

Doctors of the World Clinic

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Outstanding	

Overall summary

This service is rated as Good overall (last inspection February 2018, unrated under a previous provider).

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? – Outstanding

We carried out an announced comprehensive inspection at Doctors of the World Clinic on 24 February 2022 as part of our inspection programme.

Doctors of the World operates a clinic in Stratford, East London; providing medical care, information and practical support to excluded people such as destitute migrants, sex workers and people with no fixed address. A range of advocacy programmes are also provided across London.

The Senior Programme Lead 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.

Our key findings were:

- Leaders had an inspiring shared purpose. They strove to deliver and motivate staff to succeed. The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.
- People had comprehensive assessments of their needs, which included consideration of clinical needs, mental health, physical health and wellbeing.
- Learning was based on a thorough analysis and investigation of things that went wrong. All staff were encouraged to participate in learning and to improve safety as much as possible.
- Safeguarding vulnerable adults, children and young people was given priority.
- Clinical audits were carried out and all relevant staff were involved. There was participation in relevant local audits and other monitoring activities such as pathway and service reviews.
- There was a strong, visible, person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people’s dignity.

Overall summary

- There was a proactive approach to understanding the needs of different groups of vulnerable people and to delivering care in a way that met these needs and tackled health inequality. People could access appointments and services in a way and at a time that suits them.
- We saw evidence of high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture.
- Innovative approaches were used to gather feedback from people who used services and the public, including people in different equality groups.
- Monitoring and reviewing activity generally enabled staff to understand risks and gave a clear, accurate and current picture of safety. However, records showed the provider's landlord had initially failed to provide assurance that appropriate action had been taken to monitor fire risks and risks associated with a bacterium called Legionella (which can proliferate in building water systems). This assurance was provided shortly after our inspection.
- Although the service had not received any formal complaints in the previous 12 months, we noted information about how to make a complaint was only on display at the clinic and not on the service's website.
- Leaders drove continuous improvement and staff were accountable for delivering change. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment.

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

- Take action to make its complaints procedures more accessible.
- Continue to log periodic risk assessments for Legionella and fire safety.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

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

Background to Doctors of the World Clinic

Doctors of the World Clinic provides medical care, information and practical support to excluded people such as destitute migrants, sex workers and people with no fixed address. The clinic is based in a migrant support hub building called '*The People's Place*' and which brings together different charitable organisations supporting vulnerable people. Doctors of the World Clinic has a dedicated reception and three clinical rooms as well as four interview spaces for non-clinical social support. The clinic facility offers step free access and is located approximately 10 minutes from Pudding Mill Lane and Stratford underground/DLR train stations.

The service provides a telephone advice line for patients (non-clinical advice); 10:00am–12:00pm Monday to Thursday. There is a recorded message outside of these times, signposting to Accident & Emergency if someone is unwell.

Patients can text and/or email the clinic throughout working hours (9:00am-5:00pm) Monday-Friday. Texts and emails are regularly monitored throughout the day. There is an auto-response on the clinic's email, advising patients to attend Accident & Emergency or call 999 in a medical emergency; or attend an urgent care centre/call 111 if a patient feels they need to see a doctor urgently.

Remote GP clinical consultations are conducted flexibly on a shift basis according to availability of volunteers, Monday to Friday. Appointment sessions run from 10:00-1:00pm (3 slots of 1 hour) and 1-4:00pm (3 slots of 1 hour).

How we inspected this service

Before our inspection, we gathered and reviewed information from a number of sources including patient feedback submitted via our website and information submitted by the provider.

During our inspection, we spoke with staff, reviewed clinical records and reviewed documents.

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?

We rated safe as Good because:

- Safeguarding vulnerable adults, children and young people was given priority.
- Learning was based on a thorough analysis and investigation of things that went wrong. All staff were encouraged to participate in learning and to improve safety as much as possible.
- Monitoring and reviewing activity enabled staff to understand risks and gave a clear, accurate and current picture of safety.

