

# Hertfordshire IUC Service and HUC HQ

## Inspection report

The Old Ambulance Station  
Ascots Lane  
Welwyn Garden City  
AL7 4HL  
Tel: 08445606606

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

## Ratings

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

# Overall summary

## **This service is rated as Good overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection of Hertfordshire IUC Service and HUC HQ on 20 and 21 November 2023. The service had previously been inspected in November 2015 where it had been rated as good overall, and in all five key questions.

The registered manager is the head of the 111 service. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are ‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

## **Our key findings were:**

- The service had clear systems to manage risk so safety incidents were less likely to happen. When incidents 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 patients with compassion, kindness, dignity and respect.
- Patients found the service easy to use and reported they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

We saw two areas of outstanding practice:

- The service had implemented a “graduate bay”, where new starters who had completed training were supported into work. Prior to beginning training, new staff could listen into calls to familiarise themselves with work they would be undertaking. On completion of training, an experienced health advisor would sit with the new starters to ensure they could assist with any queries raised by patients, and ensure new staff knew at what stage to involve clinical support. Staff who had been through the graduate bay programme told us that it was a supported introduction to work, and felt that it was positive.
- The service required that training in Pathways (software utilised by health advisors to determine the best clinical pathway for a patient) was extended over and above that required by the Pathways licence. Managers told us that this was to ensure health advisors were confident in how and when to involve clinical input. Staff told us that this led to greater reassurance, and helped them in their role.

The area where the service **should** make improvements is:

# Overall summary

- The service should look to review and improve its performance targets against key performance indicators (KPIs).

**Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Health Care

## Our inspection team

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

## Background to Hertfordshire IUC Service and HUC HQ

Hertfordshire IUC Service and HUC HQ is a registered location and provides three specific services to Hertfordshire and West Essex, the area covered by and commissioned by Hertfordshire and West Essex integrated care board (ICB). The service provides a 111 service, a clinical assessment service (CAS), and an out of hours service that includes 9 hubs where patients are seen and a home visiting service

The main hub for all of the services is The Old Ambulance Station, Ascots Lane, Welwyn Garden City, AL7 4HL. All office-based staff in the 111 service are located at this location. The service provides a Pathways-led triage system with input from the CAS as required. The service refers patients to a variety of services in the local area, including Urgent Treatment Centres (UTCs), out of hours services, and referral back to a patient's own GP service.

The service is a 24/7, 365 days per year service for patients to call so they may be redirected to the most appropriate service.

The service employs health advisors (who take the initial calls), service and clinical advisors, clinical and non-clinical floor walkers (who co-ordinate the service) and a number of other management and administrative staff. Some staff at the service are home workers. The CAS is made up of both home workers and office-based staff, who are healthcare practitioners. The CAS is a clinician led service which reviews Pathways dispositions, provides telephone consultations and advice to patients, and refers them to other services where necessary.

The out of hours service provides consultation services at 9 hubs and a home visiting service from 6:30pm until 8am on weekdays, and 24 hours a day at weekends and on bank holidays. The main address hosts dispatching for the service and management of all equipment and medicines used by the service. There is also a home visiting car service on site. At the time of the inspections, patients could also see a GP, registrar, or nurse at the following nine hubs, some of which also hosted home visiting services:

- Lister Hospital, Coreys Mill Lane, Stevenage, Hertfordshire, SG1 4AB
- QEII Hospital, Howlands, Welwyn Garden City, Hertfordshire, AL7 4HQ
- Hertford County Hospital, North Road, Hertford, Hertfordshire, SG14 1LP
- The Grove Medical Centre, Unit 7A Borehamwood Shopping Park, Borehamwood, WD6 4PR
- St Albans Hospital, Waverley Road, St Albans, Hertfordshire, AL3 5PN
- Hemel Hempstead Hospital, Hillfield Road, Hemel Hempstead, Hertfordshire, HP2 4AD
- Bridgewater Surgeries, 7 Printers Avenue, Watford, WD18 7QR
- Lister Medical Centre, Lister House, Abercrombie Way, Harlow, CM18 6YJ
- Dunmow Clinic, 58 New Street, Great Dunmow, Dunmow, Essex, CM6 1BH

The services are delivered by Herts Urgent Care Limited (HUC). HUC currently provides a number of other 111 and other urgent and emergency care services in the East Midlands, East, and South East of England.

CQC registered the provider to carry out the following regulated services at the service:

- Diagnostic and screening procedures
- Maternity and midwifery services
- Treatment of disease, disorder or injury
- Transport services, triage and medical advice provided remotely.

