

Birmingham And District General Practitioner Emergency Room Limited (Badger)

Inspection report

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December 2023
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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

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

Overall summary

This practice is rated as Outstanding overall. (Previous inspection November 2017 – Good).

The key questions are rated as:

Are services safe? – Good

Are services effective? – Outstanding

Are services caring? – Outstanding

Are services responsive? – Outstanding

Are services well-led? – Outstanding

We carried out an announced comprehensive inspection at Birmingham And District General Practitioner Emergency Room Limited (Badger) between 29 November and 11 December 2023. We inspected this service due to the length of time since our previous inspection, in line with Care Quality Commission's inspection priorities.

At this inspection we found:

- The leadership, governance and culture within the service drove the delivery of high-quality person-centred care.
- There was clear evidence of working in partnership with others to continue to improve the service by finding innovative solutions.
- The service had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service learned from them and improved their processes.
- There were comprehensive and effective systems in place to safeguard children and vulnerable adults and to ensure there were no lost contacts.
- The service consistently met or exceeded its key performance targets even during periods of extreme urgent care system pressure.
- The provider ensured that care and treatment was delivered according to evidence-based guidelines.
- The provider had an embedded program of audit that helped to drive further improvements. There was clear evidence of action to resolve concerns and improve quality.
- Feedback from people who used the service, those who were close to them, and stakeholders, were consistently positive about the way staff treated people. People thought that staff went above and beyond their duties to provide great care. The provider monitored patient feedback and used this to further improve their service.
- Patients were able to access out-of-hours care at a location of their choice and at a time that suited them. Where appropriate, patients were offered a home visit or a telephone call with a clinician.
- From patient feedback, we saw that patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- Leaders strove to inspire and motivate staff to deliver high quality patient centred care. Staff feedback was positive about the changes in leadership and culture.
- The provider had recognised that transformation in leadership and governance structures was needed to continue to deliver high quality patient centred services. We saw that changes that had been implemented had strengthened leadership, provided greater oversight over governance processes and provided stability for the future.

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 CQC lead inspector. The team included a CQC Operations Manager, a GP specialist adviser, a national professional advisor and 2 additional CQC inspectors.

Background to Birmingham And District General Practitioner Emergency Room Limited (Badger)

The provider Birmingham and District General Practitioner Emergency Room Limited (BADGER) is registered with CQC to provide the following regulated activities:

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

Birmingham And District General Practitioner Emergency Room Limited (Badger) is the registered location and head office for the out-of-hours GP service provided by BADGER. The head office is based at Badger House, 121 Glover Street, Birmingham, B9 4EY.

The service provides a range of services including:

- In-hours and out-of-hours (OOH) GP services for its GP member practices.
- The provider has contracts with Birmingham and Solihull Integrated Care Board (BSOL ICB) to provide urgent treatment and primary medical services in-hours and out-of-hours when GP practices are closed.
- The provider delivers GP services to St Giles Hospice in Whittington and to HMP Birmingham. We did not visit these locations as part of the inspection. These locations are registered independently with CQC and have been inspected under their respective registrations.

The service, which originally started as a GP co-operative, is a not for profit, social enterprise and holds the social enterprise mark (independently assessed criteria that provides assurance that profits are used to benefit the community).

The service covers a population of approximately 1.4 million and sees approximately 160,000 patients per year.

Patients access the out-of-hours service through NHS111 or directly by telephone if they are from one of the GP member practices that contract with Badger directly.

Patients who need to be seen face to face, can book an appointment at one of the urgent treatment centres, the drive-through service or be offered a home visit. Patients may also receive a telephone consultation with a clinician where a face to face appointment is not deemed necessary.

The service has a call centre which is located in Aston. The call centre is where calls are received, advice given and appointments booked.

The urgent treatment centres are located at:

- Erdington Stockland Green, Primary Care Centre, 192 Reservoir Road, Erdington, B23 6DJ. Open 10:30am to 11.00pm Monday to Sunday.
- Solihull Hospital, Lode Lane, Solihull, B91 2JL. Open 8am to 8pm Monday to Sunday.
- There is a drive-through service at 1-2 Bourne Road, Aston, Birmingham, B6 7RD. Open 7.00pm to 11.00pm Monday – Sunday.

The service is open for out-of-hours cover Monday to Friday 6.30pm to 8.30am and all weekend and on bank holidays.

The call centre is open 24 hours a day, 7 days a week.

As part of this inspection we visited the following sites:

- Aston Bourne Road call centre and drive-through service: 1-2 Bourne Road, Aston, Birmingham, B6 7RD

- The provider's head office at the registered location Glover Street: Badger House, 121 Glover Street, Birmingham, B9 4EY.
- Urgent treatment centre at Solihull Hospital Lode Lane, Solihull, B91 2JL.

The service is led by a board of six GPs and the chief executive, elected by the member practices. The service has approximately 400 staff, some are directly employed by the organisation others such as the GPs work for the service on a self-employed contractor basis. The service provides training opportunities in the out-of-hours period for qualified doctors training to be GPs and for third year medical students.

Are services safe?

We rated the service as good for providing safe services.

Safety systems and processes

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

- The provider conducted safety risk assessments and had produced relevant 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 provider audited all clinical records to monitor that staff had followed safeguarding and incident reporting procedures and that safeguarding referrals had been made where needed.
- The provider kept a record of safeguarding incidents and subsequent learning points. The safeguarding lead had oversight of all safeguarding incidents and referrals.
- The service worked with other agencies to support patients and protect them from neglect and abuse. During the inspection we discussed safeguarding incidents and referrals with staff. They told us of the action they had taken to protect patients from harm.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We saw there were processes in place to assess whether a standard or enhanced level of DBS check was needed.
- Staff received up-to-date safeguarding 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.
- The provider had processes in place to manage infection prevention and control (IPC) and carried out yearly IPC audits. From information we viewed, staff had completed relevant training.
- The premises we visited were clinically suitable for the assessment and treatment of patients. Facilities and equipment were safe and equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- There were systems in place to ensure premises were safe. The provider ensured that safety risk assessments were in place for the premises they used. For example, we saw evidence of health and safety, fire, and Legionella (a bacteria found in water) risk assessments and fire drills. The provider had processes in place to gain assurance that relevant checks and risk assessments were carried out from landlords of premises they did not directly own or manage.

Risks to patients

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

- There were effective 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 or to manage unexpected sickness.
- The rota team planned rotas in advance and meetings took place twice a week with a senior leader (the executive chair) to discuss and allocate workload by reviewing any gaps in clinical and non-clinical sessions with actions being taken to ensure these were filled. If no cover could be found, the executive chair reviewed the information and made a decision on what further actions were needed to ensure the safe delivery of care.
- During each shift there was access to an on-call manager and/or associate medical director for advice and support and for staff to escalate their concerns to.

Are services safe?