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. The service had systems to safeguard children and vulnerable adults from abuse. We saw the service routinely audited safeguarding arrangements.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- 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 where required. These 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 clear systems to keep people safe and safeguarded from abuse (including a designated Safeguarding Lead (supported by two deputies) and easy access to Local authority safeguarding guidance).
- Leaders told us that safeguarding unaccompanied minors was particularly important, given the nature of the service and we noted a bespoke pathway had been developed which supported staff in reporting any safeguarding incidents. Pathways were also in place regarding other client types (for example a maternity pathway).
- Staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. For example, safeguarding protocols required volunteers to immediately report safeguarding incidents to the shift supervisor. Staff who acted as chaperones were trained for the role and had received a DBS check.
- We looked at systems in place to manage infection prevention and control (IPC) risks. Recent audits had taken place including an IPC audit of the van used for mobile clinics. Staff had received recent IPC training.
- Monitoring and reviewing activity generally enabled staff to understand risks and gave a clear, accurate and current picture of safety. However, during our inspection records showed the landlord had failed to respond to provider requests for assurance that fire risks and risks associated with a bacterium called Legionella had been identified and mitigated against. This assurance was provided shortly after our inspection.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them.

Risks to patients

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

Are services safe?

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, we saw evidence of an appropriate risk assessment to inform this decision (for example a decision to omit an emergency medicine had been risk assessed and based upon rapid local ambulance response times).

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.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. Bespoke pathways had also been developed for specific clinical situations.

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. Prescriptions were stored electronically, with no prescription stationery required.
- We saw evidence the service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. For example, prescribing audits.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). They also did not prescribe Schedule 4 controlled drugs.
- 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. Where there was a different approach taken from national guidance, there was a clear rationale for this that protected patient safety.
- There were effective protocols for verifying the identity of patients including children.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.

Are services safe?

- The service's Safety and Quality Group met every three months to discuss complex cases, share learning from incidents and monitor activity. This helped the service to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service had systems in place to ensure learning and improvement took place 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.
- For example, the accidental premature destruction of two years' worth of paper records had been discussed at a Safety and Quality meeting and resulted in the decision to digitise old records created on paper prior to the provider's use of electronic records. Policies were also updated to reflect this change."
- 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 verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had a mechanism in place to disseminate alerts to all members of the team. This entailed the service's GP clinical lead reviewing and cascading relevant alerts to clinicians, followed by discussion at twice yearly meetings. However, the protocol did not require the recipient clinician to confirm receipt of the safety alert. The provider told us that the protocol would immediately be revised to include this element.

Are services effective?

We rated effective as Good because:

- People had comprehensive assessments of their needs, which included consideration of clinical needs, mental health, physical health and wellbeing.
- Clinical audits were carried out and all relevant staff were involved. There was also participation in internal audits and other monitoring activities such as pathway and service reviews.

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.
- Patients' immediate needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. A social assessment form was also completed for all patients: enabling signposting to services such as debt advice, immigration advice and Foodbanks.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.
- During the pandemic, the service had extensively used remote telephone consultations, so as to maintain service delivery.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- We saw evidence the service made improvements using completed audits and we saw clear evidence of action to resolve concerns and improve quality.
- For example, clinical incident monitoring at 2021 Safety and Quality meetings highlighted an increase in mental health related urgent incidents. This led to a Mental Health Risk Assessment Audit and subsequent additional staff training to ensure risk assessments routinely included questions on thoughts of self-harm and suicide.
- We were told that a 2020 audit of two week wait cancer referrals had resulted in improved follow up processes (such as the introduction of supporting letters from the service's GPs to surgeries).
- A rolling audit of prescribing was in place (for example assessing appropriateness of antibiotic prescribing and reviewing any off-formulary prescriptions).
- The service's HIV project worked within the NHS Quality Improvement framework to ensure project methods were beneficial to patients and prioritised their sexual health in a safe, confidential environment.
- We were assured that clinical audit activity was having a positive impact on quality of care and outcomes for patients.

