

The Gynaecology Partnership Limited Colney Medical Centre

Inspection report

45-47 Kings Road,
London Colney,
St Albans, Herts,
AL2 1ES

Tel: 01727 823111

Website: www.hertfordshirecommunitygynae.org.uk

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Overall summary

We carried out an announced comprehensive inspection on 11 October 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Colney Medical Centre (the location) is described as a Specialist Community Clinic and provides a range of specialist gynaecology services to patients aged over 16 years. The Clinic is commissioned by the Hertfordshire Valley Clinical Commissioning Group and Barnet Clinical Commissioning Group to provide care and services to patients under an NHS funded agreement.

Services include a range of testing, screening and treatment processes undertaken by a GP with a Special Interest (GPSI) in Gynaecology or a Consultant Gynaecologist as appropriate. Patients are referred to the Clinic by their GPs for gynaecological assessments and/or treatments. All referrals are triaged by a Consultant or GPSI upon receipt. Following review of referral, the service either provides further advice to the referring GP with regard to patient care, refers the patient onto secondary care for assessment or treatment within an acute hospital setting or arranges for the patient to be seen within the Specialist Community Clinic by a GPSI in gynaecology or a Consultant Gynaecologist as needed.

The Chief Executive and Finance Officer 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

Summary of findings

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.

We received 30 completed CQC comment cards. All the completed cards indicated that patients were treated with kindness and respect. Staff were described as friendly, caring and professional. In addition, comment cards described the environment as pleasant, clean and tidy.

Our key findings were:

- The provider had clear systems to keep people safe and safeguarded from abuse. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Staff assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards.
- Patients were treated with dignity and respect and they were involved in decisions about their care and treatment. Treatment was delivered in line with best practice guidance and appropriate medical records were maintained.
- Patients were provided with information about their health and with advice and guidance to support them to live healthier lives.
- The service actively sought feedback from patients and displayed the results and actions taken in response to feedback received.
- Systems were in place to protect patients' personal information.
- Information about services and how to complain was available and easy to understand.
- An induction programme was in place for all staff and all staff received role specific training.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The provider had a clear vision to provide a safe and high-quality service and there was a clear leadership and staff structure. Staff understood their roles and responsibilities.
- There were clinical governance systems and processes in place to ensure the quality of service provision. We saw that there was a system for managing significant events and that learning and improvement was encouraged.
- Staff had access to all standard operating procedures and policies which were regularly reviewed and updated.

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

- Review emergency medicines to ensure that stocks of medicines held are appropriate for the needs of the service.
- Review and improve the process for undertaking and recording checks of emergency equipment.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Colney Medical Centre

Detailed findings

Background to this inspection

The Colney Medical Centre (the location) is operated by The Gynaecology Partnership Ltd (the provider) at Kings Road, London Colney, St Albans. The provider is registered with the Care Quality Commission to carry out various regulated activities at this location and eight satellite locations across Hertfordshire Valley and Barnet. The regulated activities relating to this location are Diagnostic and screening procedures and Treatment of disease, disorder and injury, Surgical Procedures and Family planning services.

The Colney Medical Centre provides a Specialist Community Clinic for gynaecology services to people aged 16 years and over from across the Hertfordshire Valley and Barnet localities. At the time of our inspection, the Clinic provided services to a population of over one million patients, receiving an average of 7,200 referrals from Hertfordshire Valley and 3,300 referrals from Barnet each year. The gynaecology services provided are commissioned by the Hertfordshire Valley Clinical Commissioning Group and the Barnet Clinical Commissioning Group.

The Colney Medical Centre shares a three storey converted premises with a GP practice (occupying the ground floor) but operates as an independent entity (occupying the first floor). Both services share staff facilities such as the staff room and second floor meeting area. There is a car park to the rear of the premises and additional roadside parking available free of charge. The administrative hub is open from 9am to 6pm Monday to Friday.