# 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. The service had safety policies, including Control of Substances Hazardous to Health and Health & Safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training. The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- 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. The service had recently introduced a new safeguarding methodology whereby potential safeguarding referrals were reviewed by a dedicated team prior to issue to the local authorities. Health advisors in the 111 service reported that this had made the referral process far quicker and facilitated making referrals given that they knew that any possible safeguarding would be reviewed prior to formal referral. 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, including audits undertaken across the sites used by the service.
- We reviewed the main hub and five of the nine out of hours locations as part of this inspection. All the premises were clinically suitable for the assessment and treatment of patients and could be expanded during peak periods of activity. Facilities and equipment were safe and equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- Cars utilised by the out of hours were fit for purpose and were serviced and stocked with equipment needed by clinicians on home visits. The service utilised drivers who could act as chaperones as required.

## **Risks to patients**

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

- In the 111 service, the service regularly monitored the number of calls abandoned and time to answer calls, which were the safety requirements required to be monitored and submitted to the commissioners.
- Call abandonment rates were between 3.3% and 13.8% for the service in the last twelve months. With the exception of 42% in December during winter pressures. The organisation had been given a 3% target by the commissioners. The service had delivered better results than the majority of providers in England in the last year, but performance had not met the 3% target. The commissioners for the service noted that although KPIs were not being met, performance issues were not dissimilar to other providers, and they told CQC that performance was not a particular area of concern.
- The mean time to answer calls in the last 12 months was between 64 seconds and 407 seconds in all months but December where it had been 1801 during a large surge in demand in the service. Average waiting time was over a minute in each of the last 12 months, and in three months was over five minutes. Again, the service had delivered better results than the majority of providers in England in the last year, but targets were still below national targets.

# Are services safe?

- The service regularly monitored the number of calls that were forwarded to either a clinician in the CAS service, or a member of the clinical team in the 111 service. The service had a target of at least 50% of calls to be reviewed by a clinician. The service had achieved over 50% in all of the last 12 months and had been over 60% twice.
- The 111 and out of hours service reviewed the number of patients who were referred to see a GP urgently in two hours, against a target of 95%. The performance had been variable in the last 12 months, from 37% in December, to over 80% in the other months. Although below target, performance was either similar to or better than other services in England over that period.
- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective system in place for dealing with surges in demand, with the exception of when extreme surges were experienced, particularly during the winter period, where there was less flexibility to meet demand. The service was operating slightly below complement for health advisors (approximately 85%) and clinicians (approximately 80%) in the past 12 months. Staff at the service told us that senior managers had been proactive in addressing staffing shortages and they were confident this would be addressed. Senior staff were easily identifiable and available for staff to escalate their concerns.
- There was an effective induction system for temporary staff tailored to their role. This included mandatory training in Pathways where required.
- 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 or who had been inappropriately streamed into the service.
- 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.

## Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, and controlled drugs and vaccines minimised risks. The service kept prescription stationery securely and monitored its use. Arrangements were also in place to ensure medicines and medical gas cylinders carried in vehicles were stored appropriately.
- The service had noted the medicines room in Stevenage hospital was warm, and often over the 25-degree Celsius maximum storage temperature specified for some medicines. The pharmacy team at the service had fully risk assessed this, and had implemented an hour-by-hour monitoring service, which showed that storage over 25 degrees was not constant. The service had disposal policies in place where extreme temperatures were recorded several days in a row and had protocols to shorten the shelf life of specific medicines as required.

# Are services safe?

- 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.
- Arrangements for directly dispensing medicines to patients in the out of hours service kept patients safe. The service utilised lilac prescription stationary (used for direct dispensing to patients out of hours) as required.
- 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.
- There was a system for receiving and acting on safety alerts.
- Joint reviews of incidents were carried out with partner organisations, including urgent treatment centres and hospital emergency departments.

## Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on near misses, incidents and healthcare professional feedback. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were 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.
- 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.

# 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.
- Telephone assessments were carried out using a defined operating model which included processes for assessing patients' symptoms through a triage algorithm, with options including transferring the call to a clinician for further review.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- 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, including engaging with the local NHS acute trust to share information to identify, monitor and support those patients who frequently called the NHS 111 service and those who also frequently attended the hospital emergency department.
- 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.
- Staff assessed and managed patients' pain where appropriate.

## **Monitoring care and treatment**

The service had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- Individual staff at the service were subject to regular audits of a percentage of their consultations. Staff that we spoke to said feedback from these audits was generally helpful and constructive, although some reported that the nature of such audits could feel punitive.
- Where staff had not met the minimum standards required by these audits, there were escalation measures in place in line with both the organisation's own policies, and (where relevant) the Pathways licencing agreement.
- The service reported that it would share overall audit findings with other providers as a dataset if required.

