

# Dr Raja Segar Ramachandram

## Inspection report

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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 practice is rated as Good overall.**

The key questions at this inspection 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 Dr. Raja Segar Ramachandram's surgery on 28 August 2018 as part of our regular inspection programme.

At this inspection we found:

- The practice was able to demonstrate that they had comprehensive and effective safeguarding systems in place to keep patients safe.
- Childhood immunisation uptake at the practice was consistently above the national target of 95%.
- The practice's uptake of cancer screening was in line with local and national averages.
- In all indicators in the 2018 national GP patient survey the practice had achieved patient satisfaction scores that were above local and national averages.
- The practice demonstrated that they had focused on a number of areas of continuous improvement and innovation.
- The practice undertook monthly visits to patients that were housebound to ensure that they were receiving appropriate care and treatment.
- Communication and engagement with patients was continually and energetically undertaken by the practice and to a high standard. The practice ensured that those patients that were housebound also received a copies of all practice communications.

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

- Review the security of prescription stationary in order for it to be appropriately monitored.
- Review the system and process for the management of electrical equipment.
- Continue to identify and support carers within the practice population.

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

**Please refer to the detailed report and the evidence tables for further information.**

## Population group ratings

<b>Older people</b>	<b>Good</b>	
<b>People with long-term conditions</b>	<b>Good</b>	
<b>Families, children and young people</b>	<b>Good</b>	
<b>Working age people (including those recently retired and students)</b>	<b>Good</b>	
<b>People whose circumstances may make them vulnerable</b>	<b>Good</b>	
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Good</b>	

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser and a Care Quality Commission inspection manager.

## Background to Dr Raja Segar Ramachandram

Dr. Raja Segar Ramachandram's surgery, also known as Moor Green Lane Medical Centre, is situated in the Moseley area of Birmingham, within a purpose-built health centre. The practice population is approximately 3500 patients with a higher number of patients under 65 years of age compared to the national average. Approximately 29% of the practice population identify as Black, Minority, Ethnic (BME).

The level of deprivation in the area according to the deprivation decile is four out of ten (The Index of Multiple Deprivation 2015 is the official measure of relative deprivation for small areas (or neighbourhoods) in England. The Index of Multiple Deprivation ranks areas in England from one (most deprived area) to ten (least deprived area). For more information on the practice please visit their website at [www.moorgreenlanemc.nhs.uk](http://www.moorgreenlanemc.nhs.uk)

Moor Green Lane Medical Centre is led by a single-handed GP (male) and also has six sessional GPs (two male and four female) and a practice nurse (female). The practice manager is supported by a team of administration and reception staff.

The practice's opening hours are Monday to Friday 8am until 7pm, except for Wednesdays, when the practice closes at 8pm. Appointments are available throughout the day from 9.15am until 6.30pm on all weekdays except Wednesdays, when appointments are available until 7.30pm. The practice's out of hours service is provided by Primecare. Telephone lines are automatically diverted to the out of hours service when the practice is closed.

The practice is a member of the Smartcare federation that offer extended hours at local hub centres, each weekday and at weekends from 8am until 8pm.

The practice provides NHS primary health care services for patients registered with the practice and holds a Personal Medical Service (PMS) contract with the local Clinical Commissioning Group (CCG).

Moor Green Lane Medical Centre is registered with CQC to provide five regulated activities associated with primary medical services, which are; treatment of disease, disorder and injury, family planning, maternity and midwifery, diagnostic and screening procedures and surgical procedures.

# Are services safe?

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

## **Safety systems and processes**

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff, whose training records we viewed had received up-to-date safeguarding training appropriate to their role. When we spoke to them, they knew how to identify and report concerns.
- Learning from safeguarding incidents was available to staff, who knew where to access the information. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- We saw that the practice took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice showed that arrangements were in place to ensure that facilities were safe, however the system for ensuring equipment within the practice remained safe and fit for use was not always effective.
- Arrangements for managing waste and clinical specimens kept people safe.

