

Hanover House

Inspection report

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2020
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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 service was previously inspected on 27 July 2017, for a second time on 5 and 6 July 2018 and most recently on 10 and 11 September 2019. At the most recent inspection the rating for the practice was requires improvement overall. This rating applied to the safe, effective, and well led key questions. Caring and responsive were rated as good.

The report stated where the service must make improvements:

- The service was not delivering service in line with standards defined by national quality requirements and other local and national guidelines.
- The service did not have systems in place to deliver sustained improvement.
- Staff told us that there were insufficient numbers of both health advisers and clinical call handlers at the service.

We carried out an announced comprehensive inspection at Hanover House on 11, 12, 13 and 16 November 2020. We are mindful of the impact of COVID-19 pandemic on our regulatory function. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so. At this inspection we found that those areas which had previously been in breach of CQC regulations had been addressed

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

At this inspection we found:

- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect. The organisation met with patient representative groups with a view to improving its service.
- Patients were able to access care and treatment from the service within timescales similar to that of other providers while operating with an increased demand on service during the COVID 19 pandemic.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- The provider should review their performance against minimum data set call answering criteria.

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 GP specialist adviser, and two further CQC inspectors.

Background to Hanover House

Hanover House is the base hub for the 24-hour 111 service for South West London covering the boroughs of Wandsworth, Merton, Sutton, Kingston, Richmond and Croydon. The provider is Vocare who have responsibility for several 111, out of hours and urgent care services throughout the UK, and they have managed this service since September 2016. Vocare is a subsidiary company of Totally PLC. The service is co-located with the hub base for the out of hours service for four of the six boroughs, although this service is delivered by a separate provider. The service serves a population of over 1.5 million patients.

Although the main hub site is in London, services are provided from three addresses. The first is 78 Coombe Road, Kingston-Upon-Thames, Surrey, KT2 7AZ. Calls are no longer taken at this location, and it is now a hub for the service's management staff. Further services are provided from a call centre at Medway House (formerly Crutes House), Fudan Way, Thornaby, Stockton-on-Tees, Cleveland, TS17 6EN, which manages 70% of all calls. The remainder of call are taken at Vocare House, Balliol Business Park, Benton Lane, Newcastle upon Tyne, NE12 8EW.

The service covers a large urban area, with large populations of both high and low deprivation. The population of South West London includes a large number of different nationalities and ethnicities.

Although the provider is headquartered in Newcastle where many senior staff are based, there are clinical and operational leads within regions who have overall responsibility for the delivery of the service. The operational teams are led by clinical support managers and team leaders in both the Stockton and Newcastle offices, each of whom have responsibility for a shift team.

Prior to 2020, the service managed between 27,000 and 32,000 calls per calendar month depending on the time of year. This is equivalent to approximately 1,000 calls per day. However, as a primary point of contact for calls relating to COVID 19, call volume had increased substantially during peak periods of infection during the pandemic. This had led to call demand at some stages in excess of 300% higher than normal levels during periods which have seen high infection rates.

The service is registered with the CQC to provide the regulated activity of Transport services, triage and medical advice provided remotely.

Are services safe?

We rated the service as good for providing safe services.

We carried out this announced comprehensive inspection commencing 11 November 2020. We had previously carried out an announced comprehensive inspection commencing 10 September 2019. At that time of the first inspection the service was not providing safe services. We found the following:

- Staff we spoke with told us that there were insufficient health advisors and clinical staff at the service. We noted there were gaps in rotas that were not filled. For example, from 3 June until 26 August 2019, the service had not had more than 89% of its clinical sessions filled, and in one week it was as low as 70%.

