

Nuffield Health

Nuffield Health Harrogate Fitness & Wellbeing Centre

Inspection report

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Ratings

Overall rating for this service

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 had previously been inspected in May 2018 and was found to be providing services in accordance with relevant regulations. At that time independent providers of regulated activities were not rated by the Care Quality Commission.

At this latest inspection 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

Summary of findings

We carried out an announced comprehensive inspection at Nuffield Health Harrogate Health & Wellbeing Centre on 16 April 2019 as part of our inspection programme.

Nuffield Health refer to service users as patients and this is reflected throughout the report.

Nuffield Health Harrogate Fitness & Wellbeing Centre provides a range of health assessments, consultations and screening services relating to the physical and mental wellbeing of people. These services are available for fee paying/private patients aged 18 years or over.

This service is registered with Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At Nuffield Health Harrogate Fitness & Wellbeing Centre some services are provided to patients under arrangements made by their employer with whom the service user holds a policy. These types of arrangements are exempt by law from CQC regulation. Therefore, at Nuffield Health Harrogate Fitness & Wellbeing Centre, we were only able to inspect the services which are not arranged for patients by their employers with whom the patient holds a policy.

The general manager is the registered manager. 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.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection.

There were seven comment cards completed. All these cards contained positive feedback from patients who accessed the diagnostic and screening assessment service.

We also reviewed internal patient satisfaction survey results from surveys completed after their assessments and consultations at the service. We found that these were consistently positive.

Our key findings were:

- There was an effective overarching governance framework which supported strategic objectives, performance management and the delivery of quality care. This encompassed all Nuffield Health locations and ensured a consistent and corporate approach across all sites.
- Service improvement and continuous learning was embedded at all levels.
- There was effective local management, and when required organisational support was available at regional and national level.
- Clinicians were committed to improving the outcomes of patients and delivering quality care.
- Patient feedback was consistently positive about the staff and the service they received.
- Staff satisfaction for working within Nuffield Health was high.
- The provider had developed a social impact strategy and used this to influence health and wellbeing improvement in the locality.

There was an area where the provider **should** make improvement:

- Review and improve procedures to feedback the outcome of incidents with the staff member who raised the incident in the first instance.

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

Nuffield Health Harrogate Fitness & Wellbeing Centre

Detailed findings

Background to this inspection

Nuffield Health is the registered provider of Nuffield Health Harrogate Fitness & Wellbeing Centre. The centre is registered with the CQC to provide the regulated activity of diagnostic and screening procedures.

The service provides a range of health assessments, consultations and screening services relating to the physical and mental wellbeing of people. Patients complete an initial comprehensive online health assessment based on a proprietary technology platform prior to their appointment, to support them to access the support and services best suited to them. The aim of the health assessments is to provide a picture of an individual's health, covering key concerns such as the risk of diabetes, heart disease or cancer. Face to face consultations are held with either a doctor, a physiologist or both, depending on the type of assessment or consultation requested.

Patients are seen by a doctor and/or a physiologist following the initial assessment and screening processes. The findings of results are discussed with the patient, along with any recommended lifestyle changes. Patients are provided with a comprehensive report detailing the findings of the assessment. The reports include advice and guidance on how the patient can improve their health and maintain a healthy lifestyle. Patients who may require further investigations or any additional support are referred on to other services, such as their NHS GP, physiotherapist, nutritionist or other healthcare professional. Clinicians do not provide prescriptions to patients. In instances where a prescribed medication may be indicated, the patient is referred to their NHS GP or independent health provider.

The service is available to fee paying customers who are aged 18 years and over. It can be accessed 8am to 4.30pm each Thursday and Friday (except for bank

holidays) at the Harrogate location. However, patients can access other Nuffield Health locations nationwide. The service is not intended for use by patients requiring treatment for long-term conditions or as an emergency service.

The staff who deliver the service consist of a general manager, a doctor and a physiologist (who also acts in the capacity of clinical manager). These staff are supported by an administration team, and regional and national support is available from the wider Nuffield Health organisation.