At the time of our inspection the Colney Medical Centre was led by a team of three Directors; a female GP with Special Interest in Gynaecology (GPSI), a male GP and a male GP Consultant Gynaecologist. They utilise additional

consultants and GPSIs as needed to provide clinics and services to patients based on demand for the service. They are supported by nurses, a sonographer, a service manager and a team of administrative staff.

The Gynaecology Partnership Ltd operates as a hub and spoke model with the location at Colney acting as the administrative hub alongside the provision of clinical services. Services are provided from eight additional satellite locations, four in Hertfordshire Valley and four in Barnet. These locations were:

1. Bridgewater House Health Centre, 7 Printers Avenue, Watford WD18 7QR
2. Coleridge House Medical Centre, 2 Coleridge Crescent, Woodhall Farm, Hemel Hempstead, Herts HP2 7PQ
3. Hemel Hempstead Hospital, Hillfield Road, Hemel Hempstead, HP2 4AD
4. The Grove Medical Centre, Borehamwood Shopping Park, Borehamwood, WD6 4PR
5. Oak Lodge Medical Centre, 234 Burnet Oak Broadway, Edgware, Middlesex HA80AP
6. Wentworth Medical Practice, 38 Wentworth Avenue, Finchley, London N3 1YL
7. Longrove Surgery, 70 Union Street, Barnet, Herts EN5 4HT
8. BMI The Garden Hospital, 46/50 Sunny Gardens Road, Hendon, London NW4 1RP

We inspected the Colney Medical Centre on 11 October 2018. The inspection team included a lead inspector, a GP Specialist Adviser, a practice nurse specialist adviser and a practice manager specialist adviser. Before inspecting, we reviewed a range of information we hold about the service, any notifications received, and the information given by the provider at our request prior to the inspection.

During our inspection we:

Detailed findings

- Spoke with a range of staff including the Chief Executive and Finance Officer, GPSI Governance Lead, Consultant Governance Lead, the interim service manager, the previous service manager and a nurse. (The previous service manager had left the clinic the week prior to our inspection but attended on the day of inspection.)
- Looked at the systems in place for the running of the service.
- Explored how clinical decisions were made.
- Looked at rooms and equipment used in the delivery of the service and made observations of the environment and infection control measures.
- Viewed a sample of key policies and procedures.
- Reviewed CQC comment cards which included feedback from patients about their experiences of the service.

- Visited the satellite location at Coleridge House Medical Centre.

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

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

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

Are services safe?

Our findings

We found that this service was providing safe care in accordance with the relevant regulations.

Safety systems and processes

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

- The service had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff, including clinicians who worked on an adhoc basis. 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, in line with the providers own safety protocols. (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).
- Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check.
- We noted that although the clinic did not provide services to patients under the age of 16 years, all staff had received up-to-date training in safeguarding both children and vulnerable adults. Staff we spoke with were aware of their responsibilities in relation to safeguarding and knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. We found the premises to be visibly clean and tidy and reviewed evidence to demonstrate that there were schedules to ensure routine cleaning of all clinical and non-clinical areas.

- The provider had taken steps to provide assurance on water safety through a Legionella risk assessment and regular water checks. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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.
- There was an effective induction system for all staff tailored to their role.
- 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.
- The clinic was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. We saw that the provider had undertaken a risk assessment of emergency medicines available at the clinic and that all those identified as needed were stored and maintained appropriately. However, we noted the absence of some medicines for example, medicines used to treat patients experiencing a suspected heart attack were not available. Although the provider had risk assessed the absence of these medicines, in light of discussions during our inspection, the provider advised that they intended to re-evaluate the emergency medicines held at the clinic.
- We saw that there was oxygen and a defibrillator available in the clinic and that these were checked monthly to ensure they were fit for use. In light of feedback received on the day of our inspection the provider informed that they intended to ensure that emergency equipment was checked on a weekly basis in the future.
- 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.

Information to deliver safe care and treatment

Are services safe?