At the time of the inspection visit commencing 11 November 2020, this issue had been addressed.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training. There were also relevant updates in staff newsletters and specified 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 for all staff (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).
- The service had systems in place to monitor compliance with its mandatory safeguarding training. Where training was not complete staff were not permitted to work until such time that it had been completed. Staff we interviewed were all aware of how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. Staff that we spoke to said that staffing had been improved in the last year, and the majority felt that there were sufficient staff to manage workload during normal work times. The COVID 19 pandemic had significantly increased the volume of calls being taken in the service, particularly during infection peaks. Staff who we spoke to told us that the service had responded as fully and quickly as possible as could be expected.
- The provider told us that recruitment processes were continuous and that they had continued to recruit to all posts across the organisation.
- There was an effective induction system for temporary staff tailored to their role.

Are services safe?

- 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. Escalation systems were in place to manage people who experienced long waits.
- When there were changes to services or staff the service assessed and monitored the impact on safety. The service had made a number of changes in response to the COVID 19 pandemic. This included the implementation of a new surge management policy, significant recruitment and increased use of remote workers to improve accessibility, and social distancing within offices.

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. Changes to protocols in response to the COVID 19 pandemic were made quickly and were shared with all staff.

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 local A&E departments, GP out-of-hours, other NHS 111 services and urgent care services.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- The provider had enhanced procedures for when it breached quality requirements, and these were reviewed specifically within the governance team.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. Newsletters contained details of most relevant learning, but hot topics folders were also in place so that staff who had been away, or new starters could also stay abreast of learning.
- 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. This included reviews with local out of hours providers.

Are services effective?

We rated the service as good for providing effective services.

We carried out this announced comprehensive inspection beginning 11 November 2020. We had previously carried out an announced comprehensive inspection commencing 10 September 2019. At that time of the first inspection the service was not providing effective services. We found the following:

- The service was not meeting local and national targets for the provision of effective care.

At the time of the inspection visit of 11 November 2020, the service was matching targets of other local and national providers.

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. These were available on the intranet system and emailed to staff.
- 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 were 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. The service was also able to communicate directly with GP practices if required.
- 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 patients' pain where appropriate.

Monitoring care and treatment

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

- Providers of NHS 111 services are required to submit call data every month to NHS England by way of the Minimum Data Set (MDS). The MDS is used to show the efficiency and effectiveness of NHS 111 providers. We saw the most recent results for the service (up to including August 2020). During the COVID 19 pandemic. The number of calls received by 111 services nationwide had increased up to 300% of the number of calls that would ordinarily be expected as a maximum. As a consequence, in this report CQC have reviewed the statistical information against peer providers both in the local area and nationally. The information submitted by the provider showed that it was generally achieving similar targets to its peers:

Are services effective?

- The target for the number of abandoned calls is fewer than one per cent. However, all 111 services had significantly higher abandonment rates during the COVID 19 pandemic due to an increase in the number of calls. The services abandonment rate for Hanover House was slightly higher than the local average. The provider explained that their focus had been to increase the number of calls where the patient spoke to a clinician, in order to meet the needs of the developing service and to ensure patient safety. The service had the highest proportion of calls that were referred to a clinician in the London area. The service had undertaken a benchmarking exercise with other local providers to review significant incidents and events. They stated that the risk of more abandoned calls was mitigated by an increase in calls where a clinician spoke to the patient through this review.
- The service had improved its validations of patients recommended to attend emergency department, or for whom an ambulance dispatch was recommended. As a consequence, the number of triaged calls where attendance at an emergency department was recommended had fallen since April. This is positive as it potentially decreases demand for emergency services.
- Where the service was not meeting the target, we saw that the provider had put actions in place to improve performance in this area.
- The service made improvements through the use of completed audits. There was clear evidence of action to resolve concerns and improve quality. The service had systems in place to meet the national quality requirements for auditing at least 1% of clinical patient contacts. The service had scored 100% in its audit key performance indicators. Staff reported that feedback was helpful and well structured.
- The service shared wider audits with other urgent and out of hours care providers to whom it referred.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. This included relevant mandatory training, and coaching and mentoring for new staff to the service.
- Staff told us that regular one to one meetings were in place from their managers.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- 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. Staff reported that they considered audits to be used in a positive way in the service.
- The service had team meetings in place and had implemented “huddle” meetings where these were not possible.