## **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.
- Staff told us that regular one to one meetings were in place from their managers. They reported that managers were supportive, and that they felt there were opportunities for promotion within the service.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required. Staff told us that clinical "floor-walkers" were helpful in ensuring that patients who needed a "warm-transfer" (an immediate discussion with a clinician) could be consulted quickly.



# Are services effective?

- The service had implemented a “graduate bay”, where new starters to the 111 team who had completed training were supported into work. Prior to beginning training, new staff could listen into calls to familiarise themselves with work they would be undertaking. On completion of training, an experienced health advisor would sit with the new starters to ensure that they could field any queries raised by patients, and to ensure they knew at what stage to involve clinical support. Staff who had been through the initiative told us that it was a supported introduction to work, and felt that it was positive.
- The service required that training in Pathways was extended over and above that required by the Pathways license. Managers told us that this was to ensure health advisors were confident in how and when to involve clinical input. Staff told us that this led to greater reassurance, and helped them in their role.
- 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 and clinical supervision.
- There was a clear approach through the services quality audit programme, for supporting and managing staff when their performance was poor or variable. Measures included direct staff feedback, mentoring and supervision.

## 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 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 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.
- 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 require them. Staff were empowered to make direct referrals and/or appointments for patients with other services.
- Issues with the Directory of Services were resolved in a timely manner. We saw that changes were made where relevant, including the prioritising of mental health services where indicated.

## 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 needed extra support such as through alerts on the computer system.
- 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.

# Are services effective?

- 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.
- Relevant staff had been provided with training in the Mental Capacity Act.
- 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 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 including training, awareness seminars and bulletins for specific staff groups.
- We observed both clinical and non-clinical staff treating patients with care, dignity and patience.
- The service had undertaken a one-day feedback exercise of patient experience utilising its out of hours hubs in November 2023. Of 131 responses, all but one rated the service as good or very good.
- The service had undertaken a 111 patient survey of those that used the service between October 2022 and March 2023. We noted 86% of respondents stated that staff at the service were helpful. The same percentage of patients stated that they were satisfied with the service.

## **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.
- 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.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

## **Privacy and dignity**

The service respected and promoted patients' privacy and dignity.

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

# Are services responsive to people's needs?

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

## **Responding to and meeting people's needs**

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

- The provider understood the needs of its population and tailored services in response to those needs.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service, for example there were alerts about a person being on the end of life pathway. 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 utilised by all three services were appropriate for the services delivered.
- The service made reasonable adjustments when people found it hard to access the service.

## **Timely access to the service**

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

- Patients could access care and treatment at a time to suit them. The NHS 111 and CAS service operated 24 hours a day, while the out of hours operated during non-core NHS GP opening hours.
- Patients could access the out of hours service via NHS 111. The service did not see walk-in patients and a 'Walk-in' policy was in place which clearly outlined what approach should be taken when patients arrived without having first made an appointment, for example patients were told to call NHS 111 or referred onwards if they needed urgent care. All staff were aware of the policy and understood their role with regards to it, including ensuring that patient safety was a priority.
- Patients were generally seen in line with their booked appointment slot, 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 either by staff in the 111 centre, or 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 111 and out of hours service reviewed the number of patients who were referred to see a GP routinely in six hours, against a target of 95%. The service had seen over 80% of patients within the target time in each of the last 12 months, and in the last 8 months had seen over 95% in that time 7 times.
- Where the service was not meeting the target, the provider was aware of these areas and we saw evidence that attempts were being made to address them.
- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- The appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way.

## **Listening and learning from concerns and complaints**

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

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

# Are services responsive to people's needs?

- The complaint policy and procedures were in line with recognised guidance. We reviewed a sample of the complaints received by the service and found that all were satisfactorily handled in a timely way. We saw that the electronic database had a record of every step of the process of handling the complaint from receipt through to resolution. Learning, including dissemination to staff was attached to each complaint. Letters of apology detailing the findings of the investigations were clear and sufficiently detailed.
- Issues were investigated across relevant providers, and staff were able to feedback to other parts of the patient pathway where relevant.
- Complaints were investigated across relevant providers, and staff were able to feedback to other parts of the patient pathway if relevant.
- The service learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care.

# 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, which we saw that the service acted on. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy. Staff that we spoke to at the service told us that they had not been involved in this.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population.
- 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. Staff told us that they were well supported by managers and colleagues at the service and that it was a good place to work. They also told us that there were opportunities for advancement. We noted that most of the managers and service leads in the 111 service had started as health advisors.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

# Are services well-led?

- Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. Staff 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. 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.
- 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 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 ICB 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.

# Are services well-led?

- 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.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- Staff were able to describe to us the systems in place to give feedback.
- 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.
- 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, for example the service was an early adopter for Pathways releases. There were systems to support improvement and innovation work.
- The service had set up services in the local area for Strep A management at short notice at the request of commissioners.