There were systems to ensure 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.
- There was a process in place to verify the age and identity of patients attending this service to ensure that the correct information was obtained to ensure the safe care and treatment of patients.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with DHSC guidance.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Processes were in place for checking medicines and staff kept accurate records of medicines.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to health and safety issues, including COSHH, Fire safety and Legionella.
- The provider monitored and reviewed activity for example through review of significant events, complaints and safety alerts. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made

The service had developed systems to aid learning and improvement 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. Leaders and managers supported them when they did so.
- 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. There had been six significant events in the 12 months preceding our inspection and these had been reviewed at the time of occurrence and during an annual analysis of significant events to identify trends and areas of learning and improvement.
- 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, an explanation and a verbal or written apology.
- 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 disseminate alerts to all members of the team including sessional staff.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was providing effective care in accordance with the relevant regulations.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines and guidelines published by the Royal College of Obstetricians and Gynaecologists.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- The service aimed to reduce repeat appointments for patients. For example, scans and consultations with a clinician were arranged together wherever possible to ensure an effective streamlined experience for patients.
- The provider informed us of extensive investment in technologies to improve patient care. In particular, the provider had invested in advanced Hysteroscopes to enable a trained consultant to undertake procedures in the clinic previously only available in secondary care. We were told that investment in these technologies reduced the recovery period for patients and enabled the procedure to be carried out under a local anaesthetic as opposed to under a general anaesthetic in secondary care. (Hysteroscopes are used to perform a hysteroscopy which is a procedure that enables examination of the cervix and uterus).

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. We saw that the service was actively involved in the Women's Health National Forum which encouraged learning, improvement and facilitated sharing of changes in best practice guidance.
- The service made improvements through the use of completed audits. 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. We reviewed four clinical audits and saw that improvements had been made as a result. For example, we saw an audit undertaken to assess the Hysteroscopy clinic failure rate. The audit identified that the services failure rate was 3% which was in line with the nationally accepted rate of 3% to 5%. A second audit reviewed the system for logging handwritten prescriptions. An initial audit found that only 87% of clinicians were completing the log correctly. As a result, the provider changed the system for logging prescriptions, utilising a clinic assistant to log all prescriptions. A repeat audit showed that 100% of prescriptions had been logged accurately

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.
- All staff including GP with Special Interest in Gynaecology (GPSIs) and Consultants received appraisals undertaken by the provider (in addition to any formal NHS appraisals). We saw that the provider facilitated clinical supervision and ensured all staff had access to support when needed.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council (NMC) 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

Are services effective?

(for example, treatment is effective)

We reviewed how staff worked together, and whether they worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, we saw that the service had developed referral templates for referring GPs to improve the referral process. Templates had also been developed for discharge letters and where onward referral to secondary care was required.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. All referrals were triaged by a GPSI or Consultant Gynaecologist. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, we were told that if patients were recognised as vulnerable upon referral, the clinician triaging the referral would ensure that a longer appointment was sought and that the patient's circumstances were considered when evaluating the best possible care pathway.
- Systems for ensuring that patient information was shared appropriately (this included when patients

moved to other professional services) needed strengthening as the information needed to plan and deliver care and treatment was not always available in a timely and accessible way. For example, we saw that test results for one patient had not been actioned in a timely manner. Following our inspection, the provider undertook a review of processes for handling test results and developed new standard operating procedures to ensure consistency and compliance with the new procedures developed.

- There were clear and effective arrangements for following up on people who have been referred to other services.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

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

Are services caring?

Our findings

We found that this service was providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people. We spoke with four patients who all spoke positively of their experiences at the service. Comments cards received also described staff as caring, respectful and supportive.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service regularly undertook surveys to gauge patient satisfaction. We saw evidence of an analysis undertaken in June 2018 reviewing 331 satisfaction surveys completed between January and March 2018. The results were positive:
- 93% of patients said they had trust and confidence in the staff involved in their care at all times.
- 91% of patients said the clinician involved in their care made them feel at ease at all times.
- 100% of patients said they were either 'very' or 'fairly' satisfied with their experience at the service.

