

Elstree Outpatient Centre LLP

The Wellington Hospital Elstree Waterfront

Inspection report

Beaufort House, The Waterfront
Elstree Road, Elstree
Borehamwood
WD6 3BS
Tel:

Date of inspection visit: 03 May 2022
Date of publication: 20/06/2022

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

Outstanding



Are services safe?

Good



Are services effective?

Inspected but not rated



Are services caring?

Good



Are services responsive to people's needs?

Outstanding



Are services well-led?

Outstanding



Summary of findings

Overall summary

Our rating of this location improved. We rated it as outstanding because:

- There was no waiting list for outpatients and staff had established a number of rapid-access care pathways that meant patients could see a consultant and undergo diagnostic testing and treatment on the same day.
- The service aimed to see children and young people within 15 minutes of arriving for their appointment. The service monitored waiting times and since January 2022 98% of children were seen within 15 minutes.
- Staff provided an on-demand blood testing service. Couriers collected samples three times each day and if there was an urgent request staff would arrange the immediate collection of the sample. Results were generally provided within 24 hours. This helped patients to undergo blood testing quickly and reduced their anxiety as well as pressures on the health system.
- The service implemented a new safeguarding visibility flag procedure to improve patient safety and ensure the most is made of every contact with vulnerable patients. This system would flag a safeguarding concern across any of the locations within HCA Healthcare. A staff member was assigned to check the reporting system at the start of each day to see if any patients booked were flagged.
- The service had a weekly mental capacity forum which was overseen by the deputy chief nursing officer to discuss patient's mental capacity as well as any vulnerable adults being cared, including patients with dementia, mental health issues and disabilities.
- The ear, nose and throat (ENT) suite provided clinicians with rapid access to micro-suction and nasopharyngoscopy that reduced the need for repeat visits or delayed treatment.
- There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met these needs, which was accessible and promoted equality.
- There was a strong record of sharing work locally, nationally and internationally. Consultants participated in international meetings and conferences. Consultants actively participated in research across their professional practice and published research papers such as the diagnosis and management of challenging injuries and a systematic review on tennis elbow. This ensured they provided evidence-based care.
- The service had undertaken a quality improvement project to ensure that doctors who referred patients for blood tests, but did not have practising privileges at the service, would receive timely results. Records showed the service reviewed the process, cause for delays and implemented a new procedure which was reviewed monthly.
- Multidisciplinary working was a fundamental aspect of the service and underpinned all elements of care. Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Musculoskeletal consultants worked closely with the orthopaedic consultants and physiotherapists to provide a rapid patient pathway.
- Governance arrangements were proactively reviewed and reflected best practice.

Summary of findings

- The service provided staff with additional opportunities to learn and grow and the service responded by providing staff with access to Harvard Manage Mentor leadership development programme to develop leaders at all levels.
- The service implemented a mental health champion programme as a part of its wellbeing strategy. The key initiative was to manage health and wellbeing proactively, minimise the impact of mental health and to promote and maintain a healthy workplace.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Outpatients	Outstanding 	Our rating of this service improved. We rated it as outstanding. See the overall summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to The Wellington Hospital Elstree Waterfront	6
Information about The Wellington Hospital Elstree Waterfront	6

Our findings from this inspection

Overview of ratings	7
Our findings by main service	8

Summary of this inspection

Background to The Wellington Hospital Elstree Waterfront

The Wellington Hospital Elstree Waterfront is operated by HCA Healthcare UK. The service was registered with the CQC in June 2017. The service provides outpatient services and diagnostic imaging including X-ray ultrasound and magnetic resonance imaging (MRI) for adults and children. Services included outpatient appointments for preoperative and postoperative review, as well as outpatient treatments such as naso-endoscope and dermatology procedures. The outpatient appointments were a combination of patients accessing treatment and surgical outpatient consultations.

The hospital primarily serves the communities of Elstree and surrounding areas of North London. It also accepts patient referrals from outside this area. Elstree Waterfront is managed under The Wellington Hospital in St Johns Wood. The service refers directly to Wellington Hospital for acute admissions for adults. The service also refers to The Portland Women and Children's' Hospital to cater for the needs of children and young people.

How we carried out this inspection

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach. We inspected this service using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on the 03 May 2022.

During the inspection visit, the inspection team:

- Spoke with the registered manager, four radiographers and a clinical assistant
- Spoke with four patients
- Looked at a range of policies, procedures, audit reports and other documents relating to the running of the service.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients	Good	Inspected but not rated	Good	<div>☆</div> Outstanding	<div>☆</div> Outstanding	<div>☆</div> Outstanding
Overall	Good	Inspected but not rated	Good	<div>☆</div> Outstanding	<div>☆</div> Outstanding	<div>☆</div> Outstanding



Outpatients

Safe	Good
Effective	Inspected but not rated
Caring	Good
Responsive	Outstanding
Well-led	Outstanding

Are Outpatients safe?

Good



Our rating of safe stayed the same. We rated it as good.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Staff received and kept up-to-date with their mandatory training. The service provided statutory and mandatory training using a combination of 'face to face' training and e-learning. We reviewed the staff training matrix and saw 100% complied with all their mandatory training.

Managers explained the challenges of providing classroom training during the pandemic. Staff completed training by e-learning and had had discussions about their learning online.

The mandatory training met the needs of patients and staff. The mandatory training requirements included courses covering basic life support, infection control, duty of candour, ethics, safeguarding children and adults level two and three, the Mental Capacity Act and Deprivation of Liberty Safeguards, health and safety, manual handling and medication safety.

