

Extra Care Queen Elizabeth Hospital

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?

Good 

Overall summary

This service is rated as Good overall.

This was the service's first inspection.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Extra Care Queen Elizabeth Hospital on 5 May 2022, as part of our inspection programme.

At this inspection we found:

- The service had systems to manage risk so that safety incidents were less likely to happen, however there were some gaps in the oversight of risks pertaining to the use of the hospital building.
- The service learned from incidents and used these to improve their processes.
- There were systems in place to safeguard children and vulnerable adults from abuse and staff we spoke with knew how to identify and report safeguarding concerns.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- There was a programme of quality improvement, including clinical audit.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service in an appropriate method within an appropriate timescale for their needs.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- Staff had the skills, knowledge and experience to deliver effective care.
- Leaders demonstrated they had the capacity and skills to deliver high-quality, sustainable care.
- Patient feedback about the service had been positive.

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

- Continue to develop governance and oversight arrangements so that the provider can assure themselves fully that procedures and policies put in place by the hospital, in effect, the landlord, work properly.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team comprised a CQC lead inspector and a GP specialist adviser.

Background to Extra Care Queen Elizabeth Hospital

Newcastle & Gateshead Clinical Commissioning Group (CCG) has commissioned the provider (Community Based Care Health Federation Limited) to provide additional capacity appointments with GPs either outside of normal GP practice hours or as in-hours 'overspill'. This is available at two extended access facilities - Extra Care Blaydon and Extra Care Queen Elizabeth Hospital, located within the outpatient's department. We visited Extra Care Queen Elizabeth Hospital as part of this inspection.

At this location, patients can access 15-minute pre-bookable, routine primary care appointments with a GP, providing they are already registered with a GP practice in the Gateshead area (total patient population of around 222,000).

There are certain exclusion criteria, where appointments cannot be offered:

- Routine reviews for patients with long term issues or chronic diseases.
- Patients with complex alcohol, substance or mental health issues, where the reason for

the appointment is directly related to their condition.

- Patients who require a fit note.
- Medication reviews or repeat medication requests.
- Patients who are housebound if the problem is unable to be dealt with remotely.
- Patients who have not agreed to 'data sharing', which would mean the service could not access their records.
- Patients on maggot therapy (a type of wound management treatment).

To book an appointment the patient must first contact their own GP practice, or 111 at the weekend. Staff will assess whether an appointment at an extra care facility is appropriate based on guidance and criteria issued by the provider. Patients are first given a nominal (am, pm or evening) time for an extra care clinician to call them, and then further booked in for a face to face appointment if required. Walk in appointments are not available and patients cannot book directly with the extra care services.

When patients attend the extra care facilities for an appointment, they are asked for consent to access their patient record.

Clinical services are provided by one clinical lead GP and three salaried GPs, and a further pool of almost 30 sessional GPs. This includes male and female GP's. The service is located within two clinical rooms adjoined to the outpatients department of the Queen Elizabeth Gateshead hospital. This is temporary accommodation for the provider as a result of changes to resource allocation through the Covid-19 pandemic. Patients book in through the Urgent Treatment Centre reception in hours and the out of hours reception at other times. Patients are directed accordingly during their triage calls.

Administration, management and support functions are delivered by staff employed by the provider, and outside of normal working hours a further pool of sessional administrative staff. The provider also runs the local out of hours service, 'GATDOC', provides medicines optimisation services to some GP practices within the Gateshead area under the brand 'Pharmicus', and is part of the integrated urgent primary care service for the area.

Are services safe?

We rated the service as good for providing safe services.