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.

Are services effective?

- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/Nursing and Midwifery Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff whose role included reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, we noted pathways for specific clinical situations such as mental health crisis and maternity care.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their eventual registered NHS GP.
- The nature of the service meant that patients using the service were vulnerable. We saw that their care and treatment was coordinated with other services. Leaders told us the service aimed to see patients on a one-off basis and to then link them in with mainstream healthcare.
- Patient information was shared appropriately (this included when patients moved to other professional services) and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services. For example, auditing regarding cancer two-week referrals and safeguarding referrals.
- The service monitored the process for seeking consent appropriately.

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.
- 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.

Are services caring?

We rated caring as Good because:

- There was a strong, visible, person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.
- The provider offered extended appointment times of up to 1 ½ hours, so as to ensure adequate time to assess and meet patients' needs. Leaders explained that this was in recognition of the often complex circumstances of its patients - many of whom never having accessed NHS care in the UK.
- We saw evidence of how the provider provided compassionate and person-centred services. Most recently, staff had undergone trauma-informed practice training, so as to deepen their understanding of patients' experiences and to better support the delivery of patient centred care.

Involvement in decisions about care and treatment

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

- Interpreting 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 make informed decisions about their care.
- Patients provided positive feedback about the service via our website. 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.
- Staff communicated with people in a way that they could understand, for example, easy read materials were available.

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.
- The strong, visible, person-centred culture and clinical volunteering nature of the service meant that staff were highly motivated and inspired to offer care that was kind and promoted peoples' dignity.

Are services responsive to people's needs?

We rated responsive as Good because:

- The service was planned and delivered in a way that met the needs of its client group; namely excluded people such as destitute migrants, sex workers and people with no fixed address. The importance of flexibility, choice and continuity of care was reflected in how care was delivered.
- Care and treatment were coordinated with other services and other providers.
- Facilities and premises were appropriate for the services being delivered.

Responding to and meeting people's needs

The provider organised and delivered services to meet the healthcare needs of excluded people. It took account of their needs and preferences.

- The provider understood the preferences and needs of their patients and strove to provide a patient centred and flexible services (for example offering face to face, phone-based and video based appointments which could be booked using a variety of channels).
- The facilities and premises were appropriate for the services delivered. We noted the absence of baby changing facilities but were advised that these would be introduced in 2022.
- Reasonable adjustments had been made so that excluded people could access and use services on an equal basis to others. For example, a mobile clinic van was used to engage with homeless people and remote GP clinical consultations were provided for people unable to attend the clinic.
- A systematic approach was taken to working with other organisations to improve care outcomes and tackle health inequalities for excluded people.
- The service was planned and delivered in a way that met the emerging needs of the populations it serviced - as demonstrated by how the provider organised and delivered services during the Covid-19 pandemic.
- For example, the provider adapted its services to a remote model to ensure that it could continue to support patients with clinical consultation, access to primary care timely access to Covid-19 information and vaccination support. Throughout 2020 and 2021, the service took over 2500 calls and supported over 2000 patients. It also allocated specific resource to ensure patients facing increasing levels of destitution could access essential support such as access to foodbanks and community groups.
- The provider also expanded its outreach services to reach those that were particularly vulnerable during the pandemic: providing street-based outreach to people experiencing street homelessness; and providing health assessments, GP registration support and signposting to people seeking asylum housed in accommodation provided by the Home Office (often with little access to primary care).
- At the outset of the pandemic, the provider noted a significant lack of accessible information about Covid-19. It responded by developing translated resources (written, audio, and video) in over 60 languages, which have been downloaded more than 60,000 times by service users, service delivery organisations and local authorities. Links to the resources have also been published on the UK Government's Covid-19 information website.
- The provider also ensured that barriers to accessing NHS care experienced by its patients (and exacerbated during the pandemic) were evidenced and presented to the Department of Health and NHS bodies; so as to support equitable access to primary care. An example of this was through a rapid needs assessment conducted at the outset of the pandemic: *A Rapid Needs Assessment of Excluded People in England During the 2020 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.