- There was an effective induction system for staff tailored to their role. We found there was site specific information that had been developed for staff that worked on multiple sites. Staff were able to describe site specific procedures to us for example managing a medical emergency.
- 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.
- There was effective oversight by a clinician to ensure that all patients who had booked a face-to-face appointment or those awaiting a telephone call from a clinician, had been prioritised correctly and an appropriate appointment had been booked.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.
- The provider had implemented a process to ensure no patient was missed. We were provided with data that showed in October 2023 there were 9564 cases. Of these cases, 709 cases had received 4 or more automatic call attempts from the system to the patient. After the 4 or more failed attempts these cases had been flagged as needing a 'manual callback' and the team tried to manually contact the patient. Data provided, showed that for October 2023, 223 cases were marked as 'failed encounters' (they were unable to manually contact the patient). This was 2% of all cases in October 2023 and meant the service had successfully contacted 98% of all patients in October 2023.
- Where the service could not contact a patient by manual attempts, the team would review each case to decide what further action was needed. For example, if the patient was considered high risk they may do a home visit but if considered low risk they would leave a note for the patient's usual GP explaining that they had a failed encounter and for the GP to follow up.
- When there were changes to services or staff, the service assessed and monitored the impact on safety.
- We found that processes were in place to identify and report risks to senior leadership and the board in a timely manner.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The provider had implemented processes to audit clinician's records to ensure that care records contained information needed to deliver safe care and treatment.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- To ensure continuity of care a post-event electronic message was sent to the patient's usual GP. This included a summary of their contact with the out of hours service. In some cases, staff would telephone the practice the morning after the patient had attended the out of hours service to share any important information. Data we viewed, showed between October 2022 and September 2023 the service had consistently provided call information to the patient's usual GP by 8am the next morning in 97% of all cases, this exceeded the provider's target of 95%.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- Clinicians that worked as part of the home visiting team accessed patient records remotely and updated records in real time.

Safe and appropriate use of medicines

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

Are services safe?

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, and controlled drugs, minimised risks.
- The service kept prescription stationery securely and monitored its use.
- We inspected 2 cars used as part of the home visiting service and found that arrangements were in place to ensure medicines and medical gas cylinders carried in vehicles were stored appropriately.
- 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. This included sending clinicians a letter with their audit results and further actions if areas for improvement had been identified.
- Processes were in place for checking medicines and staff kept accurate records of medicines including controlled drugs.
- The service carried out quarterly audits to monitor that processes for controlled drugs were followed. Audits we viewed showed that staff were compliant with processes.
- Arrangements for dispensing medicines kept patients safe.
- Palliative care patients were able to receive prompt access to pain relief and other medication required to control their symptoms.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- We reviewed a range of meeting minutes that showed risk and safety issues were regular agenda items for meetings held at different levels within the organisation. Discussions included complaints and patient feedback, incidents, safeguarding incidents, risks, new projects and possible risks. There were clear action plans to show which concerns had been identified and actions needed to improve.
- The provider used an external Health and Safety company to help identify, monitor and mitigate risk related to the premises they used.
- The provider had set up a health and safety committee to oversee health and safety related concerns. We saw the committee had been formed in August 2023 and included a health and safety lead and a health and safety liaison officer.
- There was a system for receiving and acting on safety alerts.
- We saw that any updates to policy and processes following audits, incidents and complaints were shared with all staff in the weekly newsletter.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was an embedded 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.
- Between October 2022 and September 2023, 41 incidents had been reported.
- 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.

Are services safe?

- Examples of improvements included:
- Following patient feedback, complaints and incidents involving the urgent treatment centre (UTC) at Solihull, a new service that started in June 2023; the provider reviewed its processes and introduced a staff member that would meet and greet patients that arrived at the UTC. The purpose of the meet and greet staff was to ask if patients had an appointment, if they did not, staff supported them to book an appropriate appointment or signpost the patient to alternative services, if the UTC was not the correct service for them.
- Following complaints and incidents that involved inappropriate referrals to the service from an external NHS organisation; The provider took action to review how these referrals were taken, and worked with the ICB to amend their contract so that these referrals could be accepted by the service. They amended their internal processes to improve the patient experience and reduce the risk of safety incidents.
- Safety issues and incidents were reported and discussed during weekly senior management team meetings, monthly board performance meetings, and quarterly board meetings.

Are services effective?

We rated the service as outstanding for providing effective services.

The service's performance was sustained and consistent even during periods of extreme urgent care system pressure.

We observed a fully embedded regular programme of audit that continually drove high standards and ensured a high quality service was being delivered. This included a comprehensive programme to continually review: clinical consultations, prescribing decisions for all clinical staff, safeguarding and incident reporting procedures had been followed and audits of records made by call handlers and healthcare support workers to ensure relevant information was collected that supported the safe and effective delivery of care.

The provider had implemented systems to ensure every patient received a call back and that no patient was lost.

The provider was working with a healthcare systems engineer to improve the effectiveness and quality of the service. Some quality improvement projects had already been introduced for example, the drive-through service. Other projects for example, phase 2 of the call centre re-design were currently being worked on.

Patient feedback and feedback from the service's commissioners was extremely positive. Feedback from one of the healthcare organisations the provider had a contract with included the service went above and beyond and always met set key performance indicators. The service worked with them to ensure their patients received safe and reliable care.

Effective needs assessment, care and treatment

The provider encouraged the safe use of innovative and pioneering approaches to deliver high quality care and supported the development of new technology that would help them achieve better outcomes for people who used their service.

- 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 shared updates to clinical guidelines through their weekly newsletter and through fortnightly continuous professional development sessions.
- The provider monitored that patients received effective needs assessment, care and treatment through audits of clinician's records and by auditing call handlers and healthcare support workers records. Results were shared with staff following each audit.
- Telephone assessments were carried out using a defined operating model.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. For example, people without a registered GP were able to receive care and treatment, people without access to a phone/internet could access the Solihull UTC site and be supported to make an appointment. There were systems in place to arrange a home visit if one was needed. People who may not be able to attend a traditional UTC for medical or other reasons could make an appointment at the drive-through and either be assessed and treated in their car, if appropriate, or from a purpose designed clinical assessment area that was near to their car.

Are services effective?

- Arrangements were in place to manage patients who contacted the service repeatedly within a short period of time. Staff had access to notes from previous calls/appointments on the clinical system. There was a system in place to identify frequent callers and patients with particular needs, for example palliative care patients. Care plans, guidance and protocols were in place to provide the appropriate support for staff to follow. We saw no evidence of discrimination when making care and treatment decisions.
- Technology and equipment were used to improve treatment and to support patients' independence. For example, the provider had introduced an appointment booking system. This allowed patients the choice of time and venue. We saw there was appropriate oversight of this to ensure that patients were booking appointments at a time that was appropriate for their clinical need.
- The clinical system allowed patients to be placed into a virtual waiting room. This meant that once patients had been prioritised they were automatically called by the clinicians, in the order of priority. This provided an efficient and effective waiting system for patients and feedback to the provider on wait times to improve patient care.
- Staff assessed and managed patients' pain where appropriate.
- The provider had implemented processes to ensure that all patients received a call back and there were no failed encounters. Data we viewed showed that in October 2023, there were 9564 cases, and of these cases, 98% of patients had received a call back from the service.