Managers monitored mandatory training using a training matrix and alerted staff when they needed to update their training. Consultants completed mandatory training with their substantive NHS employer and provided annual confirmation of completion of this training to the service in line with the practising privileges policy. Records provided by the service showed consultants were up-to-date with mandatory training.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse. Safeguarding children and adults formed part of the mandatory training programme for staff. Staff told us they had received safeguarding training. All staff



Outpatients

were trained in safeguarding at a level commensurate with their role (100%). All clinical staff completed safeguarding children and adults training to level 3. Non-clinical staff completed safeguarding children training to level 3 and safeguarding adults to level 2. The provider's safeguarding lead was based at another facility and staff knew how to contact them for advice and support. The safeguarding lead was trained to level four.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff at all levels understood their responsibilities. Senior staff had incorporated intersectionality into safeguarding training to help staff identify risks to patients with multiple protected characteristics. In January 2022 the service implemented a new safeguarding visibility flag procedure to improve patient safety and ensure the most is made of every contact with vulnerable patients. This system would flag a safeguarding concern across any of the locations within HCA Healthcare. A staff member was assigned to check the reporting system at the start of each day to see if any patients booked were flagged.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Senior staff audited safeguarding procedures to ensure staff would adhere to the correct pathway and guidance. The most recent audit in March 2022 100% compliance.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. There was a clear escalation pathway to get help with immediate concerns.

Staff followed safe procedures for children visiting the department. The outpatient's department included services for children and young people. There was a separate, dedicated waiting area to create more space and privacy. The nurse in charge ensured both services ran separately with no risks to children and young people.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff completed a month of activities during safeguarding awareness month to highlight concerns such as modern-day slavery and female genital mutilation. The service developed additional training resources for staff including educational videos on recognising and referring abuse. The service used examples of safeguarding incidents across the organisation to identify lessons learnt.

The service was part of a multiagency suicide prevention plan and clinical staff completed suicide awareness training. Staff were trained to recognise and support patients at risk of self-harm and suicide. There was an established referral pathway for patients who needed intervention.

The service had a defined recruitment pathway and procedures to ensure the relevant recruitment checks were completed for all staff. These included a disclosure and barring service (DBS) check; occupational health clearance, references and qualification and professional registration checks.

The service had an up-to-date chaperone policy. Audits of the chaperone documentation shows staff were compliant with the service's procedures.

There were no safeguarding incidents in the previous 12 months.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.



Outpatients

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. Each consulting room had a disposable privacy curtain marked with the first date of use and the planned date of change. All curtains were within their disposal date. Instruments were single use and they were disposed of correctly. All other equipment was cleaned after patient contact. Items seen were visibly clean and dust-free and we saw a daily cleaning check list.

There was an effective decontamination process and a defined cleaning pathway in place for flexible nasal endoscopes, flexible fibre optic tubes used for ear, nose and throat (ENT) procedures.

The service consistently performed well for cleanliness. There were regular infection prevention and control (IPC), hand hygiene, uniform compliance and the safe handling and disposal of sharps which showed the service consistently performed to a high standard (100%). The environmental audit showed 98% compliance with the service's procedures.

Physiotherapists cleaned the therapy gym every 90 minutes in accordance with guidance issued by the Chartered Society of Physiotherapy (CSP). HCAs and nurses cleaned clinical rooms between patients.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. The service completed daily cleaning checklists for the consultation and treatment rooms. All public areas had cleaning schedules. We reviewed a sample of checklists which were up-to-date.

Staff followed infection control principles including the use of personal protective equipment (PPE). The service provided staff with personal protective equipment (PPE) such as gloves, aprons and face visors. We observed all staff wore PPE where necessary. Hand-washing and sanitising facilities were available for staff and visitors. The service had installed additional hand-washing and sanitising facilities including in the entrance of the building. International guidance for the use of the aseptic non-touch technique (ANTT) was displayed in treatment areas.

We reviewed risk assessments, infection control protocols and assurance frameworks introduced as part of the organisation's response to COVID-19. These changes were monitored by the corporate clinical governance team and any changes were communicated to the manager and staff. Staff received regular updates through an infection control newsletter, and we saw an example on the staff noticeboard.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The design of the environment followed national guidance. The service had 18 consultation rooms, eight of which were on the ground floor, five treatment rooms and a plaster room. There were two paediatric consultation rooms, a nursing mother's room, a paediatric nursing station and a paediatric waiting room with tables and chairs for children.

The service had undertaken a Legionella, fire and health and safety risk assessments. Records showed the action plans had been completed to mitigate the risks identified. Staff demonstrated how they had access to evacuation routes. Water outlets and sinks were flushed to reduce the risk of Legionella build-up in line with Health and Safety Executive (HSE) guidance.



Outpatients

Staff carried out daily safety checks of specialist equipment. Resuscitation equipment for adults and children were on a purpose-built trolley and was visibly clean. Single-use items were sealed and in date. Resuscitation equipment had been checked daily and an up-to-date checklist confirmed all equipment was ready for use. This included the automatic external defibrillator (AED). Staff carried out a monthly audit of the resuscitation equipment to ensure it was present and within date. Audits of the previous 12 months showed 100% compliance.

The service had a procedure for the collection, labelling and handling of specimens. There was a service level agreement with an external provider to process all specimens. Staff were able to describe the process of recording and transporting specimens.

The service had suitable facilities to meet the needs of patients' families. There were adequate waiting and consultation rooms to provide space and privacy.

All staff completed training in fire safety and practiced evacuating the building in the event of an emergency.

The service had enough suitable equipment to help them to safely care for patients. Physiotherapists provided care through a service level agreement. They maintained gym and therapy equipment and the provider checked their maintenance records to ensure adherence to safety standards.