## **Risks to patients**

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays and busy periods.
- There was an effective induction system for all staff tailored to their role, including temporary staff.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff we spoke with explained their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. All staff that we spoke with, including non-clinical staff, knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice 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.

- The care records we saw showed that information needed to deliver safe care and treatment were available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

## **Appropriate and safe use of medicines**

The practice had systems for appropriate and safe handling of medicines but had not considered all areas of risk.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- The practice demonstrated that it prescribed and administered medicines to patients in line with current national guidance.

## Are services safe?

- The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- The practice were unable to demonstrate that they had fully monitored the security of prescription assigned to consulting rooms.

### Track record on safety

The practice generally had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.
- The practice was unable to demonstrate that it portable appliance tested (PAT) all electrical items within the practice.
- The practice demonstrated appropriate assessment of legionella risk and had taken action to maintain water safety.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff we spoke with understood and were able to articulate 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 practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

**Please refer to the evidence tables for further information.**

# Are services effective?

**We rated the practice and all of the population groups as good for providing effective services .**

## **Effective needs assessment, care and treatment**

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- We saw that the practice advised patients what to do if their condition got worse and where to seek further help and support.

### Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice facilitated home visits to housebound patients along with district nurses and care co-ordinators. The practice was able to demonstrate that this had had an impact on housebound patients having unplanned hospital admissions.

### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services with a telephone call and letter.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice's performance on quality indicators for long term conditions was consistently above local or national averages.
- The practice facilitated medicine reviews for patients with long term conditions.

### Families, children and young people:

- Childhood immunisation uptake rates were consistently above the World Health Organisation (WHO) target percentage of 95% or above. The practice continued to review its progress and develop actions to continue to improve.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

### Working age people (including those recently retired and students):

## Are services effective?

- The practice's uptake for cervical screening was 72%, which was in line with the national average of 72% and above the local average of 69% but was below the coverage target of 80% for the national screening programme. The practice demonstrated that it had developed actions to continue to improve.
- The practice's uptake for breast cancer screening was above both the local and national averages.
- The practice's uptake for bowel cancer screening was in line with the national average and above the local average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice told us that they had no homeless patients currently on their patient list, but had previously had one patient, who used the practice address to register.
- The practice had a system for vaccinating patients with underlying medical conditions according to the recommended schedule.

People experiencing poor mental health (including people with dementia):

- The practice assessed and monitored the physical health of people with mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered and carried out annual health checks to patients with a learning disability.

### Monitoring care and treatment

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

- The practice used information about care and treatment to make improvements.
- The practice was proactively involved in quality improvement activity.

### Effective staffing

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

- Staff we spoke with had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Files we reviewed, for staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

# Are services effective?

- The practice 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 practice provided staff with ongoing support. This included annual appraisals, coaching and mentoring, clinical supervision and revalidation for clinical staff. There was an induction programme for new staff.

## Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions. They shared information and liaised with community services, social services and carers for housebound patients and with health visitors and community services for children who had relocated into the local area. The practice involved other healthcare professionals in monthly home visits to housebound patients including care co-ordinators and district nurses.
- 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. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

## Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes such as weight management services. (Social prescribing is a means of enabling GPs and other frontline healthcare professionals to refer patients to 'services' in their local community instead of offering only medicalised solutions.)
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking.
- The practice used text messaging to remind patients of routine, screening and vaccination appointments. They employed the use of television screens in the waiting area for both practice and federation news. Patients were, with consent, automatically signed up for online services upon registration and the practice used electronic prescription services.
- The practice produced quarterly newsletters that contained information on how patients could live healthier lives. For example, prevention of diseases and lifestyle tips.

## Consent to care and treatment

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

- Clinicians we spoke with understood the requirements of legislation and guidance when considering consent and decision making.
- We saw that clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.



## Are services effective?

- The practice was able to demonstrate that they monitored the process for seeking consent appropriately.