Monitoring care and treatment

- All staff were actively engaged in activities to monitor and improve quality and outcomes.
- Opportunities to participate in benchmarking were proactively pursued. For example, the service had participated in the staff safety survey completed by Urgent Health UK (UHUK) in May 2023. Through the results of the survey the provider benchmarked itself against other urgent care providers. They could see which areas they were performing better in and where they needed to improve.
- From 1 January 2005, all providers of out-of-hours services are required to comply with the National Quality Requirements (NQR) for out-of-hours providers. The NQRs are used to show the service is safe, clinically effective and responsive. Providers are required to report monthly to their Integrated Care Board (ICB) on their performance against the standards which includes: audits; response times to phone calls: whether telephone and face to face assessments happened within the required timescales; seeking patient feedback; and actions taken to improve quality.
- Data we viewed showed the service was generally meeting or exceeding set targets. Where performance was below target, the provider was taking action to identify the cause and find an appropriate solution.
- The service used key performance indicators (KPIs) that had been agreed with its ICB to monitor their performance and improve outcomes for people. The service shared with us the performance data from October 2022 to September 2023 that showed:
 - The percentage of patients whose post-event message was sent to their registered GP before the 8am deadline: consistently achieved 97% against a target of 95%.
 - Emergency calls assessed within 3 minutes: achieved 100% against a target of 95%.
 - Urgent calls assessed within 20 minutes: lowest achievement was 80%, highest achievement was 85%, against the target of 95%.
 - Routine calls assessed within 60 minutes: lowest achievement was 83%, highest achievement was 93%, against the target 95%
 - Consultations for an urgent home visit within 2 hours: lowest achievement was 93%, highest achievement was 98%, against the target of 95%.
 - Consultations for a routine home visit within 6 hours: lowest achievement 95%, highest achievement 99% against a target of 95%.
- Performance was reported weekly to the senior management team, monthly to the board performance group and quarterly to the board.

Are services effective?

- Staff monitored waiting times for the urgent treatment centres in real-time, information was fed back to the management team so that reasons for increases in waiting times could be understood and changes for example, to rotas could be made to improve the quality of service delivered.
- From data we viewed for 14 December 2023 we saw:
 - Solihull UTC had treated 71 patients on this day.
 - Of these patients (this included patients who had “walked-in” without a booked appointment, been prioritised and an appropriate appointment booked for them, these patients may have included a medical emergency that required urgent treatment):
 - 7 patients were seen ahead of their appointment time.
 - All other patients were seen within 8 minutes to 1 hour and 47 minutes of their appointment time.
 - The time taken to complete their appointment ranged from 29 minutes to 1 hour and 48 minutes:
 - 25 patients completed their care within an hour.
 - 30 patients completed their care within 60 to 90 minutes
 - 9 patients completed their care within 90 minutes to 1 hour and 48 minutes.
 - Erdington UTC had treated 70 patients on this day (this did not include walk-in patients). Of these patients:
 - 15 patients were seen ahead of their appointment time.
 - 51 patients were seen within 30 minutes of their booked appointment time, the shortest wait was 27 seconds.
 - 37 patients completed their care within 30 minutes.
 - 18 patients completed their care within 30 to 60 minutes.
 - At Aston Bourne Road drive-through 22 patients were treated on this day.
 - 10 patients were seen ahead of their appointment time.
 - All other patients were seen between 3 and 30 minutes of their booked appointment time.
 - The time taken to complete their appointment ranged between 20 minutes and 1 hour and 2 minutes.
- The provider met regularly with the service commissioners, Birmingham and Solihull ICB and with other service providers to whom they provided services to. The provider shared how well they were meeting agreed targets and addressed any concerns with performance the ICB/service provider may have.
- A healthcare organisation that the provider delivered GP services to, gave us extremely positive feedback about the service. The feedback included that the service always went above and beyond to provide a high quality and effective service. When issues were identified for example, with an individual GP’s performance, they worked closely with the service to make sure the GP got the learning and improvements were made. Feedback also included that the service always met its agreed targets, set by that organisation, of assessing patients within an agreed timeframe. The service met regularly with the organisation to discuss performance.
- 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.
- The provider had a dedicated lead and team for carrying out its yearly audit program.
- We saw that the programme included audits of clinical and non-clinical staff and that there was an embedded system of audit to assess performance and safety and monitor that improvements in performance occurred.
- All clinicians were subject to an ongoing audit process to review their consultations and prescribing and received feedback on their audited consultations. The audits identified any areas for improvement and gave a score, with 80% being the target.
- From information we viewed, we saw that clinicians audited between October 2022 and June 2023 consistently scored above 90%. The audit results were shared with the medical director and a plan to improve was formed. Individual

Are services effective?

results and action plans were shared with each clinician and results of the audit were discussed in monthly clinical management group meetings. If there was learning for the wider organisation this was shared through the weekly newsletter. The medical director monitored performance of each clinician and acted appropriately if performance did not improve.

- The provider carried out audits on call handlers records to evaluate whether information was correctly recorded on the clinical system and whether an appropriate prioritisation decision had been made.
- We also saw that audits of healthcare support workers were carried out to ensure observations were recorded accurately. Audit results showed that staff were scoring above 90% for each audit (the target was 80%), areas for improvement had been identified and shared with staff.
- We saw evidence of medicines management audits including antibiotic prescribing audits. We saw examples of where staff had taken appropriate action following audits to improve the management of medicines. We saw that improved compliance with new processes was demonstrated through repeat audits.
- Audits were carried out to ensure safeguarding referrals and incident forms had been completed.
- The service carried out audits of premises including infection, prevention and control audits.
- The service was actively involved in quality improvement activity and at the time of the inspection was working with a healthcare systems engineer to identify further areas of development.
- The provider monitored and used patient feedback as a measure of how effective the service was and to make further improvements to quality and patient experience. Between October 2022 and September 2023 the provider had received 1402 responses to their patient feedback survey. This was through a combination of cards that patients could complete at an UTC or through postal surveys that were sent to patients following their telephone or face to face consultation.
- From data we viewed we saw that patient feedback from people completing the survey was extremely positive and included:
 - On average, over the 12 months, 77% of people completing the survey responded that the overall quality of the service was excellent and a further 18% on average responded that the overall quality was good.
 - On average, over the 12 months, 79% of people completing the survey would be extremely likely to recommend the service to friends and family and a further 18% likely to recommend the service to friends and family .
 - On average, over the 12 months, 98% of people completing the survey felt the clinician had explained what to do following the visit.

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. We saw evidence of a corporate induction as well as a role specific induction. The induction programme had been improved following the COVID19 pandemic to ensure all new clinical staff received a role specific induction from the medical director. We saw from staff files we viewed that new starter checklists, to ensure all relevant recruitments checks had been completed, were signed off by the vice chair of the organisation.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required. We saw from rotas we viewed, that there was always a dedicated clinician on site when a GP registrar was on shift.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Records of skills, qualifications and training were maintained for both employed staff and self-employed clinicians . The provider had identified, before the inspection, this was an area that required improvement and a comprehensive work plan had been developed to improve the management of staff training. We saw from the workplan that many of the actions had been completed with new processes implemented.

Are services effective?

- The provider had produced policies which described what it considered mandatory or required training, this included: child and adult safeguarding training, basic life support, fire, infection control, fire safety, information governance, health and safety and supporting people with a learning disability. We saw that autism awareness training had been incorporated into the provider's mandatory training program. At the time of the inspection, 72 clinicians out of 162 had completed the relevant autism training and 185 out of 193 non-clinical staff had completed the required autism training.
- Leaders told us that processes had been reviewed and improved and staff were encouraged and given opportunities to develop. Staff feedback was mixed. Most staff we spoke with agreed there were opportunities to develop, a small number of staff felt that developmental opportunities were limited. During the inspection, we observed that there were opportunities for staff to be promoted internally and depending on their role, staff could work on multiple sites in different roles if they wanted to, to help develop their skills and experience.
- The provider gave staff ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. Leaders told us of the action that had been taken to improve HR processes and provided data that showed sickness levels amongst operational staff had significantly reduced between April and September 2023.
- The provider monitored workforce data including ethnicity, gender, and disability data. This was to ensure they had the right mix of skills and competence. They served a diverse population and wanted to ensure their staff also represented the patient population.
- Approximately a third of employed staff had worked for the service for over 10 years. Good retention rates meant greater stability for the service.