Staff disposed of clinical waste safely. Clinical waste disposal was provided through a service level agreement. Clinical waste and non-clinical waste were correctly segregated and collected separately.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration

Consultants ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. There was a comprehensive pre-assessment medical questionnaire that was used for all patients.

The service had a dedicated treatment room where minor surgical procedures were undertaken under local anaesthetic. These included the removal of lumps and bumps, biopsies for analysis, the removal of toenails, suturing and removal of sutures, removal of skin lesions, and the changing of dressings.

Patients were given information explaining how appointments were managed to minimise risks during the COVID-19 pandemic. Staff used an inclusion and exclusion criteria to determine if patients should receive minor surgical procedures at the service or if they should be referred to a hospital in the provider's network. Patients could be referred to other specialists within the service when necessary.

Staff completed risk assessments for each patient on commencement of their treatment, using a recognised tool, and reviewed this regularly, including after any incident. The service used an adapted 'five steps to safer surgery' checklist based on guidelines from the WHO Surgical Safety Checklist. The modified checklist reflected the minor procedures carried out. From May 2021 to April 2022 an audit of the WHO Surgical Safety Checklist found 100% compliance.

Staff gave patients detailed advice after each procedure. Patients who had minor procedures had at least one follow up appointment to check progress and identify any problems.



Outpatients

The service had arrangements in place for patients identified with a complex diagnosis's and these were discussed in local specialist multidisciplinary team meetings (MDT). For example, there was an established pathway for patients who had skin cancer. Staff said the consultant would meet with the patient to discuss their test results. The patient would be referred to a hospital within the provider's location where a multidisciplinary meeting would be arranged between all the specialists that would be involved in the patient's care.

Staff responded promptly to any sudden deterioration in a patient's health. The nature of the service meant this was a rare occurrence and staff maintained training and simulated practice to ensure they were prepared. The service had a deteriorating patient policy for adults and children which was to call 999. Emergency medicines and equipment were available for adults and children. All staff were trained in basic life support (BLS) and paediatric nurses and doctors were trained in paediatric life support. Staff participated in simulated emergency scenarios at least annually to ensure they maintained skills in responding to patient collapse or cardiac arrest. At the start of each shift the paediatric nurses checked the emergency medicines and equipment for children and young people.

Staff shared key information to keep patients safe when handing over their care to others. This ensured continuity of care when people moved between services or received care from different staff in this service. Clinicians wrote to the patient's general practitioner after gaining the patient's consent.

Nurse staffing

The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.

The service had enough nursing and support staff to keep patients safe. Staff levels were planned and reflected demand on the service and known treatment support needs. A senior nurse was always on shift when the service was in operation. Managers accurately calculated and reviewed the number and grade of nurses and healthcare assistants (HCAs) needed for each shift in accordance with national guidance. The service employed two full-time trained paediatric nurses.

The manager could adjust staffing levels daily according to the needs of patients. Outpatient appointments were pre-booked, and the service had suspended its walk-in service to better manage risk during the Covid-19 pandemic. This meant senior staff could plan staffing levels accurately.

Managers limited their use of bank and agency staff and requested staff familiar with the service. The service used one bank nurse who was requested in advance to provide consistency. Records showed the bank nurse completed induction.

All staff received a full induction. Nursing staff had completed their Nursing and Midwifery Council re-validation checks and updates to develop their competencies.

Medical staffing

The service had enough medical staff to keep patients safe. Consultants from different specialties provided pre-planned appointments. Consultants provided their services under practising privileges. We saw evidence that the service checked all medical staff had valid professional registrations, medical indemnity insurance, completed mandatory training and appraisals.



Outpatients

The service had a good skill mix of medical staff on each shift and reviewed this regularly to match service needs and the minor procedures list for the day.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Records were stored securely. All records were stored securely in line with the Data Protection Act (DPA) 2018 and General Data Protection Regulation policy. The electronic records were only accessible through a password protected system to authorised staff.

Most patient's data, including medical records, scans and pathology results were documented via the service's secure patient electronic record system. Where paper records were used, these were scanned onto the system and disposed of securely.

The service received patient referrals through a secure email or telephone call from the referring consultant or hospital.

When patients were transferred to a new team, there were no delays in staff accessing their records.

We reviewed three patient records and found that they were all complete, clear and up to date, Nursing records were audited regularly, to ensure they complied with minimum record-keeping standards. From March 2021 to February 2022 the audit showed 100% compliance with baseline observations, the patient's response to intervention and accuracy of the records.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Very few medicines were stocked and those available were stored and prescribed appropriately in line with the provider's policy. The consultants used local anaesthetic which was stored in a locked cupboard and was only accessible to staff. There were no controlled medicines kept or administered in the service.

Staff explained how they reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. The service had an outpatients and pharmacy manager who staff could contact for advice if necessary.

The service completed a quarterly audit of the safe storage of medicines including those used in minor procedures. Records for the previous 12 months showed the service achieved 100% compliance.

Consultants completed a prescribing audit which showed prescribing was clinically appropriate and within the scope of practice.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. Managers ensured that actions from patient safety alerts were implemented and monitored.



Outpatients

Staff knew what incidents to report and how to report them. The service used an electronic incident reporting system and all staff we spoke with were familiar with how to report incidents. Incident reporting training was included in the staff induction programme, which all staff completed when they commenced their employment at the service.

Staff said there was a good reporting culture and that they were encouraged to report 'near miss' situations.

