

Wycombe Urgent Treatment Centre

Inspection report

Wycombe Hospital
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High Wycombe
Buckinghamshire
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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?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

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 Wycombe Urgent Treatment Centre 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. When they did happen, the service learned from them and improved their processes.

- 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.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

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

Background to Wycombe Urgent Treatment Centre

Wycombe Urgent Treatment Centre is the registered location for services provided by FedBucks Limited and provides urgent treatment to patients in Buckinghamshire. The centre is based in Wycombe General Hospital. The service is one of three registered locations managed and operated by FedBucks Ltd (the provider). The provider's head office and operations centre is based at Unit 3 Midshires Business Park, Smeaton Close, Aylesbury, HP19 8HL.

The service is commissioned by Buckinghamshire Clinical Commissioning Group and covers a population of approximately 485,000 people across the county of Buckinghamshire.

Patients access the urgent treatment centre either via NHS 111 (the NHS 111 service for the area is provided by a different provider) or by attending the service in person. An appointment is not necessary.

The provider is also commissioned to offer a deep vein thrombosis (DVT) assessment service which is accessed via a referral from the patient's GP.

The provider is registered to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely
- Treatment of disease, disorder or injury
- Diagnostic and screening procedures
- Surgical procedures

FedBucks Ltd was registered with CQC on 28 March 2018 and has a registered manager. A registered manager is a person who is registered with the CQC to manage the service. Like registered services, they are 'registered people'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the provider is run.

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 conducted safety risk assessments. It had safety policies, including Control of Substances Hazardous to Health and Health & Safety policies, which were regularly reviewed and communicated to staff. 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.
- The service worked with other agencies to support patients and protect them from neglect and abuse.
- The provider was a part of the Child Protection – Information Sharing Project (CP-IS) which is an IT system designed to support health and social care staff to share information securely to protect society's most vulnerable children. When a child attends an unscheduled care setting (such as an out of hours GP service, emergency department or urgent treatment centre the staff are alerted if the child is on a child protection plan, the social care team are notified of the attendance and both parties can see details of the child's previous 25 visits to unscheduled care.
- The provider was notified of any safeguarding concerns via the CP-IS system and made appropriate safeguarding referrals when required. We saw examples of safeguarding referrals being made to local multi-agency safeguarding hubs, in line with local protocols. We identified that when the provider made referrals or identified safeguarding concerns this was not added as a note to the system to warn future clinicians of these concerns. The system allowed the clinicians to view previous encounters and access to summary care records, once a referral was made and if a patient was then supported by Social Care then any future encounters would automatically be notified by CPIS. If the patient was not then supported by social care the system relied on clinicians checking back on

previous records In response to our findings the provider immediately changed their protocol and alerted all clinicians to add these concerns as a flag on the computer system.

- The provider worked with the local lead nurse for Exploitation and information was shared regarding children who have attended the out of hours who were known to the exploitation Team and due for review in their meetings.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (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). The provider policy was to undertake a DBS check every five years for all staff, we were unable to check compliance with this as the provider had only been providing the service for 12 months.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- To provide additional safety and security to staff the service provided lone working devices where there was a potential for lone working (e.g. home visiting and reception staff).
- There was an effective system to manage infection prevention and control.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective system in place for dealing with surges in

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demand. The provider used staff employed by the local A&E department to see patients with minor injuries who attended the urgent treatment centre. The staff who treated patients with minor injuries rotated their shifts to ensure they worked in both environments to keep their skills up to date.