We inspected Nuffield Health Harrogate Health & Wellbeing Centre on 16 April 2019.

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

Prior to the inspection we asked the provider to send us a range of information. We reviewed this, along with information we already hold about the service.

During our inspection we:

- Looked at the systems in place relating to safety and governance of the service.
- Viewed a number of key policies and procedures.
- Explored how clinical decisions were made.
- Spoke with staff.
- Reviewed CQC comment cards where patients shared their views and experiences of the service.

After the inspection we:

Detailed findings

- Spoke with a patient who had used the service over the telephone.

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.

Are services safe?

Our findings

We rated safe as Good because:

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. 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. Policies and procedures were accessible to all staff via the service's shared computer system.
- The service did not directly see children and young people under the age of 18 years. We saw that staff had received safeguarding training in relation to children. The service had other systems in place to safeguard vulnerable adults from abuse. These safeguards included training and appropriate reporting mechanisms to protect service users from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Staff we spoke with were aware of safeguarding procedures and were confident in their use. The provider had 24-hour support available for safeguarding concerns. The provider was aware of the revised safeguarding training guidance and had plans in place to meet these.
- There were processes in place to establish the identity and age of those accessing 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).
- All staff received up-to-date safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check. We saw that information was available to inform patients that staff were available to act as chaperones. The provider kept records of when chaperones were used.

- There was an effective system to manage infection prevention and control. This included the management of Legionella and audits in relation to infection prevention and control. It was however noted that the public toilet in the assessment clinic needed improvement. The wall/floor junction had not been effectively sealed, and the condition of the wall around water pipework meant that it was not capable of being effectively cleaned. We were sent evidence after the inspection to show that this had been rectified.
- 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. There were regular audits carried out in relation to clinical 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. We saw that the provider regularly monitored the utilisation of staff.
- Vulnerable patients were identified at the time of booking and when required, reasonable adjustments made to meet their specific needs.
- There was an effective induction system for new or agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- Staff received regular mandatory training in relation to basic life support.
- When there were changes to services or staff, the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.
- The provider used a sophisticated technology platform for pre-assessment; this was able to stratify patient risk and signpost to relevant support modules and services. As part of this, the algorithm was also able to identify and 'flag' patients who indicated potential issues related to suicide ideation and domestic violence. If such patients were identified they were contacted by a specialist who assessed their needs in more detail and signposted to appropriate sources of support such as GP referral.

Are services safe?

- All screening and test results were reviewed by the attending doctor and accredited biomedical scientist.
- Staff had the support of national and regional clinical leads for support when required.
- The service had developed and delivered a 12 monthly quality and safety scenario training calendar for staff. This included dealing with emergency situations, IT system failures, needlestick incidents and hazardous substance spillages.

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. For example, we saw that reports were available to patients which enabled them to effectively share health assessments with patients' own GP.
- Clinicians took appropriate and timely actions 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 emergency medicines and equipment minimised risks.
- Clinicians did not prescribe medicines for patients. If a health concern was identified as part of an assessment and screening process, patients were referred to their own GP or other appropriate services for clinical input.

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. Staff understood their duty to raise concerns and report incidents and near misses. Managers supported them when they did so. We received feedback which indicated that on occasion, feedback on the outcome of incidents was not always cascaded back to the staff member who raised the issue.
- There were systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service.
- The 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
- They kept written records of interactions with patients in these instances.
- The service acted on and learned from external safety events, as well as patient and medicine safety alerts. The service had an effective mechanism in place to receive, assess, action and disseminate alerts to all members of the team.

Are services effective?

(for example, treatment is effective)

Our findings

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 (relevant to their service)

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. In addition, the provider had a training and continuing professional development programme in place for staff.
- 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. Where this was not possible we heard from the provider that patients were informed of the limitations of assessments.
- We saw no evidence of discrimination when making care and treatment decisions, and there had been no complaints regarding discrimination.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was involved in quality improvement activity.

- The service used information about care services which had been delivered to make improvements. For example, we saw that the provider reviewed cervical screening services. In this instance the provider had not identified any areas of concern. Clinical audits gave assurance to the provider of compliance with standards and operating practices. Other regular audits included those in relation to infection prevention and control, clinical waste and physiology outcomes.