Staff raised concerns and reported incidents and near misses in line with the service's policy. We checked the incidents log and found incidents were reported appropriately. There were 30 incidents reported in the previous 12 months which were low or no harm. Records showed incidents were reported and investigated in line with the service's procedure. Managers shared learning from incidents to improve patient care. Staff reviewed incidents and any learning from other services within HCA Healthcare and discussed these at the patient safety quality group meeting.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. Staff could give an example of an incident where the duty of candour requirements applied.

Are Outpatients effective?

Inspected but not rated



We do not currently rate effective for outpatients.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service consistently reviewed its performance through a series of audits including cleanliness, the environment, equipment, WHO surgical checklist, safeguarding and consent. The results showed a high level of compliance against recorded measures. Senior staff implement an action plan when an audit identified compliance of less than 95%.

Consultants provided care and treatment in line with their clinical specialty, including that issued by the National Institute for Health and Care Excellence (NICE) and royal colleges.

Consultants participated in international meetings and conferences for example, presenting at an international meeting on advanced spine techniques in April 2022. Consultants actively participated in research across their professional practice and published research papers such as the diagnosis and management of challenging injuries and a systematic review on tennis elbow. This ensured they provided evidence-based care.

During care and treatment planning, staff routinely referred to the psychological and emotional needs of patients, their relatives and carers. A programme of enhanced training demonstrated the importance placed on this by the team. Clinical staff completed suicide awareness training.



Outpatients

Physiotherapists planned and delivered care in line with best practice guidance from the Chartered Society of Physiotherapy (CSP) and NICE. They provided treatment for musculoskeletal (MSK) problems and sports injuries and worked with patients and doctors referring them to provide therapy for other conditions.

There was a procedure for cascading information on patient safety alerts. Safety alerts were reviewed by the quality and effectiveness lead who shared them with the manager. The manager printed the alerts and provided them to staff along with a signing sheet to confirm they were read. The alerts were also placed on the staff noticeboard. Safety alerts, policy updates and changes in legislation and guidance were discussed at the monthly NICE audit and policy meeting.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs.

Staff said patients were not generally offered food in the service; however, they were offered coffee, tea, hot chocolate or biscuits before or after their scan.

We observed a central area with coffee, tea, hot chocolate and biscuits.

Staff offered diabetic patients an early appointment in the morning or straight after lunch.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Staff administered and recorded pain relief accurately and there was a pain consultant who managed chronic pain.

Staff assessed pain using a recognised tool and gave pain relief in line with individual needs and best practice. Staff told us the pain scale used was dependent on the children and young people's age. The Faces pain scale was used for small children while the numeric scale was used for older children and young people. Staff told us children and young people received pain relief soon after requesting it.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

Outcomes for patients were positive, consistent and met expectations, such as national standards. Consultants and medical professionals representing different clinical specialties provided care and treatment within the guidelines and outcome measures set by the accrediting bodies in their specialty. Cardiologist provided outcome monitoring directly, including 24-hour, 48-hour and seven-day electrocardiogram (ECG) monitoring and 24-hour blood pressure monitoring.

Physiotherapists planned patient outcomes in line with CSP national guidance. This included working with referring physicians to deliver complex orthopaedic care.



Outpatients

Consultants provided data to the British Spine Registry to improve patient safety and monitor the results of spinal surgery.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Clinical specialties included neurology, physiotherapy, gynaecology, dermatology and cardiology. Nurses worked across specialist pathways and told us this was a clear benefit of their role as it meant they built and maintained multidisciplinary competencies.

Managers gave all new staff a full induction tailored to their role before they started work. Staff who completed the induction spoke positively about the experience and said managers and clinical leads were supportive.

Managers supported staff to develop through yearly, constructive appraisals of their work. Appraisal completion rates were 100%. Staff told us they used this process to establish goals for the rest of the year and that it was motivational. Senior staff were focused on staff development as part of a strategy to maintain stability and loyalty amongst the team.

Consultants with practising privileges had arrangements for external appraisal within their NHS work. Assurances were provided through the governance process as well as the overview from the medical advisory committee.

Managers made sure staff received any specialist training for their role. For example, nurses were trained to support consultants with minor procedures across clinical specialties, such as dermatology and ear, nose and throat (ENT).

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Staff worked across health care disciplines and with other agencies when required to care for patients. Multidisciplinary working was a fundamental aspect of the service and underpinned all elements of care. For example, musculoskeletal consultants worked closely with the orthopaedic consultants and physiotherapists to provide a rapid patient pathway.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Consultants and nurses worked with this team to plan and deliver seamless treatment pathways. The service implemented a daily patient and operational safety huddle which was multidisciplinary. It provided a forum for staff to communicate relevant issues and escalate any concerns for immediate action. The huddles included staff from the facilities and catering team to ensure the service provided a safe environment.

We heard positive feedback from staff of all grades about the excellent teamwork. We observed evidence of doctors and nurses working effectively together.



Outpatients

Staff could call for support from doctors and other disciplines, including mental health services and diagnostic tests. Staff liaised with colleagues based at other provider locations, in other services and in the NHS to ensure patients had timely access to appropriate care.

Where patients were referred to hospital for surgery the staff attended multidisciplinary meetings there. Records showed the referring consultant presented the patients full medical history and diagnostic tests before the team discussed and agreed a care pathway.

Seven-day services

Key services were available seven days a week to support timely patient care.

The department was open Monday to Friday from 8am – 8pm and Saturday 8am – 1pm with flexible appointment times offered. Outside of these hours' patients could access support and advice through the provider's dedicated out of hours service.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

The service produces a range of health promotion educational videos for the public such as encouraging patients to stay fit and healthy without causing injury.

