

# Northwick Park Hospital Urgent Care Centre

## Inspection report

Northwick Park Hospital

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

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

**This service is rated as Good overall.** (Previous inspection September 2016 – Requires improvement)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Northwick Park Hospital Urgent Care Centre on 31 October 2018, as part of our inspection programme, to follow up on breaches of regulations identified during an announced inspection carried out the 14 September 2016 to check whether the practice had carried out their plan to address the requirements.

## The previous issues were;

- Not all staff undertaken safeguarding, basic life support, infection control, fire safety and information governance training relevant to their role.
- Not all staff had received an appraisal in the last year.
- There were inadequate systems in place to monitor the implementation of medicines and safety alerts.
- Service users are always treated with privacy and dignity.
- There were no arrangements for service users who had a hearing impairment or needed translation services.
- Staff had limited knowledge of and involvement in the vision and strategy of the service.
- The service needed to improve joint working between the management team of the Urgent Care Centre (UCC) and the Emergency Department (ED) and improve communication within the management team.

At this inspection we found:

- The service worked proactively with other organisations and providers to develop services that supported alternatives to hospital admission where appropriate and improved the patient experience.

- The service liaised with and had regular meetings with the Emergency Department (ED) and the management team.
- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- The service understood the needs of the changing local population, increased demand on local health services and had planned services to meet those needs.
- Patients' care needs were assessed and delivered in a timely way according to need and in line with current evidence based guidance.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- The service had an effective streaming pathway in place; children under two years were triaged by a GP within 15 minutes of arrival and patients requiring urgent care are usually seen within 20 minutes by a member of the nursing team.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- There was a clear leadership structure and staff felt supported by management. The service proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

## Our inspection team

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

## Background to Northwick Park Hospital Urgent Care Centre

Northwick Park Urgent Care Centre (UCC) is a 24-hour UCC adjacent to the Accident and Emergency (A&E) Department at Northwick Park Hospital in Harrow. The service is regulated by the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures and treatment of disease, disorder or injury. The lead commissioner for the Northwick Park UCC is Harrow Clinical Commissioning Group (CCG). The Lead Provider is Greenbrook Healthcare, London North West Healthcare NHS Trust (LNWHT) runs The A&E department. Greenbrook Healthcare work in partnership with LNWHT and has a subcontract with them to undertake the day to day management of the service as well as providing all GP cover and some of the administrative and reception cover in the service. The nursing team is employed by LNWHT.

The UCC assesses all walk-in patients to the A&E and UCC, refers all major injuries and illnesses to A&E and treats all minor injuries and illnesses. In addition, A&E refer appropriate ambulance transfers to the UCC for treatment.

The UCC is staffed by GPs, Emergency Nurse Practitioners (ENPs) and Emergency Care Practitioners (ECPs) 24 hours a day. There is a service manager, 10 reception and administrative staff undertake the day to day

management and running of the service. There is one employed lead GP and one employed lead nurse for the UCC, the unit is staffed by up to five GPs and six nurse practitioners at any one time depending on the hour of the day. Also employed are seven nurse practitioners, six ENPs including one trainee ENP, three ECPs and three salaried GPs.

The service is open 24 hours a day every day of the year. Patients may call the service in advance of attendance but dedicated appointment times are not offered. Data collected over the last 12 months shows the average number of patients streamed (initially assessed for suitability for treatment at the UCC) per week was 2266 and the average number of patients treated in the UCC was 1925 per week. Some of the patients who are streamed and found to be unsuitable for treatment in the UCC are referred to other appropriate services.

The provider is registered with the Care Quality Commission to provide the regulated activities of

diagnostic and screening procedures and treatment of disease, disorder or injury.

The UCC is co-located with the A&E department which was not visited as part of this inspection.

# Are services safe?

**We rated the service as good for providing safe services.**

## Safety systems and processes

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

- The provider conducted safety risk assessments. It had safety policies, including Control of Substances Hazardous to Health and Health & Safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training. The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The service worked with other agencies to support patients and protect them from neglect and abuse. The service also conducted an annual safeguarding audit to ensure the appropriate actions are taken and Greenbrook Healthcare send out a safeguarding newsletter to all of their services. This contained learning from other Greenbrook sites and recommended reading. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

## Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. There was a rota system in place reviewed daily for all the different staffing groups, including the clinical streamers, to ensure enough staff were on duty. The inspection team saw evidence of an escalation plan that was effective in ensuring that there were enough staff on duty to meet expected demand especially at periods of peak demand such as weekends and Monday mornings.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need. Systems were in place to manage people who experienced long waits.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

## Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- The service used a weekly email 'blog' with staff to cascade learning from incidents, complaints and performance outcomes.
- The service also had group "huddles" twice a day where all available clinical staff discussed the days issues, passed on any learnings or emerging trends including performance and capacity.