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 patients' registered GPs so that the GP was aware of the need for further action. There were established pathways for staff to follow to ensure callers were referred to other services for support as required.

Are services effective?

- 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 required them. The service validated and reviewed referrals to ensure they were safe and effective during the COVID 19 pandemic.
- 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.

Consent to care and treatment

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

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

Are services caring?

We rated the service as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The 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.
- The organisation, in conjunction with its out of hours partners met regularly with patient groups from the six boroughs where the service was provided. Patient feedback was used to develop better patient-centric services.
- A texting service was in place so that feedback could more easily be provided by patients.

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 by providing access to local and regional out of hours bases.
- 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 were appropriate for the services delivered. This including adaptations made for social distancing due to the COVID 19 pandemic.

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 service operated 24 hours a day.
- Patients could access 111 services electronically rather than by telephone. This service worked to similar timescales as the telephone-based service. This service enabled those patients who were unable to converse with a call handler to access the service. Translation services were also available where required.
- The COVID 19 pandemic had increased the number of callers to 111 services significantly. The service had acted responsively to increase staffing and access, and to meet the needs of patients. As a consequence of significantly increased demand, key performance indicators for the service were outside of targets, but they were similar to other services in the local area:
 - The percentage of calls answered within 60 seconds was below the levels specified by key performance indicators but were in line with the local average.
 - The service had increased the number of calls where the patient spoke to a clinician, and the service was offering the most such calls in the local area.
- 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 through close working with the service commissioner. Measures included advanced monitoring and reporting of performance data and recruitment of staff.
- Patients with the most urgent needs had their care and treatment prioritised.

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.
- 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. Letters of apology detailing the findings of the investigations were clear and sufficiently detailed.
- Complaints were investigated across relevant providers, and staff were able to feedback to other parts of the patient pathway if relevant. For example, where shared care learning required involvement from the ambulance service or the out of hours provider, these organisations were involved in responding to the complaint.

Are services responsive to people's needs?

- 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. We saw learning from complaints and other patient feedback being shared through, the service's internal bulletin, and through management of staff performance.

Are services well-led?

We rated the service as good for leadership.

We carried out this announced comprehensive inspection from 11 November 2020. We had previously carried out an announced comprehensive inspection from 10 September 2019. At that time of the last CQC inspection the service was not providing well led services. We found the following:

- The service did not have systems in place to assure itself that national and local targets could be met, and to ensure that there was adequate staffing.

At the time of the inspection visit starting 11 November 2020, issue had had been addressed.

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.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.
- Staff whom we spoke to told us that leaders at all levels were visible and approachable, and that they worked closely with staff. They also said that leaders had improved the service in the last year, and had been responsive to change. They said that they had felt supported during the COVID 19 pandemic.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities. The service had adapted through COVID 19, and although key targets had not been achieved, the service was delivering a service with similar performance to the local and national averages.
- The provider had regular contract meetings with the commissioner to discuss performance issues and where improvements could be made. The service was actively engaged in contract monitoring activity with commissioners and had made a number of commitments to either improve or adapt services as required.
- The service developed its vision, values and strategy jointly with patients, staff and external partners on an ongoing basis.
- 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 care priorities across the region. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy.
- The provider ensured that staff who worked away from the main base felt engaged in the delivery of the provider's vision and values.

Culture

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

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

Are services well-led?

- 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 these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- 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 employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of Medicines and Healthcare products Regulatory Agency (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 Clinical Commissioning Group 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.

Are services well-led?

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

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- 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. The provider, in conjunction with the out of hours provider in the area, met regularly with patient groups across the CCGs for which it had responsibility and shared information with them as relevant.
- Staff could describe to us the systems in place to give feedback, including written through feedback forms, staff surveys and verbal feedback through internal meetings and service delivery managers. We saw evidence of the most recent staff survey and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- 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.
- The service had been adapted to meet the needs of patients during the COVID 19 pandemic. The service had been integral to the development of the new Think 111 First process, whereby 111 will be the route for patients to access some services.
- 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.