Are services responsive to people's needs?

- Patients had timely access to initial assessment, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals and transfers to other services were undertaken in a timely way. For example, pathways had been developed for specific clinical situations.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and had systems in place to respond to them appropriately to improve the quality of care.

- The service had complaints policy and procedures in place.
- However, although information about how to make a complaint was publicised at the clinic, this information was not available on the service's website. Leaders told us they had considered posting the complaints policy on the service's website but felt that many patients would not be able to access the website. We noted there had not been any formal complaints in the previous 12 months but leaders accepted the absence of complaints was not an indicator of complete patient satisfaction with the service. They told us they would explore how to make the complaints process more accessible.

Are services well-led?

We rated well-led as Outstanding because:

- Leaders had an inspiring shared purpose. They strove to deliver and motivate staff to succeed.
- Consequently, we saw evidence of high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture.
- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.
- Innovative approaches were used to gather feedback from people who used services including people in different equality groups.
- Leaders drove continuous improvement and staff were accountable for delivering change. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment.

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. These challenges included volunteer diversity, restoring services post Covid-19 and ensuring service user voice and participation.
- 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. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners (where relevant).
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- A range of operational and strategic fora existed to enable the service to scrutinise delivery against its strategy (for example a Safety and Quality Group, an Operations Steering Group, quarterly planning meetings and monthly clinical meetings).

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. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

Are services well-led?

- Staff told us they could 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. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality.

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. This included involvement of service users in service design and governance arrangements.
- 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.
- 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.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had 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 and incidents.
- 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.

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.

Engagement with patients, the public, staff and external partners

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

- Innovative approaches were used to gather feedback from people who used the service and this information was used to shape services and culture.
- Leaders spoke of a vision of a service user led organisation and we saw examples of how this was being delivered. For example, the service had established a service user led 'Lived Experience Advisory Board' which worked with staff in developing a co-production strategy and various governance documents. We were told that future plans included integrating the service's 'Experts by Experience' into executive decision making and an evaluation of the impact of Lived Experience work on Advisory Board members.
- In 2021, the service also recruited two Trustees with lived experience of migration to its Board.
- We saw evidence of high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture. The service's 2021 Volunteer survey (18 respondents) highlighted that 100% of respondents would recommend volunteering at the service, whilst 88% felt that the training provided had helped them feel more confident in their role. We also noted that 100% felt supported on shifts.
- There were systems to support improvement and innovation work including use of internal audit, clinical audit and project delivery using the NHS Quality Improvement framework.
- Various research projects had also been commissioned.
- Staff described systems in place to give feedback (for example annual staff surveys) and we were told how findings had been acted upon. For example, feedback from the service's 2021 Volunteer Survey led to the introduction of complex case reviews and reflective practice sessions.
- 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.
- The service made use of internal and external reviews of incidents. Learning was shared and used to make improvements.
- All incidents, including all urgent referrals and safeguarding cases are reviewed at quarterly Safety and Quality meetings, leading to new audits. For example, in 2021, an operational incident prompted the development of Vicarious Trauma training for volunteers.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

A study with University of Birmingham to understand the living conditions and needs of vulnerable migrants trying to access healthcare in the early stages of the COVID-19 pandemic.

Delays & Destitution report: A review of how patients provided with support accessed hospital care. This report helped the service better understand the needs, situation and resolution of cases and learning has been shared with Department of Health & Social Care, to improve policy making for this group of patients.

Are services well-led?

Left Out in The Cold report: This report comprised interviews and outreach sessions with nurses; documenting the extreme unmet health and service needs of street sex workers in East London before and during the COVID-19 pandemic. Report findings have been used to engage local MPs, local authorities and to inform future service design.