# Are services safe?

- The service had a clinical patient management system from which patient consultation notes were sent to their registered GP immediately on discharge.

## Appropriate and safe use of medicines

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

- The systems and arrangements for managing medicines including controlled drugs and vaccines, including medical gases, emergency medicines and equipment which minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Processes were in place for checking medicines and staff kept accurate records of medicines.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately.
- The arrangements for managing vaccines at the service kept patients safe. Patient Group Directions (PGDs) were used by nurses to supply or administer medicines without prescriptions. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). PGDs in use had been ratified in accordance with the Medicines and Healthcare products Regulatory Agency guidance.

## Track record on safety

The service had a good safety record.

- The centre used the 'Datix' electronic incident recording system. This supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Staff we spoke with were familiar with the duty of candour and their responsibility to be open with patients. We saw evidence that when

things went wrong with care and treatment, patients were informed of the incident, received an explanation and a written apology and were told about actions taken to prevent any recurrence.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system for receiving and acting on safety alerts. We reviewed safety records and patient safety alerts. The local team kept a log of all safety alerts and actions taken in response. Alerts were shared electronically with staff members working at the centre including bank and agency staff.
- Joint reviews of incidents were carried out with partner organisations, including the A&E department, GP out-of-hours, NHS 111 service and other Greenbrook Healthcare urgent care locations.

## Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. For example, in response to an abusive and aggressive patient staff were put on a customer care and conflict resolution course, this was placed on the services risk register and learning shared in their weekly blog.
- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.
- The provider took part in end to end reviews with other organisations. Learning was used to make improvements to the service. For example, there is a Joint Clinical governance group which included the

## Are services safe?

Emergency Department Matron, Consultant and pharmacist, which reviewed all incidents and complaints and ensured that the best clinical practice was delivered and learning was shared.

# Are services effective?

**We rated the service as good for providing effective services.**

## Effective needs assessment, care and treatment

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

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed. NICE updates were discussed at clinical governance meetings and disseminated to staff via their weekly blog.
- There was a streaming assessment pathway in place and all staff were aware of the process and procedures to follow. On arrival to the urgent care centre, patients were booked in by the reception staff. A clinical streamer, who was a senior emergency nurse practitioner based at the reception desk, would next assess the patients, usually between 2-15 minutes after the booking process, and record all clinical findings in the computer system. Patients requiring emergency treatment were transferred to the emergency department immediately. Urgent patients likely to require specialist intervention and children under two years of age were on a priority list and received a full triage by a GP within 15 minutes of booking in. There was a four-hour waiting target for patients outside the priority list. They received nurse or GP treatment and those who presented with non-acute problems were redirected to local walk in centres or to their GP practice by the patient champion. Reception staff did not undertake the clinical assessment of patients but they had a process in place for prioritising patients with high-risk symptoms such as chest pain, weakness of limb or face or severe blood loss. The patient champion who was based at reception also had a separate room where they would assist patients with non-clinical and non-urgent referrals.
- The service had procedures in place to ensure patients did not deteriorate whilst waiting for their consultation or because of an urgent patient taking priority. The streamers had a responsibility to keep an overview of

the waiting room and the well-being and safety of all the patients waiting full consultation and assessment. As clinicians called the next patient, they would observe the waiting area for any patients who looked unwell, that may have deteriorated and required immediate clinical review. If a patient were to deteriorate, the clinicians would review their symptoms, undertake appropriate observations and offer medication if required. Patients were then transferred to the emergency department as appropriate.

- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients and patients with particular needs, for example palliative care patients, and care plans/guidance/protocols were in place to provide the appropriate support. The service carried out a Frequent Attenders Audit, this covered the preceding three months, looking at all patients who attended the UCC four times or more in that period.
- We saw no evidence of discrimination when making care and treatment decisions.
- When staff were not able to make a direct appointment on behalf of the patient clear referral processes were in place. These were agreed with senior staff and clear explanation was given to the patient or person calling on their behalf.
- Technology and equipment were used to improve treatment and to support patients' independence.
- Staff assessed and managed patients' pain where appropriate.