Coordinating care and treatment

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

- Patients received coordinated and person-centred care.
- Staff communicated promptly with patients' registered GPs so that the GP was aware of the need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary. There were established pathways for staff to follow to ensure callers were referred to other services for support as required.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. Staff had access to special notes. Special notes helped to keep staff informed about patients who may be at risk, considered vulnerable or those with complex health and social care needs.
- 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, transfers to other services, and dispatching ambulances for people that required them.

Helping patients to live healthier lives

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

- The service identified patients who may be in need of extra support.
- Where appropriate, staff gave people advice so they could self-care.

Are services effective?

- 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.
- During the COVID19 pandemic, the service delivered an antibody testing service for healthcare staff that ran from June 2020 to September 2020. This provided reassurance to 587 staff and their employers they had the required immunity and enabled staff to return to work.
- The provider supported projects to help vulnerable patients access care and treatment for example refugees from Afghanistan or people returning from "red list countries" who had to remain in quarantine. More details are given in the caring and responsive sections of this report.

Consent to care and treatment

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

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

Are services caring?

We rated the service as Outstanding for caring.

The provider collected feedback from patients to help monitor how caring their service was and to drive further improvements. Patient feedback about the service overall and about staff was extremely positive with patients describing the service as excellent from start to finish. Where feedback was less positive, the provider used this feedback to further improve quality.

During the inspection we were told of projects that had arisen directly as a result of responding to patient feedback for example the implementation of meet and greet staff to improve the patient experience, the implementation of a booking system, so that patients were in control of which UTC they attended and at what time and changes to the contract with the ICB to improve the patient journey when accessing urgent care.

All areas of work undertaken by the provider were based around providing care in a way that best met the individuals' needs. There was a strong focus on improving health and access to health services including for vulnerable patients and those at end of life.

People were truly respected and valued as individuals and were empowered as partners in their care, practically and emotionally, by an exceptional and unique service. Many of the comments left by patients included that they valued the service and thought there should be more UTCs like the ones provided by Badger.

In summer 2021 the service had supported a project to medically assess asylum seekers arriving from Afghanistan. The provider worked with other agencies to provide care and treatment to those who required it. Most were women, children and older people and many were frightened. The provider put the needs of these people first and took up the challenge during a time when they were already facing increased pressures. The provider received thank you pictures drawn from the refugees who were so thankful to be greeted with such kindness on arrival.

Staff were dedicated to delivering a high quality safe service. During the pandemic, the service experienced a delay in their delivery of personal protective equipment (PPE). While awaiting the delivery, the staff produced their own PPE (face masks). This ensured that risks to patients and staff were reduced and there were no delays in delivery of service. Staff volunteered to produce over 1000 face masks. The sewing volunteers received a special commendation from the Lord Mayor of Birmingham.

Kindness, respect and compassion

- Feedback from people who used the service, those that were close to them and stakeholders was continually positive about the way staff treated people. People thought that staff went the extra mile and their care and support exceeded their expectations.
- 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. There were arrangements and systems in place to support staff to respond to people with specific health care needs such as end of life care and those who had mental health needs.
- The provider had updated their mandatory (required) training policy to include training on autism for clinical and non-clinical staff. We saw that the provider monitored this closely to ensure staff completed training that was relevant for their role.

Are services caring?

- The provider had produced a training manual for call handlers. We saw there was an emphasis on customer service skills including listening and being respectful.
- The service audited call handler records to ensure that relevant information was documented including if the patient had any specific needs, for example if they needed an interpreter and if one was arranged.
- The provider monitored and used patient feedback as a measure of how caring the service was and to make further improvements to patient experience. Between October 2022 and September 2023, the provider had received 1402 responses to their patient feedback survey. This was through a combination of cards that patients could complete at an UTC or through postal surveys that were sent to patients following their telephone or face to face consultation. Feedback included responses to the provider's survey and free text comments.
- From data we viewed we saw that patient feedback from people completing the survey was extremely positive about staff and included:
 - On average, 84% (83% lowest score to 85% highest score) of people completing the survey responded that the receptionist was excellent and a further 14% responded that the receptionist was good.
 - On average, 90% (87% lowest score to 93% highest score) of people completing the survey responded that the healthcare support worker was excellent and a further 9% on average responded that the healthcare support worker was good.
 - On average, 90% (89% lowest score to 91% highest score) of people completing the survey responded that the clinician was excellent and a further 10% on average responded that the clinician was good.
- The provider analysed free text written comments that patients had provided on feedback cards. From data we viewed we found that feedback about staff was extremely positive with staff being described as amazing, helpful, sympathetic, empathetic, patients felt welcome and put at ease and there was excellent customer care. There was specific comments about staff being kind when children were brought into the service. Many patients who left feedback, commented that nothing further could have been done to improve their experience and that the service from start to finish was excellent.
- While inspecting the Solihull UTC, we viewed feedback cards that had been completed by people recently attending the UTC. 10 out of 11 patients had left positive feedback specifically about the meet and greet staff and how staff had been helpful and treated them with kindness.

Involvement in decisions about care and treatment

People who used the service and those close to them were active partners in their care. Staff were fully committed to working in partnership with people and making this a reality for each person.

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 in other languages was available for patients that required it. Hearing loops were present on sites to support patients that had hearing difficulties.
- The service's website could be translated into 58 languages to help support patients access the information they needed to understand and access the service.
- The provider monitored the use of interpreters and which languages had been needed. They also monitored diversity of their workforce and tried to ensure their workforce represented their patient population.
- We saw from comments left on patient feedback cards that patients felt listened to and supported by staff. The clinician understood their needs, and they received excellent advice and felt reassured.
- Patient feedback data showed that between October 2022 and September 2023, 98% out of 801 respondents had confidence and trust in the clinician seen.

Are services caring?

- There were no time restrictions on how long clinicians could spend with patients. This allowed time for patients to ask questions and not feel rushed. Patient feedback we viewed supported this, many patients reported they were welcomed and put at ease.
- The service sent text messages and carried out comfort calls to patients waiting a call from a clinician, to keep them informed about where they were in the queue.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff respected confidentiality and were aware of other areas within reception they could take patients to if speaking at the reception desk was not appropriate to maintain a person's confidentiality and dignity.
- 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.
- From patient feedback cards we saw that between October 2022 and September 2023, 801 people had responded to the question about dignity and respect and 98-100% of these patients had felt they had been treated with respect and dignity.

Are services responsive to people's needs?

We rated the service as outstanding for providing responsive services.

We found that while the provider designed services for the majority, staff were flexible and services could be adjusted to meet individual's needs.

The provider was proactive in identifying and developing solutions to continue to develop the service and provide high quality services that met their patient's needs. During the inspection we were presented with many examples of this. This included:

Working with an IT company to quickly (within days) find an effective solution when there was a national crisis with the electronic patient record system. The provider received an award from Urgent Health UK (UHUK) for crisis management. The temporary IT system allowed staff to record patient information electronically for 3 months instead of using paper records.