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 were registered with the General Medical Council (GMC) 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. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

Staff worked together, and with the consent of the patient worked with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care.
- Before providing services, doctors and physiologists at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medical history. This was achieved using their online portal or via hard copy assessment questionnaire.
- If they had received prior patient consent, Nuffield Health were able to share information directly with the patients GP or specialist if this was needed. If consent to share this information was not given by the patient, then the assessment would still be carried out and it was left with the patient to decide if they were to share their report and results with their GP or specialist if they wished to at a later date.
- Care and treatment for patients in vulnerable circumstances was assessed to best meet their needs.

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.

- The organisational aim was to improve personal health and wellbeing. Following each health assessment, the patient was provided with a detailed individual report which fully explained findings, and which included healthy lifestyle advice and recommendations. Patients also received personal feedback from doctors and physiologists. As part of the assessment package, patients were also given a ten-day membership to access the wider Nuffield Health facilities including gym, swimming pool and wellbeing programmes.

Are services effective?

(for example, treatment is effective)

- Risk factors were identified, highlighted to patients and where appropriate and with consent, shared with their normal care provider for additional support.

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. We saw that assessment staff had received training in relation to the Mental Capacity Act.
- 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 caring?

Our findings

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people. Comment cards and interview feedback from a patient mentioned the helpful, friendly and personable nature of staff.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. The central booking team communicated any specific patient needs to the clinical team prior to the assessment appointment which enabled necessary adjustments to be planned and made.
- The service gave patients timely support and information.
- We heard examples of how the service had made their access rules flexible to meet the needs of service users.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. Information leaflets were clear and easy to understand. In addition, patients with mobility issues could access the first-floor assessment suite via a passenger lift.
- Patients told us through comment cards, that they felt listened to and supported by staff and had enough time

during consultations. They mentioned that staff took the time to fully explain the assessment process and the results from these assessments. Follow up advice was also fully explained and supported by written information.

- Patient feedback via their in-house patient satisfaction survey showed that 86% of patients gave the doctor a high rating (nine or ten out of ten) for being knowledgeable and informative about clinical issues, and this rose to 90% for the physiologist.
- For patients with learning disabilities or complex social needs family or carers were appropriately involved and could accompany individuals.
- Staff communicated with people in a way that they could understand, for example, via communication aids and services.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Curtains were provided in consultation rooms to maintain privacy, and patients were provided with towels, robes and slippers during assessments.
- The assessment area was separated from the wider health and wellbeing centre and allowed greater levels of privacy. Consultation room doors were closed during assessments and conversations could not be overheard in these rooms when the doors were closed.
- Patient feedback via their in-house patient satisfaction survey showed that 90% of patients gave the doctor and physiologist a high rating (nine or ten out of ten) for feeling that their dignity was respected during examinations.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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 and feedback.
- The facilities and premises were appropriate for the services delivered.
- Patients were able to access a range of health assessments and consultations based on their personal needs and preferences. For example, more detailed health checks could be accessed.
- We saw that health plans were personalised to the patient. An internal patient survey we saw showed that 88% of patients reported that they left their consultation with clear and realistic action points.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, patients were able to bring carers to assessments to support them.
- The site contained a creche which children who accompanied patients could access. This needed pre-booking.
- Patients who received a health assessment and consultation received a free ten-day gym membership for all Nuffield Health locations.

Timely access to the service

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

- Patients were able to access consultations and assessments through a central appointments management team. We saw that patients received feedback on results in a timely manner, and usually within the same day. Some screening test results could take longer such as blood tests or cervical screening.

- Client service administrators were available to support patients between 8am to 6pm Monday to Friday.
- The medical and health assessment and screening services at the Harrogate location were available two days a week on Thursdays and Fridays.
- Any waiting times, delays and cancellations were minimal, and patients would be informed of such instances and managed appropriately.

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.

