Ironstone Centre

Inspection report

West Street
Scunthorpe
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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 at Ironstone Centre as part of our inspection schedule and in response to concerns. CQC had received notifications of significant incidents and whistleblowing concerns. CQC had been assured the provider had put systems in place to improve in response to the incidents and whistleblowing concerns and we looked at the effectiveness of these systems during this inspection.

The location, Ironstone centre, provides community dermatology services for patients in North and North East Lincolnshire. This is an NHS secondary care service and access is via GP referral.

At the time of the inspection the service did not have a registered manager but evidence an application for this role had been submitted to CQC was provided after the inspection. 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 provider had implemented improvements to ensure care was provided in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care. However, we found some staff did not feel communication from management and between teams was effective leading to inconsistent understanding of some processes.

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

- Review provision of sepsis awareness training.
- Review the medical emergency policy to ensure all potential risks are considered.
- Improve access by telephone and implement plans for the new telephone system.
- Review and improve communication with staff relating to sharing learning from incidents and between clinical and administration teams.

Overall summary

Dr Rosie Benneyworth BM BS BMedSci MRCGP
Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector**.** The team included a specialist adviser.

Background to Ironstone Centre

The provider is Virgin Care East Riding LLP. The location, Ironstone Centre, provides community dermatology services for patients in North and North East Lincolnshire. This is an NHS secondary care service and access is via GP referral.

Ironstone Centre is registered to provide services from West Street Scunthorpe DN15 6HX

under the following regulated activities:

- Surgical procedures
- Treatment of disease, disorder and injury
- Diagnostic and screening

The service is managed from the Ironstone Centre, Scunthorpe with satellite locations as follows:

Cromwell Primary Care Centre, Grimsby, providing minor surgical procedures and consultations Monday to Friday.

Birkwood Medical Centre, Grimsby - providing minor operations, intermediate (day case) surgical procedures and nurse-led wound care clinics on a Monday and Tuesday.

Additionally, services have been delivered at satellite locations as follows but these are closed currently due to the pandemic.

Central Surgery, Barton,

Roxton Practice, Immingham

Riverside Surgery, Brigg,

Freshney Green, Grimsby

The service is situated within a multi-functional community health centre part of which is rented by the provider including a patient waiting room and consulting rooms on the first floor accessible by stairs or a lift. There is a public car park outside the practice.

The service is open from 8am until 6pm Monday to Friday or by appointment at other times.

How we inspected this service

During our visit we:

- Spoke with staff including the business unit head, clinical lead, service manager and clinical staff.
- Reviewed information provided to us electronically.
- Completed a site visit at the main site at the Ironstone Centre.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Good

Are services safe?

We rated safe as Good because:

The service had systems and processes in place to keep people safe and safeguarded from abuse. However, there were some areas for improvement.

- Sepsis awareness training was not provided.
- The risk assessment for the emergency medicines did not include some medicines to minimise the possible risks relating to potential patients or treatments, for example, seizure.

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 appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training.
- The service had systems to safeguard children and vulnerable adults from abuse. Staff had access to safeguarding training and a range of regularly reviewed local and national policies and procedures to support them in practice. Procedures included safeguarding adults and children and escalation process for unresolved safeguarding concerns. The service also had the support of national and local safeguarding leads and safeguarding champions. The service reviewed safeguarding incidents for patterns and trends and an annual safeguarding audit was completed by the provider, learning was shared at meetings.
- 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. Posters to inform patients about chaperones were displayed in the service.
- 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). It was the services policy to request a Disclosure and Barring Services (DBS) check for all staff.
- 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 an enhanced DBS check. Clinical staff were trained to level three in line with current intercollegiate requirements.
- There was an effective system to manage infection prevention and control (IPC). The service had supporting policies and procedures which had been regularly reviewed. Measures were in place to minimise the risk from Covid 19 such as bi-weekly testing for staff and staff had received specific training relating to IPC requirements and the use of personal protective equipment. The service had an IPC champion and IPC annual audits were undertaken and the practice had scored 99% and 100% in audits in September 2021. General cleaning services were provided by the landlord and cleaning was undertaken by staff between patients. The service was clean and tidy although there was some evidence of a cumulation of dust at high-level one consulting room. Systems to manage the risk of Legionella were undertaken by the landlord and there was a risk assessment to support this.
- 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.
- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them.