The service took a patient focussed healthcare systems engineering approach to process design. This kept patients' needs at the heart of any new projects they designed. This included setting up the drive-through service in Aston. We observed the drive-through service to effectively offer an alternative location to access urgent care from. This was particularly useful for vulnerable patients, those with caring responsibilities or for those patients who had additional needs and were anxious of waiting in crowded spaces.

The provider engaged with commissioners and local partners to review and redesign services. This included working with the ICB to change their contract so that referrals from an external NHS organisation could be accepted, improving the patient pathway.

The provider worked with an IT company to help pilot and develop software to provide a more responsive service. For example, the system mandated urgent calls to be attended first and there was a virtual waiting room, patients knew approximately how long their call back would be or when they were next in the queue. The provider continued to work with the software company to continue to develop the system further.

There was active appointment management with allocation of appointment slots through the day and staff checked that patients had booked an appropriate time for their appointment.

Patients could choose and self-book the time and location of their face-to-face appointment.

The provider dealt with complaints effectively and we saw the provider was responsive to patient feedback, incidents and complaints. Following staff and patient feedback they had implemented a meet and greet staff member that would help patients on arrival at Solihull UTC to improve the patients' experience.

From a combination of responses to the provider's patient feedback survey and through free text comments, we saw there was high satisfaction from patients with regards to waiting times to be seen at an urgent treatment centre.

Responding to and meeting people's needs

There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met those needs, which was accessible and promoted equality. The provider worked with other organisations to find solutions during challenging times.

Are services responsive to people's needs?

- The provider understood the needs of its population and tailored services in response to those needs. The provider understood that patients needed to access services in different ways. We saw that patients could access care and treatment face to face at a time and location of their choice, over the phone or through a home visit.
- The provider was able to safely set up new services and re-deploy staff during times of crisis for example during the COVID19 pandemic the service supported the delivery of 3 “red sites” for the Birmingham and Solihull area. The red sites allowed patients to safely access face to face appointments with clinicians. The service treated more than 18,000 patients over 121 days, this included 2,500 drive-through urgent primary care appointments.
- During the pandemic, the service also provided antibody testing for NHS staff that offered staff and their employers assurance that staff had adequate immunity to allow them to continue to work.
- The service was responsive to the needs of people in vulnerable circumstances. For example, in 2021 when people returning from “red list” countries during the pandemic were required to remain in quarantine for 10 days. The provider was asked if people in quarantine could access care and treatment from one of their treatment centres if they became unwell.
- While delivering this service, the provider responded to continual challenges they faced during this time and found solutions. When the rules about quarantine changed and people returning from a “red list” country were no longer allowed to leave the hotel premises. The provider developed alternative solutions to support these people and developed a remote consultation service. When they were restricted from entering the quarantine hotels they developed a medical director ‘ward round’ with the on-site staff at the hotel. The medical director was supported by a small team of dedicated advanced nurse practitioners (ANPs) providing remote assessment and support 6-8 hours a day to the on-site staff, escalating issues to the medical director as and when required. This included matters relating to exemption from quarantine for medical reasons and liaison with Home Office staff in the hotels.
- The number of quarantine hotels they served quickly grew to three, eventually including seven hotels with up to 3000 patients and 100% turnover every 11 days.
- The provider worked with ambulance, Home Office, pharmacy and hotel staff, adapting to new roles and using technology to interact with patients and staff. They developed inventive workarounds in collaboration with their partners to maintain patient care, privacy and dignity while complying with legal requirements. They were nationally recognised for, amongst other things, an innovative approach to providing healthcare in these circumstances.
- In late summer 2021, the service supported a project to medically assess asylum seekers. This project was set up rapidly in response to actions taking place in Afghanistan to support families of Afghan interpreters and others who had supported British armed forces in Afghanistan, when US and UK forces left the country. This was at a time when Afghanistan was a COVID red list country. The provider agreed to provide the advanced clinical presence at the airport. The provider worked with Local Authority volunteers, and ambulance staff in Birmingham Airport to develop clinics to provide care and treatment to those arriving in the UK.
- Most asylum seekers were women, children and older people. On arrival, those people requiring medical treatment were referred to the clinic in the airport. The provider worked with the quarantine hotel staff and Home Office staff to transfer patients to the quarantine hotels if well enough or to a hospital if needed.
- The provider engaged with commissioners to secure improvements to services where these were identified.
- The provider improved services where possible in response to unmet needs. For example, the drive-through in Aston provided an alternative setting from which patients could access care for example: for vulnerable people, people with additional caring responsibilities, patients who suffer with anxiety, people not wanting to sit in a busy waiting area. All of these patients could access care and treatment (where possible) from their own vehicle or from a purpose designed clinical assessment area.
- We saw from patient feedback that people valued this service, when previously accessing care in a traditional clinic setting was difficult for them.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. Staff had access to special notes and staff could place alerts on a patient’s record about specific needs. Care pathways were appropriate for patients with specific needs, for example those at the end of their life, babies, children and young people.

Are services responsive to people's needs?

- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when people found it hard to access the service. For example, the provider's website could be translated into multiple languages other than English and staff had access to interpreters and hearing loops.
- The provider monitored and reported on how many calls were made in other languages, and which languages. They monitored this information to help inform any service improvements and to ensure they were effectively serving their diverse population.
- Before the COVID19 pandemic the provider operated traditional "walk in and wait" urgent treatment centres. The provider saw from patient feedback, that patients were frustrated with this appointment system and worked with a software developer to develop a bespoke online booking system. This was initially developed for the COVID red sites and then rolled to other treatment centres.
- The bespoke booking system introduced time slots tailored to each urgent treatment site to achieve safe and efficient care, and maintain flow of patients, to enable the maximum safe capacity for the service. Patient feedback continued to inform improvements to the system and the provider was currently developing a system for direct booking by eligible patients for remote consultations.
- In 2021, the provider had worked with an IT company to develop software that would achieve greater efficiencies and drive improvements in the patient experience of the urgent care service. For example, developing and piloting a virtual waiting room, this informed patients approximately how long their call back would be and when they were next in the queue.
- The system also prioritised and mandated urgent calls to be attended first.
- We saw there was active appointment management with allocation of appointment slots through the day and staff checked that patients had booked an appropriate time for their appointment based on their symptoms and/or priority.

Timely access to the service

People could access services and appointments in a way and at a time that suited them. Technology was used innovatively to ensure people had timely access to treatment, support and care.

- The clinical system automatically dialled patients awaiting a call back from a clinician and invited them into a virtual waiting room 10 minutes before a clinician was ready for their next patient. Patients received text messages to keep them informed about how long their appointment would be. This technology meant that clinicians were not unnecessarily spending time reading records, selecting which patients to contact and then dialling patients manually. User feedback showed that automated communications were well accepted by patients with high user satisfaction and confidence during the pilot.
- The system prioritised and pulled high priority patients to the front of the list. The system automatically redialled patients who did not initially respond. Four failed call attempts triggered a safety system that flagged a failed contact and alerted staff so that call handlers manually picked up the call to investigate and attempt to contact the patient.
- The provider was the first organisation in the UK to pilot, develop and continue using this technology. We saw evidence that demonstrated the system improved flow and improved productivity. Information we viewed from the pilot in 2021 of the new clinical system showed the automated predictive dialler with smart virtual waiting room was associated with improved clinician productivity, freeing up time to care for patients and improving waiting times. During the pilot period, the overall productivity of the call centre increased by over 30%.
- Patients were able to access care and treatment at a time to suit them.
- The service was open for out-of-hours cover Monday to Friday 6.30pm to 8.30am all weekend and on bank holidays.
- The call centre was open 24 hours a day, 7 days a week.
- The urgent treatment centres were located at:

Are services responsive to people's needs?