## Monitoring care and treatment

The service used key performance indicators (KPIs) that had been agreed with its clinical commissioning group to monitor their performance and improve outcomes for people. The service shared with us the performance data from April 2018 to August 2018 that showed:

- 99% of people who arrived at the service completed their treatment within four hours. This was in line with the target of 98%.
- 97% of adults had their clinical triage and navigation within **20** minutes. This was better than the target of 90%



# Are services effective?

- 89% of children (under 18s) had their brief clinical assessment and navigation within **15** mins. This was lower than the target of 90%.
- 50% of people who attended the service were provided with a complete episode of care. This was in line with the target of 50%.
- 98% of people who attended the service who were redirected within two hours. This was better than the target set by the CCG of less than 90%.
- 100% of patients who attended the UCC had their information sent to their GP within six hours of discharge. This is above the target of 95%.
- Where the service was not meeting the target, the provider had put actions in place to improve performance in this area. For example, frequent attender, X-ray reporting audits and consultation audits. The service used information about care and treatment to make improvements. The consultation notes audits were done on a monthly basis for all clinicians including bank and agency. This audit was designed to ensure that patients received a consistent and high standard of care and to ensure that the clinicians were performing appropriate assessments and diagnosis according to evidence bases practice, referring as needed and safety netting on discharge.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, the service carried out frequent attender, X-ray reporting and consultation audits. The service used information about care and treatment to make improvements. The consultation notes audits were done on a monthly basis for all clinicians including bank and agency. This audit was designed to ensure that patients received a consistent and high standard of care and to ensure that the clinicians were performing appropriate assessments and diagnosis according to evidence bases practice, referring as needed and safety netting on discharge.
- The inclusion of the patient champion allowed for enhanced patient education and safer redirection to secondary services or GPs with electronic booking. Where appropriate, clinicians took part in local and national improvement initiatives. The service was part of a companywide Greenbrook Healthcare initiative for

Sepsis awareness. The campaign was launched with learning newsletters, a bespoke teaching video and posters, all the staff we spoke to showed a high level of awareness of the warning signs.

## Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. This covered such topics as safeguarding, referral pathways, medicines management and emergency procedures.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The provider provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. The service used their clinical records audits as a measure of clinical quality and feedback to the clinicians to improve performance when required.

## Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. Care and treatment for patients in vulnerable circumstances was coordinated with other services. Staff communicated promptly with patient's registered



# Are services effective?

GP's 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 patients were referred to other services for support as required, the patient champion assisted patients with navigating these pathways. The service worked with patients to develop personal care plans that were shared with relevant agencies.

- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The service had formalised systems with the NHS 111 service with specific referral protocols for patients referred to the service. The service had a clinical patient management system from which patient consultation notes were sent to their registered GP immediately on discharge.
- 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 transfers to other services, for people that require them. Staff were empowered to make direct referrals and/or appointments for patients with other services.
- The service shared relevant information with other services in a timely way, for example when referring patients to other services. In cases where there were delayed or missed referrals, the service held safety net meetings to discuss these referrals and shared learning via their weekly blog.

## 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 and directed them to primary care or community services.
- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## Consent to care and treatment

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

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

# Are services caring?

**We rated the service as good for caring.**

## Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The emergency nurse practitioner responsible for 'streaming' patients sat behind a reception type desk which made it difficult to protect confidentiality, however if privacy was required there was a separate streaming room. Which provided greater privacy.
- The service gave patients timely support and information. Reception and administration staff gave people who phoned or came 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.
- All of the 11 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the service. The NHS Friends and Family test showed that;
- 91% of patients surveyed would recommend the service to their friends and family.
- 97% of patients felt the environment afforded them respect and privacy

## Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices

in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.

- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- 91% of patients felt they were listened to in their consultation.
- 89% of patients felt they had enough time to ask questions about their care / treatment.
- 94% of patients felt they received information on the medications they were prescribed.

## Privacy and dignity

The service respected and promoted patients' privacy and dignity.

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

# Are services responsive to people's needs?

**We rated the service as good for providing responsive services.**

## Responding to and meeting people's needs

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

- The urgent care centre was clearly signposted around the hospital and from the car parks.
- The centre was accessible to patients with mobility difficulties. The centre's staff had access to a locally stored wheelchair if required. Staff assisted patients with mobility difficulties.
- The urgent care centre assisted when the A&E department was experiencing demand pressures. For example, the urgent care centre and A&E department shared a waiting room.
- There were disabled facilities and baby changing facilities available within the hospital. An induction hearing loop had been installed at the urgent care centre's reception area.
- Translation services were available for patients whose first language was not English.
- The provider understood the needs of its population and tailored services in response to those needs. The service had introduced a "doorbell" system, to call for assistance streaming at the front desk. The provider engaged with commissioners to secure improvements to services where these were identified. For example, due to the integration of the IT systems between the trust and the service the NHS 111 service is able to book patients into appointments in the UCC which helped to manage flows and reduce patient waiting times.
- The provider took account of differing levels in demand in planning its service and adjusted staffing levels when demand was likely to increase for example, weekends, Mondays and national holidays.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. Care pathways were appropriate for patients with specific needs, for example those at the end of their life, babies, children and young people.
- The facilities and premises were appropriate for the services delivered.
- Services in the waiting area included vending machines, a TV and a retail unit outside the main entrance.