Safety systems and processes

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

- The provider had conducted a health & safety risk assessment for the two clinical rooms, looking at factors such as working temperatures, privacy and dignity and fire. Risks had been addressed and mitigated where possible. A corporate risk register was kept, and the senior management team kept risks relating to the premises under review.
- The provider was expected to adhere to NHS Trust policies such as Infection Control, Health & Safety and Electrical Safety, however this was not governed by an over-arching service level agreement to formalise this.
- The providers own risk assessment stated that the clinical rooms were cleaned daily by hospital domestic services, and provider staff carried out a daily visual check. We did not observe any infection control problems. However, the provider had not fully assured themselves that processes in place were always suitable and sufficient; either by carrying out their own infection control audits or requesting those from the hospital. By the end of the inspection the provider had modified their procedures to add their own infection control risk assessment and had introduced documented daily checks.
- Staff received safety information from the provider as part of their induction and refresher training.
- The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. Procedures highlighted the importance of information sharing with the patient's own GP practice.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Recruitment processes included appropriate checks and records of ID, employment history, references and professional registrations.
- All staff received up-to-date safeguarding and safety training appropriate to their role and were able to describe examples of incidents and how to report these.
- Staff who acted as chaperones had received DBS checks, and were trained for the role. There was a clear chaperone policy, which identified roles and responsibilities.
- The provider ensured that facilities and equipment were safe in advance of the inspection by requesting documents from the hospital such as non-domestic gas certificates, electrical safety certificates, and portable appliance test certificates. However, this assurance was on an ad hoc basis and there needed to be some formalising of the systems for how the provider assured themselves they operated in a safe manner.
- There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. Rotas were planned three months in advance, with GP sessions opened up for booking once the provider had assured themselves staff were in place. In the event of last-minute staff cancellations the provider could draw on a pool of sessional staff, or on rare occasions cancel the appointments before they were able to be booked, or refer a patient back to the booking practice.

Are services safe?

- There was an effective induction system for staff tailored to their role. If sessional staff had not worked at the service for 12 months, they were required to undergo a refresher induction. GPs could not book on for sessions unless their mandatory training and professional credentials were present and up to date.
- 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, and aimed to identify this through triage questions, and again on patient attendance.
- In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need. Patients were first triaged for extra care suitability through their GP practice, then an extra care GP carried out a telephone triage. If necessary, patients could be signposted to A&E for urgent treatment.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse. There were procedures around failed contacts; these would be reviewed by a clinician and the patients GP practice contacted if thought necessary.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

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. GPs had access to the patient's full notes through shared computer systems. 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 system generated a patient discharge letter electronically to the patient's own GP. There were additional safety protocols in place, for instance where it was thought an urgent referral was needed, admin staff would also phone the patient's surgery in addition to electronic notes. The clinical lead would also arrange a discussion if required.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. According to protocol, only urgent cancer referrals were made directly (in consultation with the patient's practice) and all others were flagged to the patient's own practice.

Appropriate and safe use of medicines

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

- Due to the nature of the service, there was limited prescribing and no on-site dispensing of medicines. There was no repeat prescribing or prescribing of high-risk medications.
- Emergency drugs and equipment were not stocked. As the service was located within a hospital outpatients department, a hospital-maintained emergency drugs and equipment trolley was available in the department, and a resuscitation team was available by calling the emergency number from any hospital phone. Although we did not find any problems with equipment or medication, the service needed to assure itself of this on a more regular and formalised basis.
- The service kept prescription stationery securely and monitored its use. The vast majority of prescriptions were sent electronically to a pharmacy of the patient's choice for dispensing.
- The service did not dispense any medicines and did not hold any controlled drugs.
- The service did not hold or administer any medicines which required refrigeration, although safe systems and processes were in place if the need arose.

Track record on safety

Are services safe?

The service had a good safety record.

- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. There was a clear process for escalation of risks to the provider board to ensure oversight. There were clear roles and responsibilities within the process including investigatory and governance roles.
- The service carried out analysis of themes and trends and was able to respond to emerging risk.
- There was a system for receiving and acting on safety alerts. Staff were able to describe how these were disseminated and discussed.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff were able to describe the process for raising incidents or concerns and described how they had received feedback on the outcome of investigations, which was an established part of the process. Learning from incidents was fed back through staff newsletters, reflection meetings and staff meetings. There were handover procedures for each shift change such that incoming staff knew of any incidents that had happened or were ongoing.
- There were established 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. We could see where learning had taken place, for instance raising auditable 'tasks' on the computer system following some confusion around a referral process.

Are services effective?