- Erdington Stockland Green, Primary Care Centre, 192 Reservoir Road, Erdington, B23 6DJ. Open 10:30am to 10.20pm (Monday – Sunday).
- Solihull Hospital, Lode Lane, Solihull, B91 2JL. Open 8am to 8pm (Monday – Sunday).
- The drive-through service is located at 1-2 Bourne Road, Aston, Birmingham, B6 7RD. Open 5pm to 10.20pm (Monday – Sunday).
- Patients could access the out-of-hours service through NHS111 or directly by telephone if they were from one of the GP member practices that contracted with Badger directly.
- Patients who needed to be seen face to face, could book an appointment at one of the urgent treatment centres, the drive-through or be offered a home visit. If patients did not need to be seen face to face they were offered a telephone consultation with a clinician.
- The provider had a policy in place for “walk in” patients and had defined what approach should be taken when patients arrived without having first made an appointment. All staff were aware of their role in supporting patients to book an appointment or signpost to other services ensuring that patient safety was a priority.
- The service had a system in place to facilitate prioritisation according to clinical need for example, with more serious cases or for young children. The reception staff alerted the clinical staff if a patient had an urgent need. Reception staff had received sepsis training and told us of symptoms that would prompt an urgent response. The receptionists kept patients informed about anticipated waiting times or if there was going to be a delay to their appointment time.
- The booking system allowed patients to self-select and book a time slot at their chosen centre, reducing the time spent queuing at treatment centres. This placed user choice at the centre of the booking system. A helpline supported those who needed assistance and staff were also available on site (Solihull Treatment Centre) to support those who needed it. The system allowed early recognition of people who needed a different service, who could be contacted for advice on alternative action. A self-cancellation function allowed patients to release unwanted time slots so that wastage was low. The service had reduced time spent in waiting rooms, reducing infection risk and anxiety.
- Patients had timely access to initial assessment, diagnosis and treatment. We saw the most recent results for the service October 2022 to September 2023 which showed:
 - 100% of all emergency calls were assessed within 3 minutes.
 - 80 - 85% of all urgent calls were assessed within 20 minutes.
 - 83 – 93% of all routine calls were assessed within 60 minutes.
 - 93 - 98% of all consultations for an urgent home visit were carried out within 2 hours.
 - 95 – 99% of all consultations for a routine home visit were carried out within 6 hours.
- Where the service was not meeting targets, the provider took action to understand what the cause was and made attempts to improve performance.
- Waiting times, delays and cancellations were minimal and managed appropriately. Staff monitored live information and where people were waiting a long time for an assessment or treatment there were arrangements in place to manage the waiting list and to support people while they waited.
- The service engaged with people who were in vulnerable circumstances and took actions to remove barriers when people found it hard to access or use services.
- To improve patient satisfaction and overall experience the provider had installed a real time management screen in the call centre that showed staff all the available time slots for the three treatment centres: guiding clinical recommendations and aiding patient flow.
- Feedback from a healthcare organisation that the provider had a contract with included: Badger meet their key performance indicators for delivering services to patients. They are very responsive in how they respond to any issues or complaints and the service finds it easy to get in touch with them.

Are services responsive to people's needs?

- The provider collected patient feedback to monitor patient satisfaction with waiting times and help them to make further improvements. From data we viewed, we saw that between October 2022 and September 2023, 1402 responses had been received to the patient survey. This was through a combination of cards that patients could complete at an UTC or through postal surveys that were sent to patients following their telephone or face to face consultation. This included responses to formal questions on the provider's survey or through free text comments patients could leave.
- We saw that most people found the service was excellent or good when responding to questions about how easy it was to find the UTC and how satisfied they were with waiting times. We saw from data provided that satisfaction had improved over the year, following actions the provider had taken in response to feedback.
- For example:
 - Between October and December 2022, 40 people had replied to the question about how easy it was to find the UTC – 44% replied excellent, 46% good.
 - Between January and March 2023 there were 61 responses to this question and 64% replied excellent and 23% good to how easy it was to find the UTC.
 - Between April and June 2023, the provider received 17 responses, 53% of people said excellent, 24% said good.
 - Between July and September 2023 72 people responded to how easy it was in finding the UTC 71% said it was excellent, 24% said it was good.
- We saw that responses to satisfaction with waiting times followed a similar pattern with satisfaction increasing over the year, for example:
 - Between October and December 2022 there were 41 responses to the question about waiting times, 63% of people who responded, replied that waiting times were excellent, 29% good.
 - Between January and March 2023 there were 71 responses; 78% of people responding replied waiting times were excellent, 14% good.
 - Between April and June 2023 there 20 replies and of those that responded, 70% thought the waiting time was excellent, 20% good.
 - Between July and September 2023 there were 73 responses, 73% said the waiting time was excellent, 21% said it was good.
- From free text comments that patients had provided, we saw that many people were extremely positive about waiting times and receiving a fast and convenient service, commenting that booking an appointment was easy. They also commented positively about the availability of weekend and out of hours appointments, the ability to access flexible appointments, and how the service accommodated patients with additional needs.

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. There were different methods that people could use to complain. For example, people could complain face to face, by telephone, online or in writing. Staff treated patients who made complaints compassionately.
- The provider had identified that complaints processes needed improving and had reorganised the team that managed complaints and reviewed the way they responded to people that complained. Staff told us following these improvements, they were able to record information better and respond to people in a more timely manner.
- The complaint policy and procedures were in line with recognised guidance. The service received 27 complaints between October 2022 and September 2023. We discussed the overall management of complaints and the actions the provider had taken over the past 12 months in response to complaints. We reviewed 1 complaint in detail and found it had been satisfactorily handled in a timely way.
- Staff told us any complaints about clinical treatment were reviewed by the medical director along with the relevant clinician.

Are services responsive to people's needs?

- The medical director issued the final response to the person who complained.
- The lead for managing complaints met with the medical director every week to monitor for trends and take appropriate action where needed.
- Staff told us there was access to training for clinical and non-clinical staff if following investigation of a complaint training needs were identified for example, continuous professional developmental modules for clinicians and a telephone skills workshop for call centre staff.
- The provider worked with other services when complaints were received involving other healthcare providers, to improve the patient pathway.
- 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. We found many examples of where the provider had acted to improve patient satisfaction following complaints and feedback, for example:
 - To improve the number of responses to postal surveys, the provider started to provide prepaid envelopes, with the aim to move to digital surveys in 2024.
 - Following patient feedback about providing services closer to home, in collaboration with the ICB and a local NHS trust, the Solihull UTC was opened in June 2023.
 - To support patients in finding the UTCs, the provider improved their website with clearer directions on how to find each UTC. The provider did not own any of the premises and was limited in actions they could take on site to improve directions and signage.
 - To support patients with booking an appointment the provider implemented a helpline phone number, produced leaflets, and staff were also available to support with the booking process.
- Other examples included the implementation of meet and greet staff at Solihull UTC to help signpost patients and support patients to book an appointment. The provider had worked with the ICB to amend their contract so that the overall patient pathway was improved when patients accessed urgent care.

Are services well-led?

We rated the service as Outstanding for leadership.