Staff assessed each patient's health at every appointment and provided support for any individual needs to live a healthier lifestyle.

There were health promotion leaflets available in the paediatric waiting area such as recognising sepsis in children and identifying the risk posed by button batteries which are found in children's toys and everyday objects.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff worked in line with the provider's consent policy. Staff used consent forms for the minor procedures undertaken at the service. Records showed signed consent forms were documented in the patient's records.

Staff made sure patients consented to treatment based on all the information available. Staff clearly recorded consent in the patients' records. They provided information on the potential risks, intended benefits and alternative options prior to each treatment. The senior team audited this process by reviewing documented evidence in care and treatment records. Staff performed highly and consistently in this measure. Between April 2021 and March 2022, the audit found 100% compliance with required consent standards and practices.



Outpatients

Clinical staff received and kept up to date with training in the Mental Capacity Act 2005. At the time of our inspection 100% of staff had up to date training.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff said this was a rare occurrence and they explained how they would carry out and document a capacity assessment if required. The service had a weekly mental capacity forum which was overseen by the deputy chief nursing officer to discuss patient's mental capacity as well as any vulnerable adults being cared, including patients with dementia, mental health issues and disabilities.

Staff knew to assess for Gillick competence when working with young people. Gillick competence is a term used in medical law to decide whether a child under 16 years of age can consent to his or her own medical treatment, without the need for parental consent.

Are Outpatients caring?

Good



Our rating of caring stayed the same. We rated it as good.

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients said staff were professional, efficient and exceeded their expectations. The service had a 'one stop shop' pathway. Patients had consultation appointments and staff were able to arrange the diagnostic imaging appointment on the same day. Once the results were received, they were reviewed by the surgeon.

From May 2021 to April 2022 the results of the patient satisfaction survey showed the service was consistently rated high for compassionate care (98%).

Children and young people completed patient experience surveys which was suitable for their age group. Small children used drawings and pictures to show what was applicable to them. Results from January to July 2021 showed 100% of children and young people said staff were friendly and nice and 100% felt staff listened to the questions they had.

Patients said staff treated them well, with kindness and were very helpful and reassuring. Staff answered patient enquiries and interacted with patients in a friendly and sensitive manner. All consultations and treatment were carried out in individual rooms. Doors were closed when patients had treatment and staff knocked before entering, ensuring privacy. The results of the survey showed patients were given enough privacy when discussing their treatment (100%).

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.



Outpatients

Staff understood the impact that patients care, treatment and condition had on the patient's wellbeing. Staff we spoke with stressed the importance of treating patients as individuals with different needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff gave examples of how they would reassure nervous patients and answer any questions. Patients said staff helped them to feel calm and relaxed.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff understood the anxiety or distress associated with the procedure and supported patients as much as possible. Staff explained how they arranged an onward referral and an appointment for a patient who was distressed after receiving bad news. Staff received training for breaking bad news.

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure patients and those close to them understood their care and treatment. Staff asked patients about their procedure to ensure they understood.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. We observed staff were proactive in engaging with patients about their experiences and frequently asked how they were doing. Staff encouraged each patient to complete a feedback form online following their appointment.

Staff supported patients to make informed decisions about their care. Staff discussed the cost of the procedure during treatment planning prior to patients having surgery. Staff explained other relevant terms and conditions in a way patients could understand. Results from the patient satisfaction survey showed 98% of patients received information on their treatment before it started.

Are Outpatients responsive?

Outstanding



Our rating of responsive improved. We rated it as outstanding.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

The services are flexible, provide informed choice and ensure continuity of care. Managers planned and organised services, so they met the changing needs of the people who use the service. The service was open six days a week, including later evenings, and offered appointments at a time to meet the needs of the patient group. The service did not operate a waiting list. Staff said that all patients were seen promptly, and patients rarely had to wait for an appointment. Patients we spoke with confirmed being able to access the service in a timely manner. Patients said they were impressed with how quickly and easily the appointment was arranged.



Outpatients

People's individual needs and preferences are central to the delivery of tailored services. The service minimised the number of times patients needed to attend by operating 'one stop shop' to ensure patients had access to the required staff and tests on one occasion. The decision about the number of appointments was always made in patients' best interests. For example, the consultants would assess patients to decide if outpatient's treatment or surgery was the best treatment option. The service was flexible, and staff planned treatments on patients' wishes.

Facilities and premises are innovative and meet the needs of a range of people who use the service. The facilities were designed to ensure a seamless patient flow. For example, orthopaedic patients were seen in a consultation room which was in close proximity to the plaster room and both were located on the ground floor. The imaging room was also located on the ground floor so orthopaedic patients with limited mobility had all the services they needed in the same vicinity. Consulting rooms were all equipped with examination beds and individual medical consumable storage trolleys. The physiotherapy gym was well equipped with exercise and rehabilitative equipment. Nurses were always on shift and available to support the allied health professional team in clinical tasks such as taking blood pressure.

The service had systems to help care for patients in need of additional support or specialist intervention. For example, a surgeon told us patients were referred to a pain specialist if required and if the patient consented the service arranged the appointment on their behalf. Similarly, for more complex surgery patients were referred to a hospital within HCA Healthcare. Physiotherapists offered patients a programme of treatment. Where patients would benefit from additional treatment, the team referred them to their doctor to review the treatment plan. Where consultants assessed patients would benefit from another intervention outside their speciality these patients were referred. This meant patients did not receive persistent treatment when there was a lack of evidence it worked in their best interests.