- The service made reasonable adjustments when people found it hard to access the service.
- The service was responsive to the needs of people in vulnerable circumstances, for example the service had developed a "Homeless pack" to assist homeless people in accessing local services.

## Timely access to the service

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

- Patients were able to access care and treatment at a time to suit them. The service was open 24 hours a day, seven days a week.
- Patients could access the service either as a walk in-patient, via the NHS 111 service or by referral from a healthcare professional (NHS 111 is a telephone-based service where callers are assessed, given advice and directed to a local service that most appropriately meets their needs). Patients did not need to book an appointment.
- Patients were generally seen on a first come first served basis, although the service had a system in place to facilitate prioritisation according to clinical need where more serious cases or young children could be prioritised as they arrived. The reception staff had a list of emergency criteria they used to alert the clinical staff if a patient had an urgent need. The criteria included guidance on sepsis and the symptoms that would prompt an urgent response. The receptionists informed patients about anticipated waiting times.
- The service engaged with people who are in vulnerable circumstances and took actions to remove barriers when people found it hard to access or use services, the patient champion would help patients to access the appropriate service.
- Patients with the most urgent needs had their care and treatment prioritised.
- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- 90% of patients were satisfied with their consultation.

## 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.

## Are services responsive to people's needs?

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Forty complaints were received in the last year. We reviewed six complaints and found that they were satisfactorily handled in a timely way.
- Issues were investigated across relevant providers, and staff were able to feedback to other parts of the patient pathway where relevant.
- The service learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, when a patient complained regarding waiting area, waiting time, mobilising around the hospital and the clinical care. All clinicians were reminded to explain the reasons behind referrals and to be aware of the limitations some patients may have with regard to mobility and wayfinding. The patients was given a written apology and learning from it was discussed at clinical meeting and circulated through the weekly blog.

# Are services well-led?

**We rated the service as good for leadership.**

## Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

## Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service had an overall mission statement which was underpinned by a set of organisational values. These included putting the patient first; quality; integrity; learning and teamwork, all the staff we spoke with were familiar with the values.
- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy.
- 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

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.

- Leaders and managers acted on behaviour and performance consistent with the vision and values.
- 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 (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents.
- 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.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

## Are services well-led?

- The provider had a good understanding of their performance and this was discussed at senior management and board level. Performance was shared with staff and the local clinical commissioning group as part of contract monitoring arrangements.
- The provider held quarterly management board meetings which dealt with all operations, finance, governance and clinical governance and provided overall integrated governance for the service.
- The service held weekly internal operations meeting which was attended by the lead GP, lead nurse, service manager where they discussed general operational issues including the monitoring of incidents and complaints. The meeting minutes had an action list which was updated every month.
- The provider held monthly joint clinical governance meetings where they reviewed incidents, complaints, audits and patient feedback. This meeting was attended by representatives from accident and emergency, paediatrics, medical and surgical specialties (as required) and safeguarding.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

### Managing risks, issues and performance

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

There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.

The provider had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of MHRA alerts, incidents, and complaints. Leaders also had a good understanding of service performance against the national and local key performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local CCG as part of contract monitoring arrangements.

Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.

The providers had plans in place and had trained staff for major incidents.

The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

### Appropriate and accurate information

The service acted on appropriate and accurate information.

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

### Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The service participated the standardised NHS Friends and family questionnaire and ran its own patient feedback survey. Feedback was consistently positive. For example, the Friends and family results showed that 92% (of 5700) patients who provided feedback over the last 12 months would recommend the service.

## Are services well-led?

- Staff were able to describe to us the systems in place to give feedback. This was through regular meetings and the twice daily huddles. We saw evidence of the most recent staff survey and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

### Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the service.
- The service had recently launched an action plan to improve their KPI performance relating to streaming, with the Regional Head of Nursing and the Service Director providing one to one training to clinicians and management to ensure patients are seen as quickly as possible.
- The weekly blog enabled the service to disseminate learning to all staff effectively and the twice daily huddle allowed the service to make on the spot adjustments to emerging issues.
- Staff knew about improvement methods and had the skills to use them.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There was a strong culture of innovation evidenced by the number of pilot schemes the provider was involved in, such as Patient Champion role, allowed for enhanced patient education, safer redirection with electronic booking into local services. There were systems to support improvement and innovation work.