- The provider had a complaints policy and procedure. We saw that the policy and procedure was regularly reviewed. There was patient information about how to make a complaint. This informed patients how they could refer their complaint to the Independent Health Care Advisory Service if they were not happy with the outcome or how their complaint had been managed by the provider.
- There was a lead member of staff for managing complaints. All complaints were reported through the provider's quality assurance system. This enabled identification of any themes or trends which could be shared across the organisation. The provider told us that there were no emerging themes linked to complaints and historical complaint levels were low.
- We saw there had been one complaint in the preceding 12 months. This had been assessed by the provider and as a result changes had been made to the information supplied to patients regarding the limitations of assessments and consultations.
- Concerns and complaints were discussed both locally and at an organisational level to monitor the quality of investigation, outcome and identified learning.
- Staff treated patients who made complaints compassionately.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

We rated well-led as Good because:

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 addressing them, and had plans to improve the level of service offered to patients who accessed their health assessments and consultations. For example, they had developed a business case to offer same day blood test results rather than waiting the current 24/48 hours for results for blood samples sent to another location for testing.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. We received positive feedback from staff regarding their relationships with the management team.
- Staff could access support from the wider Nuffield Health organisation. For example, they could contact regional and organisational leaders including clinical leads.
- The provider had effective processes to develop leadership capacity and skills.

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 Nuffield Health values were summarised and encapsulated within the term CARE:
 - C – Connected – Working together
 - A – Aspirational – Inspiring health and wellbeing
 - R – Responsive – Listens and communicates
 - E – Ethical – Balancing patient needs with quality outcome and sustainable results
- Staff were able to outline the “One Nuffield” approach to deliver localised support to influence change for improved customer care.
- The provider had developed and implemented a social impact strategy for all sites.

- The service had developed performance indicators and monitored these to assess progress against delivery of their strategy. Locally we saw that performance and feedback was regularly discussed at team meetings, and overall performance was reported on a monthly basis to the Nuffield Health Board.

Culture

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

- Staff informed us that felt respected, supported and valued. Staff feedback from their internal leadership surveys showed high levels of staff satisfaction. For example, in February 2018:
 - 85% of staff stated they intended to be working for Nuffield Health in 12 months’ time.
 - 88% of respondent staff strongly agreed with the statement that they were treated fairly and with respect.
- 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 were all fully aware of processes and procedures to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. We saw that identified training needs were met and that mandatory training needs were effectively monitored and managed.
- The provider had detailed processes in place for staff development. For example, we saw in detail the training and developmental requirements for physiologists within the organisation. In addition to staff training the provider had an apprenticeship scheme for new leaders. This was a skills-based development programme with on and off the job training.
- There was a strong emphasis on the safety and well-being of all staff, and staff had access to a number of in-house benefits.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality.
- 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.

- Nuffield Health, as the provider, had an overarching governance framework which supported strategic objectives, performance management and the delivery of quality care. This encompassed all Nuffield Health locations and ensured a consistent and corporate approach. The governance and management processes of the service promoted person-centred care.
- Staff had access to policies and procedures and were kept informed when these had changed or had been updated.
- Staff were clear on their roles and accountabilities
- 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 and patient satisfaction.
- The service had processes to manage current and future performance. The performance of the overall site in general, and the health services in particular, could be demonstrated through audit. For example, monthly audits were carried out in relation to the cervical screening service. Doctors flagged as having an inadequate cervical smear completion rate had to undergo additional training. Leaders and managers had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients.
- The provider had plans in place and had trained staff for major incidents. We saw that scenario-based training and awareness was carried out on a monthly basis.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses or required improvements.
- There were 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.

- The service encouraged and heard views and concerns from the patients and staff and acted on them to shape services and culture.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff 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.
- Linked to their social impact strategy the service had developed a number of local engagement initiatives, these included:
 - Talks at a nearby school to promote wider health and wellbeing messages
 - Giving interviews and presenting health related topics on local radio
 - Supporting local charitable events. For example, at a charitable race event, staff from Nuffield Health supported participants with warm ups and cool downs, as well as acting as stewards.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service made use of internal 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.