Managers monitored and took action to minimise missed appointments. Staff said missed appointments were rare and records showed they were 0.1% of all appointments in the previous 12 months. Missed appointments were reviewed at monthly staff meetings to ensure there were no safeguarding concerns or serious clinical implications. The service cancelled 3% of appointments and this was mainly due to COVID-19 disruptions.

Managers ensured that patients who did not attend appointments were contacted. Staff ensured services were flexible to account for last-minute changes caused by COVID-19 disruption, such as if a patient received a positive test result. Consultants called patients to check on them and worked with them to facilitate alternative appointments.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met these needs, which was accessible and promoted equality. All areas within the service were accessible by wheelchair and step-free access was provided from street level and the car park. The physiotherapy gym was equipped to provide treatment to patients who used mobility equipment, including wheelchairs. Patients with limited mobility could access all the services on the ground floor such as consultation rooms, the plaster room and the imaging department.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. The service delivered multiple opportunities for staff to build their skills in delivering care and effectively communicating with people living with these needs. The service had a dementia champion who completed additional training and was a resource for the whole team to ensure patient centred care was provided to dementia patients. There was dementia toolkit which included a sensory cushion and stress aids to provide distraction



Outpatients

therapy materials to help staff better manage confusion and anxiety in patients living with dementia. Staff had access to a dementia folder and an activity book to support patients on a dementia pathway. The service had information leaflets on how patients with dementia could be supported. There was a geriatrician who had memory clinics to provide care for dementia patients.

There were Makaton signs and a communication book which used signs and pictures to communicate with patients who had a visual or hearing impairment. Managers made sure staff, patients, family and carers could get help from interpreters or signers when needed. Information on contacting interpreters and signers were readily available. There were information leaflets in the main languages spoken by patients accessing the service.

A hearing loop was available to assist patient's wearing a hearing aid and it would remain with them through the patient journey. A face shield was provided for patients who need to lip read and are unable to wear a face mask to maintain a COVID-19 safe environment.

The gym contained equipment of different sizes and weight to meet the needs of children. Children accessed the gym at protected times when adults were not using the facility.

Staff called family members prior to the initial consultation to determine what was beneficial for the child and if they had any special requirements. Double appointments could be booked to allow more time for staff to speak with children and an appointment booked to become familiar with the equipment and tests. Autistic children were supported with fidget spinners, stress balls, and lava lamps. Children could have quiet time if required.

The service was sensitive to patient's religious and cultural needs. For example, staff had a training day on the Jewish faith to better understand the Jewish holidays, issues surrounding modesty and food and drink.

Waiting areas were bright, airy and well ventilated with comfortable seating. There was a separate, dedicated waiting area to create more space and privacy for children and young people. Staff facilitated private areas to wait on request. Waiting areas were equipped with fresh drinking water, tea, coffee and snacks.

Access and flow

People could access the service when they needed it and received the right care promptly.

Managers and staff worked to make sure patients did not stay longer than they needed to. Appointment times were set in advance with time between them for cleaning in line with COVID-19 guidance. This meant appointment times were well managed with room to accommodate unavoidable lateness or disruption. There were no waiting lists for the service and staff worked together to facilitate rapid access to services. Clinicians could refer patients to a hospital, based at another site, which enabled access to services such as surgery.

Staff supported patients when they were referred or transferred between services. Staff provided an on-demand blood testing service. Couriers collected samples three times each day and if there was an urgent request staff would arrange the immediate collection of the sample. Results were generally provided within 24 hours. This helped patients to undergo blood testing quickly and reduced their anxiety as well as pressures on the health system.

Clinical services were structured to provide patients with rapid access to care and treatment without the need to travel between sites or book multiple appointments. This meant patients could see a consultant, undergo diagnostic tests



Outpatients

and receive a formal treatment plan in the same visit. The ear, nose and throat (ENT) suite provided clinicians with rapid access to micro-suction and nasopharyngoscopy that reduced the need for repeat visits or delayed treatment. Musculoskeletal consultants worked closely with the orthopaedic consultants and physiotherapists to provide a rapid patient pathway.

A paediatrician was available to treat children Monday to Saturday. The service aimed to see children and young people within 15 minutes of arriving for their appointment. The service monitored waiting times and since January 2022 98% of children were seen within 15 minutes.

Staff arranged appointments with other services to provide a seamless patient journey and ensure patients did not encounter delays. The service assessed the needs of patients and provided preoperative COVID-19 screening for patients who are scheduled for surgery at an HCA Healthcare hospital. This facilitated access closer to home and prevented patients from attending hospital for an additional visit.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Patients, relatives and carers knew how to complain or raise concerns. Information on how to make a complaint was available at the service. The complaint booklet explained the three stages of the complaint procedure including local resolution, an internal review and independent external adjudication. Complaints were acknowledged within three days, investigated and responded to within 20 days. If the service could not resolve the complaint the final process would be referral to an independent adjudicator.

Staff knew how to acknowledge complaints. Staff understood the complaints policy. Staff were trained to resolve minor concerns as part of an approach to meeting individual expectations and avoid minor issues escalating into a formal complaint. We spoke with staff who were able to identify how to support a complaint, be it informal or formal, and how it was escalated and managed by senior managers.

Managers shared feedback from complaints via emails and meetings and learning was used to improve the patient's experience. From May 2021 to April 2022 the service received one formal complaint and three informal complaints. The service could demonstrate where improvements were made as a result of learning from complaints. For example, providing a more detailed list of outpatient treatment fees for the different specialities.

Are Outpatients well-led?



Our rating of well-led improved. We rated it as outstanding.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.