Risks to patients

Good

Are services safe?

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. The service had identified critical services to be maintained in the event of a reduction in staffing. They had put measures in place to manage this process this including weekly reviews of priority patient list and regular blocked appointment slots to ensure future capacity for high priority patients.
- There was an effective induction system for agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. However, training had not been provided to support staff to identify and manage patients who may contact the service after a procedure with severe infections, for example sepsis. The management team told us they would review this provision.
- There were appropriate indemnity arrangements in place.
- There were medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. A risk assessment had been completed to inform the decision about the range of medicines held. However, medicines to minimise some of the possible risks relating to potential patients or treatments, for example, seizure, was not provided or included in the risk assessment.
- 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 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.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance if they ceased trading.
- 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 minimised risk although some risks had not been identified in the emergency medicines risk assessment.
- The service kept prescription stationery securely and monitored its use.
- The service had carried out medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. For example, they had completed an audit relating to a medicine used for the treatment of psoriasis where effective monitoring was required due to the side effects. The results showed that generally the performance was good, and patients were receiving the monitoring required. They had identified some areas for improvement relating to patient information leaflets and completion of recommended assessments such as quality of life and depression assessments. They had put an action plan in place and were to complete a second audit within 12 months.
- The service assessed the competence of non-medical prescribers through peer reviews.
- The service did not prescribe controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence).

Good

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. Processes were in place for checking medicines and staff kept accurate records of medicines.

Track record on safety and incidents

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.

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 supported by policies and procedures. Most staff understood their duty to raise concerns and report incidents and near misses, one member of staff told us they did not know how to report incidents. There was a plan to provide newly appointed staff with additional training on the reporting systems.
- There were adequate systems for reviewing and investigating when things went wrong. The provider had completed detailed investigations when required, which included root cause analysis and actions for improvement. For example, they had identified that some patients had not been put onto the correct care pathway after initial assessment. The provider had completed a detailed investigation which included a historical audit of all patients who should have been on a specific pathway. They identified areas for improvement and implemented new processes including running a daily audit report to ensure patients were on the correct pathway, provided information for clinical staff about the process to upgrade patients and training for administration staff. They had also implemented a priority tracker and weekly meetings where treatment pathways and patient lists were discussed.
- They had also investigated an incident relating to delayed histology results and put systems in place to monitor these results including a log of the tests and results received. This was maintained and monitored by a member of staff however, we were not assured there was adequate management oversight of this process as the management team did not have access to the log. This was addressed on the day of inspection.
- We observed that systems for improvement had been implemented following investigations of incidents. We saw evidence incidents, outcomes of investigations and lessons learned were shared in governance meetings and with clinical staff and some staff told us minutes of meetings were shared. However, some staff reported they had not been made aware of incidents or of learning and improvements.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. For example, alerts were received by the Lead Nurse (designated Alerts Lead) and cascaded to teams to assess and feedback. The outcome of the assessment was recorded on the service database and shared with the quality lead and/

or pharmacist who then updated the business unit database. Alerts were discussed at the monthly clinical governance meeting and the designated alerts lead took responsibility for the closure of the alert. If support was required there was access to subject matter experts within the organisation for advice, for example, lead pharmacist or health and safety leads. Where appropriate the organisation would share alerts nationally where required via email.

Good

Are services effective?

We rated effective as Good because:

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.

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the British Association of Dermatologists (BAD) and National Institute for Health and Care Excellence (NICE) best practice guidelines. Information was circulated to staff via the clinical governance team and discussed in meetings.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff did not have a specific tool to assess pain in patients they told us they assessed and managed patients' pain through conversation with the patient.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service was monitored at both a service, local and national level. At service level performance was monitored by the service manager, clinical lead, quality lead and business unit head. The services performance is monitored using a Clinical Governance meeting, a schedule of annual audits, completing clinical audits and through completion of an internal service review.
- The service used information about care and treatment to make improvements. For example, significant incidents relating to care and treatment had been investigated, and improvement actions implemented. We observed improvements in systems to manage high priority patients who required care pathway upgrade and in the management of histology results.
- The service provided a single cycle clinical audit related to non-melanoma skin cancer excisions. They stated the findings of the audit were still under review by an independent Clinical lead within Virgin.