There were many examples of continual review and improvement, including using patient feedback to drive improvement and improve patient experience.

The provider used a healthcare systems engineering approach to make improvements placing patients' needs at the centre of any changes they made.

There was a focus on improving access for all patients including those considered vulnerable.

The provider took action to support the wider health economy, including supporting projects at short notice, contributing to research and the development of IT to support the delivery of effective and responsive care.

Staff retention was high and feedback was positive about leaders and the changes that had been implemented.

Leadership capacity and capability

- There was compassionate, inclusive and effective leadership at all levels. Leaders at all levels demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care.
- Leaders had a deep understanding of issues, challenges and priorities in their service, and beyond. During the inspection we were given many examples of how the service had worked collaboratively with other organisations, often working under pressure, to provide high quality services in times of crisis and under challenging circumstances.
- 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, with an effective on-call system that staff were able to use. Clinical advice could be accessed from the clinical lead and/or the associate medical director.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. Leadership represented the diversity of the workforce. Comprehensive and successful leadership strategies were in place to ensure and sustain delivery and to develop the desired culture.
- In 2021 the provider had recognised, to continue to provide high quality services their governance structures required strengthening and since 2021 the leadership and governance structures had undergone considerable transformation.
- We saw that changes that had been implemented strengthened leadership and provided stability for the future.
- Workforce (human resources) processes had been reviewed and a comprehensive action plan put in place. Improvements included support and training for line managers. We saw there had been a positive impact on sickness levels since the implementation of new processes.

Vision and strategy

- The provider's strategy and supporting objectives and plans were stretching, challenging and innovative, while remaining achievable. Strategies and plans were aligned with plans in the wider health economy, and there was a demonstrated commitment to system-wide collaboration and leadership. The provider had designed the strategy to meet the needs of its diverse population, following feedback from staff and patients.
- There was a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the strategy and plans.
- Plans were consistently implemented, and had a positive impact on quality and sustainability of services.
- The provider's 2023-2028 Five Year Strategy, Delivering Best Care was a 6-point plan. We saw there was a clear road map of changes that would take place over the 5 years.

Are services well-led?

- There was a clear vision of working in partnership to deliver care you can trust and 4 values: safety, efficiency, respect and quality.
- Through our interviews with staff we found that staff understood their role in achieving the vision and values.
- The provider ensured that staff who worked away from the main base felt engaged in the delivery of the provider's vision and values.

Culture

- Leaders had an inspiring shared purpose, and strove to deliver high quality, innovative services and motivate staff to succeed.
- There were high retention rates and staff were proud of the organisation as a place to work and spoke highly of the culture.
- Results from the 2023 UHUK staff culture survey showed that 83% of staff who completed the survey responded that this was a good place to work. This was slightly higher than the UHUK 2023 average score of 82%.
- There was strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences.
- Staff felt respected, supported and valued.
- Staff told us the service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. We were provided with examples when this had taken place.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were high levels of satisfaction across most staff teams.
- The provider told us they had taken action to improve the culture, this included introducing a Freedom to speak up guardian and improving workforce processes.
- 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. Staff told us following changes in leadership, they felt more able to speak up and had more confidence their concerns were listened to.
- A small number of staff felt they were not always listened to or that messages were not always received as well as they could be. Other staff told us they had noticed a positive change in culture with leaders challenging behaviour that did not align with their values.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary. A small number of staff reported that development opportunities were limited, however we saw that staff had opportunities to work in different roles, building on skills and staff had been promoted internally.
- There was a strong emphasis on the safety and well-being of all staff. Staff were supported when they were involved in a traumatic incident, complaint or investigation.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Most staff felt they were treated equally.

Governance arrangements

- Governance arrangements had been reviewed and strengthened during the restructure between 2021 and 2023 and reflected best practice. The new arrangements gave the provider more effective oversight over the diverse range of services they provided.
- A systematic approach was taken to working with other organisations to improve care outcomes and promoted interactive and co-ordinated person-centred care.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.

Are services well-led?

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- There were formal and informal routes for escalating concerns and for sharing information between staff and leaders.
- We saw evidence of weekly senior management team meetings, monthly board performance meetings, and quarterly board meetings.

Managing risks, issues and performance

- There was a demonstrated commitment to best practice performance and risk management systems and processes. The organisation reviewed how they functioned and ensured that staff at all levels had the skills and knowledge to use those systems and processes effectively.
- During the inspection we were given many examples of how problems were identified and addressed quickly and openly. Working with other organisations to find innovative solutions.
- 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 employed an external company (Health and safety specialist) to help manage risk assessments for all the sites they used. We saw evidence that showed within 3 months of using the external company, areas for improvement had been identified and improvements implemented.
- 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 safeguarding incidents, MHRA alerts, incidents, patient feedback and complaints.
- Performance in relation to meeting KPIs and targets was monitored daily and reported on weekly at senior management meetings. Leaders also had a good understanding of service performance against the national and local key performance indicators. Performance was shared with senior management and the board. Performance was also shared with the local ICB as part of contract monitoring arrangements.
- The provider had arrangements in place to monitor performance for other services it provided and held regular meetings with those service providers.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. The medical director had oversight of clinical audits.
- The provider had plans in place and had trained staff for major incidents.
- The provider had reviewed and improved sickness processes, data showed that sickness levels reduced significantly between January 2022 and September 2023. Data showed there was a peak in July 2022 where 1000 hours were lost in management and administration teams, this had reduced to 353 hours lost in August 2023.
- The number of clinical hours lost had been falling consecutively from 250 hours lost in March 2023 to 129 hours lost in September 2023.

Appropriate and accurate information

- There was a demonstrated commitment at all levels to share data and information proactively to drive and support internal decision making as well as system-wide working and improvement.
- The provider was aware of where improvements were needed and had plans in place to improve.
- 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.

Are services well-led?

- The service used performance information, which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service used information technology systems to monitor and improve the quality of care.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- The service had a named Caldicott Guardian. (The Caldicott Guardian is a senior person responsible for ensuring that personal information is used legally, ethically and appropriately, and that confidentiality is maintained).

Engagement with patients, the public, staff and external partners

- There were consistently high levels of constructive engagement with staff, people who use services and stakeholders.
- We saw there were opportunities for challenge from people who use services, the public and stakeholders. This was welcomed and seen as a vital way of holding the service to account and driving improvements.
- There was a demonstrated commitment to acting on patient feedback. We were given many examples of service improvements following patient feedback including:
 - The implementation of meet and greet staff at the entrance of Solihull UTC to sign post patients and help them book an appointment.
 - The implementation of a booking system for all UTCs to help reduce waiting times, giving people a choice about which site they attended at a time that suited them.
 - Patients waiting for a call back from a clinician received a comfort call and text messages to assure them they would be seen soon and information on how to escalate if their condition deteriorated.
 - In response to concerns about poor signage, the provider improved their website to give clearer instructions on how to reach each site.
- The provider was aware that their current methods of collecting patient feedback were not always cost effective or that at times responses were low. At the time of the inspection, the provider was piloting using a QR code system to collect patient feedback. They also told us they were working with the developer of the clinical system to develop a more efficient and cost effective method of sending requests out to patients for feedback following their appointment.
- We saw that the service's website could be translated into 58 languages, giving people who did not speak English the information they needed on how to leave feedback.
- The service took a leadership role in its health system to identify and proactively address challenges and meet the needs of the population.
- Staff who worked remotely were engaged and able to provide feedback through team meetings or directly to their line manager.
- We saw evidence of the most recent staff survey. This survey was carried out by an external organisation UHUK in May 2023. 77 members of staff working for the service took part in the survey. We saw that staff in a range of clinical, non-clinical and leadership roles completed the survey. The time of employment was represented with both newer employees and employees who had worked for the organisation for over 11 years responding to the survey. The results included:
 - 91% of staff who completed the survey responded that the organisation was actively doing things to improve patient safety.
 - 83% of staff who completed the survey responded that this was a good place to work.
 - 78% of staff who completed the survey responded that in their unit, their supervisor/manager seriously considered staff suggestions for improving patient safety.

