patients, the public, staff and external partners

The provider continued to contribute to the local health agenda and work in partnership with stakeholders to deliver patient care.

- The provider demonstrated a commitment to engage with staff by arranging meetings in the evening or at weekend with a social element involved. For example, pizza and curry evenings. Staff were able to describe to us how they had been able to give feedback, and how this had driven change. For example, increasing nurse appointments to 15 minutes. Staff told us that they were informed of positive feedback received from patients.
- The provider gathered feedback from patients and shared the findings on the provider's website.
- The service worked closely with commissioning bodies and wider system partners to increase resilience and service provision within the area; for instance, prior to COVID-19 the provider did not employ any phlebotomists and now employed four.

Continuous improvement and innovation

Are services well-led?

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

There was evidence of the providers commitment to develop new initiatives and enhance primary care services to provide support for local GP practices and patients.

- The provider used an integrated IT infrastructure to deliver the service. This included a clinical decision support tool integrated into the clinical system, prescribing formulary and a web-based compliance and workforce management platform which provided efficiency, consistency, clinical effectiveness and safety. There was evidence the provider was engaged with the local CCG to try and improve the access rights the provider had to clinical systems to allow them to more closely monitor prescribing of medicines as they were currently restricted due to the limitations of the system due to the provider being a federation.
- The provider demonstrated a clear and committed approach to continuous improvement and innovation both by the way they responded to COVID-19 and future challenges. In particular the way that access was managed and partnership working to ensure as little disruption to patient care as possible.
- Examples of improvement and innovation were provided. For example, YHN had worked in conjunction with Harrogate hospital in respect of the provision of midwifery appointments and making these accessible to patients in the evenings during the extended access service. This service commenced in November 2021. The provider was also exploring the possibility of setting up a service to offer diabetes reviews and spirometry service. These schemes were in the planning stages to ensure appropriate procedures and safety measures were in place prior to implementation.