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.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/Nursing and Midwifery Council and were up to date with revalidation
- 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. The service used an eLearning platform, this system notified staff of their current compliance and provided links to the relevant training modules. Staff were notified via an automated set of reminders when their training was close to expiry. The service manager and individual line managers could access a staff training compliance report. Training compliance figures were reported in national dashboards and were reviewed regularly in governance meetings.

Good

Are services effective?

- Staff were encouraged and given opportunities to develop.
- Staff had received an annual appraisal although some staff did not feel involved with the process as they had not had a discussion and/or a face to face meeting with their appraiser. The management team told us staff should have a face to face appraisal and would review this.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

Supporting 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.

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. After care information leaflets were provided to patients following their procedure.
- 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.

- 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.
- Patients signed a consent at the preoperative assessment appointment with the nurse following discussion about their care and treatment and further consent was obtained by the surgeon on the day of the procedure.

Good

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of care patients received via the friends and family test (FFT). This showed high levels of satisfaction and we observed positive comments about the care and treatment received.
- Feedback from patients was positive about the way staff treat people
- 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.

Involvement in decisions about care and treatment

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

- On assessment the patient's communication needs and their communication preferences were assessed and recorded within the patient's clinical record.
- To support patients with communication needs the service had access to interpreter services, video link to sign language services,a hearing loop and access to letters and information leaflets in different languages, large print and braille.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.
- Patients could have a consultation with clinician of their gender choice.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, the service had access to services to aid communication and a lift to the first floor where the service was situated.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. Following an incident improvement had been made to ensure patients received timely care and a patient list tracker and weekly multi-disciplinary meetings had been implemented. The provider had developed a detailed action plan to manage post pandemic back log. This had included commissioning an external provider to deliver services at weekends. Data provided by the service showed they had made good progress in this area.
- Patients with the most urgent needs had their care and treatment prioritised. Information from commissioners identified that the service, except for one month in 2021, had consistently met or exceeded the national standard for management of urgent referral patients.
- We observed in online reviews a small number of patients had reported that they sometimes had difficulty accessing the service by telephone. The administration function had been moved to one of Virgin Care other sites, the provider had already identified that access by telephone required improvement at this site and plans were in progress to improve the telephone system. Work to undertake this had not commenced at the time of the inspection and no start date was scheduled although we were told it was expected imminently.
- 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.

- Comments and complaints were overseen by the customer experience team, comments submitted via social media or other platforms such as the NHSE comment response tool were shared with the relevant service lead. Complaints and concerns were logged centrally by the customer experience team. A customer experience lead managed the customer experience service across Virgin Care.
- Complaints could be made to the service, via the virgin care website or virgin care customer services by telephone and email.
- Information about how to make a complaint or raise concerns was available.

Good

Are services responsive to people's needs?

- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.
- We looked at three complaints received by the service. We observed these had been investigated and a detailed response had been provided to the patient. We observed an apology was given where relevant and the patient was informed of escalation procedures should they not be satisfied with the response. An action plan for improvement was developed and monitored through governance meetings. Actions such as staff training and development of systems to track patients care had been implemented in response to learning from complaints.

Good

Are services well-led?

We rated well-led as Good because:

The service had good governance systems and processes in place. They managed identified and managed risk and encouraged innovation. However, some staff did not feel supported or involved in the service or that communication between teams was always effective.