Are services well-led?

- 76% of staff who completed the survey responded that the organisation's management was doing a good job.
- The provider benchmarked itself against other urgent care providers and from data we saw that for seven out of the 14 questions, Badger's 2023 score was higher than the UHUK average.
- Badger's overall 2023 score of 75 was slightly higher than the UHUK average of 74.
- Badger's overall 2023 score had remained the same as it was in 2022 (75).
- The provider had also carried out an internal staff survey in 2022. We saw that 101 staff had responded to the survey. Of those people that responded:
 - 91% were proud of their workplace.
 - 82% responded that the organisation had worked well to look after their wellbeing.
 - 84% responded that the organisation helped them to do a good job caring for patients.
- The survey had identified some areas where staff were less satisfied, for example with communication. We saw the provider had developed a comprehensive action plan to improve. The provider told us they had repeated the survey, and the report would be published to the board in March 2024.
- The provider told us of other actions they had taken to improve the culture, for example, they had improved workforce processes to help address staff dissatisfaction and any bullying concerns. Workforce processes had been strengthened to improve sickness management, in turn leading to a more stable workforce. Staff we spoke with confirmed that actions had been implemented to address bullying and the culture had improved overall.
- The service was transparent, collaborative and open with stakeholders about performance. The provider met regularly with its commissioners and shared data about performance, patient safety incidents, complaints and discussed how to improve the service further. Feedback from a healthcare service the provider had a contract with included: 'The service always go above and beyond as a management team in trying to make the contract work for them. They are very responsive in how they respond to any issues or complaints and work with us to find a resolution.'

Continuous improvement and innovation

- There was a fully embedded and systematic approach to improvement. Improvement was seen as the way to deal with performance issues and for the organisation to learn.
- Staff were empowered to lead and deliver change.
- Safe innovation was celebrated. There was a strong culture of innovation evidenced by the number of pilot schemes the provider was involved in.
- There was a clear, systematic and proactive approach to seeking out and embedding new and more sustainable models of care.
- There was a strong record of sharing work locally, nationally and internationally. An example of this was sharing their learning with other organisations after piloting the new clinical system.
- The service made use of internal and external reviews of incidents, complaints and audits. Learning was shared and used to make improvements.
- The provider had acted to reduce waste, review sustainability and sought out greener initiatives. For example:
 - Lighting at Aston Bourne Road was automatic, reducing energy consumption.
 - Portable sinks in clinical areas at Aston Bourne Road, while encouraging better infection control, saved water utilisation.
 - The provider had moved to using electronic e-payslips instead of printing on paper and posting to employees.
 - The service had reviewed their car utilisation and invested in new cars that were fuel efficient.
 - The service had cancelled surplus telephone and mobile lines and were moving to a more effective cloud based solution that would reduce electricity usage.
 - The provider was changing the way they collected patient feedback to reduce cost and improve efficiencies.

Are services well-led?

- A healthcare systems engineering approach was used to ensure that processes were the most efficient and effective while keeping patient's needs at the centre. They had used this approach when setting up the drive-through service, a permanent under cover drive-through healthcare facility. It was developed following learning during the COVID19 pandemic as a way for patients to safely access healthcare without exposing themselves to unnecessary risk in crowded premises. It also enabled an efficient way of treating patients more quickly from their own car with a treatment room closely accessible. Patients and carers reported improved experience, such as those with cognitive difficulties and autism, and for some single parents, of remaining in or near their car throughout the consultation. Direct access to the consulting room together with a managed flow meant that the patient journey was less challenging for people who were unwell.
- The drive-through care centre provided patients with a choice of facility and ease of access for those who did not wish to attend a traditional clinic setting. The provider told us it had potential for offering more to the people of Birmingham and Solihull, not only in capacity for urgent care but also for other forms of treatment and they were looking at development opportunities for the centre.
- The provider continued to use this healthcare systems engineering approach to work through the second phase of improvements to the call centre. This included how calls were handled and how performance of call handlers was audited.
- The provider shared many examples of other improvements they had made since 2021 to improve the patient experience. For example, the booking system reduced patient waiting times. The clinical system had been developed to reduce patient waiting times for phone consultations and keep patients informed about their place in the queue. Data showed that during the pilot call centre performance had improved by over 30%.
- The provider had worked with an IT company to develop software that would achieve greater efficiencies and drive improvements in the patient experience of the urgent care service. The provider supported the company to help them shape the product to match the specific requirements of the UK market and to help them understand how they could use their technology to have the greatest impact on ongoing service delivery. At the time of the inspection the provider continued to work with the company to make further improvements to the software.
- The provider shared examples of how they reacted proactively and supported others during challenging times and quickly stood up services. For example, the antibody service ran from June 2020 to September 2020. This service provided reassurance to 587 healthcare staff and their employers that staff had the required immunity and could continue to work. Clinical staff seen during this time included 10 GP Surgery Staff, 89 Hospice Staff, 7 Dentists and 24 Pharmacists.
- Other examples included the GP services they provided to asylum seekers from Afghanistan, to people quarantining in hotels and the delivery of red sites during COVID19.
- A further example was when they worked with the IT company to quickly develop an alternative method of recording patient consultations when there was a national crisis with the usual clinical system.
- The provider was aware of where further improvements were needed and was taking appropriate action. For example:
 - They had recognised that an operations manager was needed to help continue to develop and improve the service. At the time of the inspection, an operations manager had been recruited, however had not started their post yet.
 - The provider had been monitoring how many inappropriate referrals they had received from another NHS provider and had worked with commissioners to amend their contract so that these referrals could be accepted and patient experience improved.
 - The provider had recognised that recruitment and HR processes needed strengthening and a comprehensive workplan had been developed. At the time of the inspection, we saw the workplan was being implemented.
 - The provider understood the important role they had to play as a provider of out-of-hours services and their influence over clinical decision making in a wider capacity. They provided evidence of research studies they had taken part in that supported prescribing guidance, clinical decision making and patient care.
- The service provided Aston Medical School third year students with primary care out-of-hours clinical placements. The clinical educators guided students through their clinical placement and acted as a mentor for questions or for encouragement throughout the placement. Feedback from students was positive about the clinical educators.

Are services well-led?

- The provider was part of a UHUK partnership with West Midlands Health and Wellbeing Innovation Network (WMHWIN) to deliver innovation within Urgent Health care. The UHUK Innovation Programme was a first of a kind collaboration between UHUK members to combine resources, tackle collective challenges and maximise opportunities. The aim of the programme was to find solutions to the workforce utilisation and optimisation challenge. The first phase of the programme was at the product development stage and the second phase was about to begin. At the time of writing this report the executive chair of Badger was a Phase 2 challenge manager for WMHWIN.