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

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

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed. Guidance was available through a clinical decision support tool integrated into the clinical system and updates were discussed at clinical meetings.
- Staff could access urgent clinical support and advice in a number of ways, including contacting clinical leads, on-call hospital specialists and the on-call A&E consultant.
- Telephone assessments were carried out using a defined operating model.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Where patients needs could not be met by the service, staff redirected them back to their own practice.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable, for instance, extra patient notes and longer appointment times.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

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

- The provider used quality assessment tools to audit both clinical note taking and consultations against areas such as history taking, consent, medications, allergies and safety netting (i.e. if patient deteriorates who to call). Consultation audits we looked at had been carried out thoroughly and encouraged reflective practice. Audits were used to improve performance; for instance if any issues were identified action plans and support packages were put in place.
- The service also carried out antibiotic prescribing and referrals audits. There was a clear process around increased reviews, support and performance review if concerns were identified. Outcomes were fed back to clinicians. Clinicians we spoke with confirmed this.
- Clinicians we spoke with told us they had access to local prescribing guidelines.

Effective staffing

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

- All staff were appropriately qualified, with professional registration checks carried out where required. The provider had an induction programme for all newly appointed staff. This covered such topics as clinical systems and processes, and fire safety. Staff told us they had completed the induction and it was comprehensive.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Are services effective?

- The provider had identified a schedule of mandatory training and there was an effective system to record training of individual staff members.
- The provider ensured staff had access to ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of clinical staff employed by audit of their clinical decision making. Evidence of professional appraisal and revalidation was maintained by the provider.
- There was a clear approach for supporting and managing staff when their performance was poor or variable, with disciplinary and grievance policies in place. Staff knew where to access these.

Coordinating care and treatment

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

- There were processes in place which demonstrated clear communication with the patient's own GP through tasks, clinical notes and direct telephone contact where necessary.
- Staff communicated promptly with patient's registered GP's so that the GP was aware of the need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the shared IT system. Staff working at the service had access to each patient's full clinical record.
- The service had formalised systems with the NHS 111 service with specific referral protocols for patients referred to the service. An electronic record of all consultations was sent to patients' own GPs.
- The service ensured that care was delivered in a coordinated way and took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- There were clear and effective arrangements for booking appointments.

Helping patients to live healthier lives

As an extended access service, the provider was not able to provide continuity of care to support patients to live healthier lives in the way that a GP practice would. However, we saw the service demonstrated their commitment to patient education and promotion of health and well-being advice.

- The service identified patients who may be in need of extra support and flagged this to the patient's GP.
- Where appropriate, staff gave people advice so they could self-care. Staff we spoke with demonstrated a knowledge of local and wider health needs of patient groups who may attend the extended access service. Clinicians told us they offered patients general health advice within the consultation and if required they referred patients to their own GP for further information.
- 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.

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

Are services effective?

- We saw Mental Capacity Act (MCA) training was included as part of the provider's mandatory training schedule, and staff training records showed they had undertaken this.

Are services caring?

We rated the service as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. We saw equality and diversity training formed part of the provider's mandatory training schedule, and staff had undertaken this.
- The service gave patients timely support and information. Staff had received training on being open, communication, and privacy and dignity.
- The vision and values of the provider had caring embedded within them; they aimed to be a 'respectful, supportive and open' team and work to improve outcomes for patients. Whether face to face, virtual, or phone.
- Extended and varied appointment times were available to suit patient need, and a variety of consultation methods.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language.
- All appointments were 15 minutes in length and the patients full medical record was available through the shared computer system, including 'flags' for people in vulnerable circumstances.
- The service sought patient feedback which showed patients felt positively about the service. For instance 94% rated 'warmth of manner' of staff as good or above, 93% rated 'opportunity to express concerns or fears' as good or above, and on 'concern for you as a person', 92% of patients rated the service as good or above, out of an overall 37 responses for the provider as a whole

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff respected confidentiality at all times, and were able to cite examples, for instance maintaining confidentiality at reception.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff acting as chaperones demonstrated their understanding of their responsibilities in relation to maintaining patient dignity and confidentiality.
- Staff supported patients to make decisions. The service monitored the process for seeking consent appropriately.

Are services responsive to people's needs?