Leadership capacity and capability;

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

- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. A new management team had put in place at the service during 2021 this included an experienced business unit head manager who had worked for Virgin Care for some years and a new service manager. At the time of the inspection the service did not have a registered manager but evidence an application had been submitted to CQC for this role by the service manager was provided after the inspection.
- Most staff felt supported by the new management team although some staff told us the managers were not visible. One of the new managers had had to take extended leave to meet covid19 isolation requirements which had limited the time they had been physically available in the service since starting in post.
- The new team were knowledgeable about issues and priorities relating to the quality and future of services and the feelings of staff. They understood the challenges and were addressing them.

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 were “At Virgin Care we change lives by transforming health and care. We think. We care. We do”. The service had a realistic strategy and supporting business plans to achieve priorities and a behaviour framework to support staff to meet the values. However, some staff told us they were not aware of or understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

Culture

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

- There were mixed staff views of the culture of the service. Some staff felt well supported and told us there was good teamwork. Other staff told us they did not feel supported and felt isolated. Some felt they could raise concerns and felt they would be listened to some other staff did not feel this way. The new management team were aware of the issues in the team and had plans to improve this area.
- The service focused on the needs of patients and staff identified this as a positive aspect of the service.
- 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. We observed detailed responses to complaints and incidents and saw that these included an explanation of any failures, an apology and action plan for improvement. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

Good

Are services well-led?

- 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 told us they had received an annual appraisal although some staff did not feel involved with the process as they had not had a discussion and/ or a face to face meeting with their appraiser.
- 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 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 provider had a dedicated employee assist programme. They had a wellness hub with resources such as financial, mental or physical support. They also offered mind coach training, an accredited continuous professional development (CPD) course, to enable staff to manage wellbeing and boost resilience to cope with stressful situations.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training.

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.
- Most staff were clear on their roles and accountabilities however, some staff felt that since the administration function had moved to another site this had impacted on the effectiveness of the communication between the clinical team and the administration team. The management team were aware of the challenges in this area and a new administration manager had been employed to try to address these.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Policies and procedures were regularly reviewed and updated.

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 service had a risk log which was is overseen by the quality lead and service leads. Each identified risk had an assigned owner and was reviewed within identified timeframes. Areas of high risk were reviewed with the senior leadership team and at the quarterly business review meeting.
- 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 submitted data or notifications to external organisations as required. Commissioners told us the service worked well with them and performance met the expected standards.
- 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 processes to manage current and future performance. Performance of clinical staff was monitored through peer review and audit. Leaders had oversight of safety alerts, incidents, and complaints.

Good

Are services well-led?

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

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where staff had access to information.

Engagement with patients, the public, staff and external partners

The service had systems to involve patients, the public, staff and external partners to support high-quality sustainable services. However, not all staff felt involved.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- There were systems to support improvement and innovation work.
- The service told us over the course of the last 18 months the service had experienced challenges with recruitment and retention and surge in demand impacting on patient access targets. To address these issues, they have looked to develop staff internally with competency packs to progress nursing staff to cancer nurse specialist level and support healthcare assistants to gain further qualifications to nurse associate status.
- To reduce any backlog of patients due to the pandemic they had commissioned an external provider to work weekends to reduce surgical wait times.
- The nurses had created self-help educational videos for patients.
- The service provided support and education for GPs to provide dermatology services in their practice.
- They provided educational sessions for GPs to try to reduce inappropriate referrals into the service.
- The organisation had a system of staff recognition through their feel the difference and Chief Executive Officer (CEO) award scheme. They also had feel the difference grants to offer financial support for innovative ideas for staff to be implemented.
- Staff could describe to us the systems in place to give feedback however, not all felt they would be listened to. Some staff told us they did not feel involved in the service and felt communication could be improved. Whilst we saw there was an extensive schedule of meetings for clinicians and management staff there was no specific meeting for non-clinical staff or whole service meetings. The management team were aware of the challenges in this area and a new administration manager had been employed to try to address these.
- 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.
- 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 were systems to support improvement and innovation work.

Good

Are services well-led?

- The service told us over the course of the last 18 months the service had experienced challenges with recruitment and retention and surge in demand impacting on patient access targets. To address these issues, they have looked to develop staff internally with competency packs to progress nursing staff to cancer nurse specialist level and support healthcare assistants to gain further qualifications to nurse associate status.
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