Outpatients

The service had a corporate management structure which included a chief executive officer, chief nursing officer, head of governance quality and risk, a pharmacy services manager, imaging services manager and a service manager. A dedicated outpatient manager led outpatients and worked with staff delivering care across multiple specialties. The head of governance quality and risk provided support and advice to the manager.

Leaders at all levels demonstrate the high levels of experience, capacity and capability needed to deliver excellent and sustainable care. We found all managers had the skills, knowledge and experience to run the service. Leaders demonstrated an understanding of the challenges to quality and sustainability for the service. For example, the recruitment and retention of staff, adequate staffing levels to match the increase in activity and the impact of illness due to COVID - 19.

There was a deeply embedded system of leadership development and succession planning. The service appointed deputies in key management roles to assist managers and develop their management skills for succession planning. An example of this was, a deputy chief nursing officer had been appointed and was in post.

There was a proactive approach to succession planning at all levels within the service. Managers supported staff to develop their skills and take on more senior roles. We saw examples of staff development for example a staff nurse was promoted to senior staff nurse after receiving additional training.

Managers demonstrated leadership and professionalism. Staff we spoke with said managers were accessible, visible and approachable.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services. Leaders and staff understood and knew how to apply them and monitor progress.

The service had a clear vision and strategy. The mission statement was, “Above all else we are committed to the care and improvement of human life”.

The service had a core set of values which included recognising everyone as unique, treating people with compassion and kindness, acting with absolute honesty, integrity and fairness and treating each other with loyalty, dignity and respect. Central to these values were providing a seamless experience for patients. Staff we spoke with understood the goals and values of the service and how it had set out to achieve them.

The strategic framework was to deliver the highest quality of care, improve access and convenience, driving operational excellence, strengthening doctor and partner relationships, becoming the patient’s provider of choice and developing comprehensive service lines. This strategy was developed through engagement with staff, senior staff members and local general practitioners.

The service had a statement of purpose which outlined to patients the standards of care and support services the service would provide.

The staff worked in a way that demonstrated their commitment to providing high-quality care in line with this vision.

Culture



Outpatients

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Managers supported an open and honest culture by leading by example and promoting the service's values. We heard this was promoted by having an open-door policy, interacting with staff daily and doing walk around the service every day.

Managers expressed pride in the staff and gave examples of how staff adapted to changes brought about by the COVID-19 pandemic as well as supporting other parts of the organisation and the NHS during the period. Staff told us they were deployed to a hospital within HCA Healthcare where they completed pre-assessment for NHS cancer and cardiac patients.

Staff are proud of the organisation as a place to work and speak highly of the culture. They enjoyed working at the service; they were enthusiastic about the care and services they provided for patients. They described the service as a good place to work.

The service provided opportunities for staff development. For example, one of the nurses was booked to attend postgraduate training as a nurse prescriber.

Nurse leaders and staff worked together to articulate a set of key standards, expectations of professionalism which was called 'promise'. The standards included encouraging staff to maintain safe professional practice, to "speak up" and raise concerns.

Staff at all levels are actively encouraged to speak up and raise concerns, and all policies and procedures positively support this process. The service had a Freedom to Speak Up Guardian who was readily available for staff. All staff we spoke with said they felt that their concerns were addressed, and they could easily talk with their managers. Staff reported that there was a no blame culture when things went wrong.

Staff had access to counselling services. The service had increased the well-being facilities for staff during the pandemic including free confidential counselling which was available 24 hours per day. Staff also had access to an application which provided mindfulness exercise and advice as well as allowing staff to connect with other colleagues.

Patients told us they were very happy with the services provided and did not have any concerns to raise. They felt they were able to raise any concerns with the team without fearing their care would be affected.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Governance arrangements were proactively reviewed and reflected best practice. Quality governance was incorporated into every level of the organisation through a variety of process from the ward to the board and from the board to the ward. Information was filtered up from and down to staff. There were various committees with a lead responsible for the meetings and escalating issues.



Outpatients

There was an effective clinical governance structure which included a range of meetings that met either monthly or quarterly. These included the outpatient managers operational group, patient safety quality group, mental capacity and safeguarding meetings, health and safety, infection prevention and control, nursing council, audits and clinical effectiveness.

The managers evaluated information and data from a variety of sources to inform decision making that would deliver high quality care to their patients. The monthly service line group meetings provided data to various sub committees such as the medical and governance sub committees and the operational groups. The operational groups included medicines management, medical devices, business continuity, resuscitation and complaints. Staff had the opportunity to discuss changes they wanted to implement.

The board and other levels of governance in the organisation functioned effectively and interacted with each other appropriately. There were quarterly board meetings which was led by the chair of the corporate team and attendees included the managers and consultants. Staff discussed the sustainability of the service, future developments such as new services and procedures, the level of activity and quality assurance. There were various committees that provided information to the board such as the medical advisory committee, patient safety quality board, health and safety committee and risk committee.

Staff were clear about their roles and accountabilities. Clear accounting lines and accountabilities were utilised to ensure oversight and timely information was provided on key performance indicators. The senior management team ensured qualitative and quantitative were monitored, reviewed and reported.

The service had effective systems, such as audits and risk assessments, to monitor the quality and safety of the service. There was a comprehensive audit schedule of clinical and non-clinical audits. Records showed audits were discussed at various management and staff meetings.

The manager told us learning was cascaded to staff. All staff members had a work email account. The service had a bulletin and updates were sent to staff via email.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

The service demonstrated a commitment to best practice performance and risk management systems and processes. The service had an established strategy for risk management systems and controls to identify and mitigate risks. The quality and safety board had overall responsibility for the oversight and management of risks. There were sub committees that submitted reports and escalated risks to the quality and safety board such as the medical governance board, health and safety risk board, information governance and clinical governance board. There was a systematic programme of clinical and internal auditing to monitor quality and operational processes.