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

The provider organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of its population and tailored services in response to those needs. The provider engaged with commissioners to understand the services required and provided these, in terms of numbers, times and types of appointments. Data showed the average uptake of telephone appointments over the last 12 months was 94%, and face to face appointments was 40%.
- The provider ensured that available appointments for practices to book patients into were equitably distributed and according to need.
- The facilities and premises were appropriate for the services delivered.
- The service had the ability to react to surges or changes in demand and had demonstrated the ability to adapt during the Covid-19 pandemic, by arranging more or different types of appointment.
- The service made reasonable adjustments when people found it hard to access the service, for instance interpretation services were available.

Timely access to the service

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

- Patients were able to access care and treatment at a time to suit them. The service operated from Monday to Friday 9am-8pm, Saturday 10am-8pm, and Sunday 10am-3pm.
- Patients could access the service through a booked appointment via their GP practice.
- The service did not see walk-in patients. If patients arrived without having first made an appointment, they would be asked to attend the Urgent Treatment Centre located directly beside.
- Waiting times, delays and cancellations were minimal and managed appropriately. Catch up and break times were incorporated into session times to avoid GPs running over their session times, and appointments were 15 minutes long. If appointments did over run GPs would work additional time until all booked consultations had been carried out.
- Staff rotas were planned and booked 12 weeks in advance, with appointments then created from staff availability, which were then released on the day of appointment or one day prior. In the event of last-minute staff sickness, the service would attempt to find cover, stand down appointments not already filled, or in rare cases notify the patients GP practice who would then provide an alternative appointment.
- Patients with the most urgent needs had their care and treatment prioritised.
- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs. Where telephone triage or face to face consult indicated an urgent need, patients were directed to A&E. GP practice reception staff had a list of emergency criteria they used to alert the clinical staff if a patient had an urgent need, or whether they needed to be directed to A&E. The criteria included guidance on sepsis and the symptoms that would prompt an urgent response. The receptionists informed patients about anticipated waiting times.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

Are services responsive to people's needs?

- Information about how to make a complaint or raise concerns was available. Staff described how they would treat patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. No complaints were received in the last year. We did review an older complaint which had been investigated and responded to appropriately.
- The service had systems in place to learn lessons from individual concerns and complaints and from analysis of trends.

Are services well-led?

We rated the service as good for leadership.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. These included winter pressures, staff availability, and premises availability. Risks were kept under review and actions taken were recorded.
- Leaders at all levels were visible and approachable. Staff reported they felt they could raise concerns or ideas, and these would be listened to.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use.
- 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 patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

Are services well-led?

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 in general were clearly set out, understood and effective. There were some gaps in the oversight of risk around use of the hospital premises and equipment.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Policies were easily accessible and kept under review.

Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of MHRA alerts, incidents, and complaints. Leaders also had a good understanding of service performance against contract requirements. Performance was regularly discussed at senior management level.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The providers had plans in place and had trained staff for major incidents.
- The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored. Staff told us they had received feedback on audits of their telephone and face to face consultations.
- The information used to monitor performance and that the delivery of quality care was accurate and useful. There were processes in place to performance manage staff where appropriate and required.
- The service used information technology systems to monitor and improve the quality of care. Audits were carried out on consultations and feedback given to staff, who were encouraged to reflect on their practice and discuss this with the clinical lead.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

Are services well-led?

- The service worked collaboratively within local Primary Care Networks (PCN). These are groups of GP practices who work together with community, mental health, pharmacy and other services, to meet local health needs. They sought views from the commissioning body and GP practices to seek feedback and design the service offered according to need, for example hours offered, when appointments were released, and a change so extra care doctors ordered pathology and radiology requests.
- Staff were able to describe to us how they had been able to give feedback, and how this had driven change, for example, having an input into the triage questions used by GP practice receptionists.
- The service worked closely with commissioning bodies and wider system partners to increase resilience and service provision within the area; for instance, if a practice was unable to deliver same day care due to incidents/staffing levels etc, extra care appointments would be prioritised for this service for five days to enable continuity of care.
- Staff received regular newsletters and were encouraged to be involved in it's content.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the service. The service was flexible and agile and could respond quickly to changing need due to their being embedded in integrated care systems; for instance transferring a GP from the Urgent Treatment Centre to extra care if required by patient need.
- There was a strong culture of innovation to improve patients' lives and address local need. For instance, the service was looking to expand the services offered and available times, to offer services such as phlebotomy, coil fitting and cervical screening.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.