**Please refer to the evidence tables for further information.**

# Are services caring?

**We rated the practice as good for providing caring services.**

## **Kindness, respect and compassion**

Staff we spoke with were passionate about treating patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated people. Patients commented that staff went the extra mile for them and that care and support exceeded their expectations.
- Staff we spoke with recognised and understood the patients' personal, cultural, social and religious needs.
- Relationships between people who use the service, those close to them and staff were caring, respectful and supportive. We saw that these relationships were highly valued by staff and promoted by leaders at the practice.
- The practice gave patients timely support and information.
- The practice's National GP Patient Survey results were consistently above local and national averages for questions relating to kindness, respect and compassion. Despite this the practice continued to review their performance and develop action plans to ensure that patient satisfaction continued to improve in the future.

## **Involvement in decisions about care and treatment**

The practice was committed to helping patients to be involved in decisions about care and treatment. They were fully aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- We saw that the practice promoted innovative ways to enable staff to communicate with people in a way that they could understand, for example, communication aids, easy read materials were available.
- The practice helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice identified carers and supported them.
- The practice's GP patient survey results were consistently above local and national averages for questions relating to involvement in decisions about care and treatment. The practice continued to review their performance and develop action plans to ensure that patient satisfaction continued to improve.

## **Privacy and dignity**

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff we spoke with recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

**Please refer to the evidence tables for further information.**

# Are services responsive to people's needs?

**We rated the practice, and all of the population groups, as good for providing responsive services .**

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

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made proactive adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They consistently supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice facilitated monthly visits from a GP, a community nurse and a case manager to housebound patients to ensure that they were getting appropriate care and treatment.
- The practice ensured that all prescriptions had explanations of what the medicines were for (indication labelling) so that older patients and vulnerable patients could more easily keep track of their medicines.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice facilitated comprehensive medicines reviews, which included medicines that were purchased over the counter.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 16 were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments.

People whose circumstances make them vulnerable:

# Are services responsive to people's needs?

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

People experiencing poor mental health (including people with dementia):

- Staff we spoke with had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- The practice had initiated and part funded an extra service within the federation call the B Happy Hub, to support patients who attended the practice with non-clinical conditions such as isolation and anxiety.

## Timely access to care and treatment

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

- Most patients, whose feedback we reviewed felt that they had timely access to initial assessment, test results, diagnosis and treatment and that the appointment system was easy to use.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The practice's GP patient survey results were consistently above local and national averages for questions relating to access to care and treatment.

## Listening and learning from concerns and complaints

The practice 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. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

**Please refer to the evidence tables for further information.**

# Are services well-led?

**We rated the practice as good for providing a well-led service.**

## **Leadership capacity and capability**

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were proactively 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.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

## **Vision and strategy**

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

- The practice had developed a vision and set of values. They had a strategy and supporting business plans to achieve priorities.
- Staff we spoke with 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 care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

## **Culture**

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

- Staff we spoke with stated that they felt respected, supported and valued. They were happy working in the practice.
- The practice demonstrated that they passionately focused on the needs of patients.
- Openness, honesty and transparency were consistently 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. Staff we spoke with told us that they were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff, whose files we viewed had received equality and diversity training and staff we spoke with felt they were treated equally.
- There appeared to be 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 co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

# Are services well-led?

## Managing risks, issues and performance

There was clarity around 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 practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

## Appropriate and accurate information

The practice 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 practice 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 and continually strive to improve. The practice demonstrated a commitment at all levels to sharing data and information proactively to drive and support improvement.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were comprehensive 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 practice enthusiastically involved patients, the public, staff and external partners to support high-quality sustainable services.

- There was consistently high levels of constructive engagement with staff and people who use the 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. There was an active patient participation group.
- The services were developed with the full participation of those who used them, staff and external partners. The service was transparent, collaborative and open with stakeholders about performance.
- The practice took a leadership role in the local health system and proactively addressed challenges to meet the needs of the population.

## Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was an embedded and systematic approach to continuous learning and improvement.
- Staff we spoke with knew about improvement methods, had the skills and were empowered to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

## Are services well-led?

- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The practice actively took part in and piloted numerous local and national improvement initiatives.

**Please refer to the evidence tables for further information.**