Staff identified the risk of medical equipment management and compliance and processes were reinforced to ensure equipment was checked and serviced within the required timescales. Records from the quality and safety board showed



Outpatients

staff discussed risks such as a medical fridge that stopped working. The risk was mitigated by recalibrating the fridge and assessing whether it was past its lifespan and needed to be replaced. Staff discussed the top three risks to the service at each quality and safety board meeting and committee members considered any other risks in their department.

The service reviewed how it functioned and ensured that staff at all levels had the skills and knowledge to use those systems and processes effectively. The service had key performance indicators (KPI's) in relation to quality, performance, human resources and finance which were regularly reviewed.

There was a risk management strategy, setting out a system for continuous risk management. The service had a comprehensive risk register which showed the actions taken to mitigate risks. Examples of risks included the security of the building and communication systems in the event of a loss of power.

The clinic completed risk assessments along with actions for areas such as fire, health and safety and Legionella. Risks were discussed and reviewed at management and staff meetings.

The service had a business continuity plan that could operate in the event of an unexpected disruption to the service.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.

The information used in reporting, performance management and delivering quality care was consistently found to be accurate, valid, reliable, timely and relevant. The service had an electronic quality management system, which monitored the performance of the service through data collection on all aspects of the service including complaints, mandatory training and audits.

There was a demonstrated commitment at all levels to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement. All staff had access, via secure logins, to the organisation's intranet to gain information relating to policies, procedures, national guidance and e-learning. All staff were able to demonstrate the use of the system and retrieve information.

The service had arrangements and policies to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems were in line with data security standards. The service provided information governance training to all staff.

Engagement

Leaders and staff actively and openly engaged with patients and staff, to plan and manage services.

There were consistently high levels of constructive engagement with staff and people who used services. The service engaged with general practitioners to assist in determining the services that would meet the needs of local patient groups. Staff said the feedback from general practitioners was that patients did not want to wait for blood tests and diagnostic imaging tests and results. The service provided prompt access to these services and the results were returned to the patients GP.



Outpatients

Staff gave an example of working with a clinical commissioning group to provide post electrocardiogram (ECG) checks for NHS patients from January 2022 to April 2022. These checks facilitated more local access for patients who would not need to travel a long distance to access this service.

The service was involved with an online forum which supported women going through menopause. The forum offered support, information and signposting for patient's health and wellbeing needs. For example, the service provided a question and answer session which was led by a gynaecologist, a musculoskeletal consultant, physiotherapist and general practitioner specialising on issues in menopause.

Staff gave examples of working with the NHS England Safeguarding Adults National Network (SANN) and multiagency suicide prevention groups to share, learn and influence the development of policies and procedures.

The service completed staff surveys twice each year and acted on feedback from staff. Records showed the management team acted on staff suggestions to increase the number of staff by employing an additional nurse and healthcare assistant. In 2021, 85% of staff said meaningful conversations took place after each survey, 90% of staff felt recognised and 80% felt supported.

Staff wanted additional opportunities to learn and grow and the service responded by providing staff with access to an internationally recognised management and leadership development programme to develop leaders at all levels. There were five learning pathways including effective listening, empathy and emotional intelligence, resolving differences, coaching conversations and giving and receiving feedback. Staff discussed patient feedback at various meetings including the quality and safety board. Records showed that each area was asked to identify three actions to improve patient satisfaction and make a difference to patients. The committees discussed positive feedback and shared it with the team.

Staff with specialist interests provided teaching and information to colleagues. For example, staff participated the national 'Hello Yellow' campaign raising awareness on children's mental health. A paediatric nurse with an interest in the early detection of sepsis in children designed activities for national sepsis awareness day and the service provided information leaflets on spotting sepsis in children.

The service had a virtual educational programme for general practitioners. There were several sessions each month covering various topics such as digestive health, women's health, orthopaedic and neurosurgery updates.

Staff actively sought patient feedback and patients provided this through emails and surveys.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged innovation.

There is a strong record of sharing work locally, nationally and internationally. Consultants participated in international meetings and conferences for example, presenting at an international meeting on advanced spine techniques in April 2022. Consultants actively participated in research across their professional practice and published research papers such as the diagnosis and management of challenging injuries and a systematic review on tennis elbow. This ensured they provided evidence-based care.



Outpatients

The service implemented a new electrocardiogram (ECG) monitor which was single use and provided continuous recordings for up to 14 days. It was indicated for use on asymptomatic patients or those who may suffer from transient symptoms of shortness of breath, palpitations, light headedness.

The service had undertaken a quality improvement project to ensure that doctors who referred patients for blood tests, but did not have practising privileges at the service, would receive timely results. Records showed the service reviewed the process, cause for delays and implemented a new procedure which was reviewed monthly.

The service had increased the well-being facilities for staff during the pandemic including free confidential counselling which was available 24 hours per day. Staff also had access to an application which provided mindfulness exercise and advice as well as allowing staff to connect with other colleagues.

The service implemented a mental health champion programme as a part of its wellbeing strategy. The key initiative was to manage health and wellbeing proactively, minimise the impact of mental health and to promote and maintain a healthy workplace.

In 2020 the service established a committee to support colleagues and promote inclusion and awareness and celebrate diversity. The service worked with external partners to better understand how diversity, inclusion and equality objectives were being met and how this could be developed further in the future.

Staff contributions were recognised at an annual awards ceremony. Staff were also personally and formally thanked on a fortnightly basis for good individual or teamwork.