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 available in easy read formats, to help patients be involved in decisions about their care.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- We were informed that when needed, 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, for example, communication aids and easy read materials were available.
- Results from the service's in-house satisfaction survey showed that:
- 92% of patients felt the clinician paid close attention to what they were saying and responded well to their questions at all times.
- 95% of patients of patients felt the clinician discussed their treatment options with them to help make the best decision for their care at all times.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Results from the service's in-house satisfaction survey showed that:
- 100% of patients were satisfied with staff courtesy.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service was providing responsive care in accordance with the relevant regulations.

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. For example, patients were able to arrange appointments at any of the locations based upon their own needs. In addition, the provider had invested in training and equipment to increase services and treatment options available.
- The provider advised that in response to feedback from patients clinics had been altered to ensure services were available on Saturdays and Sundays alternately.
- The facilities and premises were appropriate for the services delivered.
- The provider worked closely with the Hertfordshire Valley Clinical Commissioning Group and Barnet Clinical Commissioning Group to ensure that the service was meeting the demands of both localities. Satellite locations had been planned to ensure geographic access was reasonable across both localities.
- Clinics were aligned to patient demand and in an effort to ensure the best possible outcomes, appointments were arranged with clinicians based upon their gynaecology sub-specialism.

Timely access to the service

We reviewed systems to ensure that patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, diagnosis and treatment. However, systems for managing all test results needed strengthening.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way.
- Results from the service's in-house satisfaction survey showed that:
 - 97% of patients rated the time that waited for an appointment to come through as excellent or good.
 - 94% of patients rated the time they waited at the clinic as excellent or reasonable.

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. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. We reviewed four complaints that had been recorded in the 12 months preceding our inspection and found that appropriate action had been taken in response to them. For example, we saw that a complaint was received regarding complications that had arisen following a procedure. The service was prompt to investigate and respond to the patient. The complaint was also discussed at a governance meeting to ensure areas of learning were shared appropriately.

Are services well-led?

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

Our findings

We found that this service was providing well-led care in accordance with the relevant regulations.

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.
- 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 provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

- There was a clear vision and set of values with a focus on empowering women to make choices about their health and to improve care pathways for patients, facilitating a 'one-stop-shop' where possible.
- The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with external partners and maintained regular communication with them to ensure changes and challenges were communicated and addressed.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and

complaints. We reviewed records of significant events and complaints and found investigations and responses to patients were thorough and timely. 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 need. This included appraisal and career development conversations. All staff received regular annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. 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 and understood.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care. There was a developed meeting structure which ensured formal communication with key stakeholders. We saw that all formal meetings were minuted and records kept appropriately.
- Staff were clear on their roles and accountabilities.
- Leaders had established policies, procedures and activities to promote safety.

Managing risks, issues and performance

There were clear processes for managing risks, issues and performance.

Are services well-led?

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

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. 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 services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

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

- The public's, patients', staff and external partners' views and concerns were encouraged, heard and acted on to

shape services and culture. For example, the provider undertook regular patient surveys and facilitated regular meetings with the Hertfordshire Valley and Barnet Clinical Commissioning Groups. The provider also ensured that engagement was maintained with the appropriate NHS Trusts to ensure that learning, developments and improvements were shared appropriately with all those involved in delivery of the service.

- Staff were able to describe to us the systems in place to give feedback. For example, through appraisals, staff meetings and engagement with managers. Staff described an open-door policy and told us that their views were sought and acted upon.
- The service was transparent, collaborative and open with stakeholders about performance.

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 as the service itself was seen to be innovative in its approach to shifting care from a secondary care setting to a service delivered through primary care.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements; however, it was not consistently evident that improvements made had been effective or monitored to ensure the risk of recurrence was reduced.
- 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 on a national scale. For example, we saw that the provider had facilitated education events on Gynaecology to other healthcare services, including GP practices.
- The service supported recently qualified GPs during their vocational training year allowing them opportunities to observe clinics.