- The team lead for the minor injuries staff also worked across both sites and if the urgent treatment centre had a surge in demand the staff from the A&E department would be asked to support the urgent treatment centre.
- There was an effective induction system for temporary staff tailored to their role. The provider had a detailed locum/agency handbook which directed staff to all the provider policies and protocols and included appropriate contact details for managers and other local services.
- 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. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need. Systems were in place to manage people who experienced long waits.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.
- 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. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Patients' GPs were notified within 24 hours of attending the urgent treatment centre in line with the providers service level agreements, to ensure relevant information was shared in a timely manner.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Appropriate and safe use of medicines

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

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, and controlled drugs and vaccines, minimised risks. The service kept prescription stationery securely and monitored its use. Arrangements were also in place to ensure medicines and medical gas cylinders carried in vehicles were stored appropriately. All medicines were dealt with by an outside pharmacy company who delivered the required medicines in labelled cassette boxes. Use by dates and stock levels were monitored by the pharmacy company and by the provider to ensure all were appropriate for use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- The service kept prescription stationery securely and monitored its use.
- Processes were in place for checking medicines and staff kept accurate records of medicines.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- Arrangements for dispensing medicines kept patients safe.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system for receiving and acting on safety alerts.
- Joint reviews of incidents were carried out with partner organisations, including the local A&E department, GP out-of-hours, NHS 111 service and urgent care services.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

Are services safe?

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service.
- For example, an error occurred where a member of staff was on the rota to work but had booked annual leave.

The error was due to the member of staff dealing with the rota being on leave. The system was updated to ensure that more than one member of staff received details needed for the management of the rota. We saw that the learning from events was shared across all staff within the organisation.

- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

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.
- Clinical assessments were carried out using structured assessment tools such as the National Early Warning Score (NEWS) to identify those who were at risk of developing Sepsis.
- 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 to the appropriate service for their needs.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. For example, management plans for vulnerable people and child protection alerts were documented within enhanced summary care records.
- Regular prescribing audits were undertaken by the provider. These included antimicrobial stewardship and individual clinician prescribing audits. The provider had recently employed an advanced nurse practitioner to undertake further audits on a structured basis.
- Arrangements were in place to deal with repeat patients. There was a system in place to identify frequent callers and patients with particular needs, for example palliative care patients, and protocols were in place to provide the appropriate support. We saw no evidence of discrimination when making care and treatment decisions.
- The provider had worked with the local NHS Trust to develop a protocol for any patients under the age of 18

years who attended the urgent treatment centre following any episodes of self harm. This was to ensure patients were supported by an appropriately trained member of staff.

- For example, the service identified that they had a number of patients with a learning disability who attended frequently. They liaised with the local team for people with a learning disability who offered staff training and a support pathway for these patients to be referred to when they accessed the service.
- When staff were not able to make a direct appointment on behalf of the patient clear referral processes were in place. These were agreed with senior staff and clear explanation was given to the patient or person calling on their behalf.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service had a comprehensive programme of quality improvement activity and routinely received the effectiveness and appropriateness of the care provided. For example, quality improvement work and an audit was carried out to ensure patients experiencing sepsis symptoms were assessed in accordance with recognised national guidance.

- The clinical audit team undertook regular clinical audits which had a positive impact on the quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, a regular audit of clinical notes was in place to ensure the records were clearly written and included all essential information regarding assessment and decision making. Anyone who did not meet the standards was offered one-to-one coaching.

The service used key performance indicators (KPIs) that had been agreed with its clinical commissioning group (CCG) to monitor their performance and improve outcomes for people. The service shared with us their performance data which showed:

- 98-99% of patients spent 4 hours or less in the urgent treatment centre (UTC) in the last 12 months, compared to a target of 95%.
- Less than 1% of patients left the department without being seen, which met the target of below 5%.

Are services effective?

- The service had met the target over the last 12 months of less than 2 hours wait to time of treatment.

The provider undertook regular reviews of the level of activity for each department, such as the level of Xray usage and the levels of patients attending for minor injury and minor illness, to ensure the correct levels of staff were booked to work in each area.

The service used information about care and treatment to make improvements.

- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The provider had an audit schedule in place and was actively involved in quality improvement activity.
- Where appropriate, clinicians took part in local and national improvement initiatives. The provider worked with the local clinical commissioning group to offer a personalised care service (PCS). This involved working with patients who had been identified as being high users of primary and urgent care services. The PCS coordinators signposted patients to public and charity organisations to address key elements identified within their care, such as complex medical needs, housing concerns or mental health concerns. This resulted in patients linking in with organisations who support with social isolation or counselling services. The service's aim was to ensure a positive impact on the quality of life for these patients by ensuring they have access to appropriate nutrition, housing and advice.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. This covered such topics as safeguarding, emergency procedures, infection control and management of medicines.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required. The lead nurse ensured that all advanced nurse practitioners and emergency care practitioners worked within their scope of practice and had access to clinical support when required.

- The provider had supported advance nurse practitioners who undertook the initial assessment of all patients attending the urgent treatment centre to become dual trained in both minor illness and minor injury.
- The provider was in the process of supporting other ANP's to undertake the minor injury training to provide a number of dual trained staff within the department.
- 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.
- The provider provided staff with 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 staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. For example, the auditor within the organisation completed call listening and clinical note audits auditing the clinical decisions and record keeping of the clinical staff. These had been used for identification of training needs and poor performance. We were given examples to demonstrate appropriate action had been taken.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. Care and treatment for patients in vulnerable circumstances was coordinated with other services.
- 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. If a

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patient required urgent follow up by their GP, in addition to the electronic notification sent to GP practices by the start of the following day, the service would telephone the GP surgery to ensure this was actioned.

- There were established pathways for staff to follow to ensure callers were referred to other services for support as required. The service worked with patients to develop personal care plans that were shared with relevant agencies.
- 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.
- 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, transfers to other services, and dispatching ambulances for people that require them. Staff were empowered to make direct referrals and/or appointments for patients with other services.

Helping patients to live healthier lives

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

- The service identified patients who may be in need of extra support, such as those with learning disabilities or mental health concerns.
- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given.
- 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.

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.
- The service gave patients timely support and information. There were arrangements and systems in place to support staff to respond to people with specific health care needs such as end of life care and those who had mental health needs.
- Almost all of the 67 patient Care Quality Commission comment cards we received were positive about the service experienced. The only mixed feedback was regarding waiting times during night times and suggestions to improve the waiting area facilities.

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. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.

Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.

- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

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

Are services 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 secure improvements to services where these were identified. For example, the provider offered a post-exposure prophylaxis (PEP) service for staff within the local trust who may have been exposed to infections due to a sharp's injury.
- The provider also offered a blood testing service for patients attending with a possible deep vein thrombosis (DVT - a blood clot often found in the deep veins of the legs). Prior to the blood testing capability, all patients with a possible DVT would be sent to the local Accident and Emergency Department (A&E) for further assessment. The DVT blood testing service meant that patients did not have to attend A&E to access this service.
- The provider improved services where possible in response to unmet needs.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. For example, staff had access to 'special notes', additional notes about the patient's health, social situation, past medical history and medicines.
- Care pathways were appropriate for patients with specific needs, for example those at the end of their life, babies, children and young people.
- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when people found it hard to access the service. For example, if a patient with hearing impairment attended the service, the reception team would add an alert to the patient notes informing the clinical staff where they were sat in the waiting room so they could be collected in person. The staff would then ensure the appropriate equipment to support those with hearing impairment was in place for the consultation.

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 24 hours a day, seven days a week.
- Patients could access the service either as a walk in-patient, via the NHS 111 service or by referral from a healthcare professional. Patients did not need to book an appointment.
- Patients were generally seen on a first come first served basis, although the service had a system in place to facilitate prioritisation according to clinical need where more serious cases or young children could be prioritised as they arrived. The reception staff had a list of emergency criteria they used to alert the clinical staff if a patient had an urgent need. The criteria included guidance on sepsis and the symptoms that would prompt an urgent response. The receptionists informed patients about anticipated waiting times.
- All patients attending the urgent treatment centre were assessed by an advanced nurse practitioner within 15 minutes of arrival.
- Waiting times, delays and cancellations were minimal and managed appropriately. Where people were waiting a long time for an assessment or treatment there were arrangements in place to manage the waiting list and to support people while they waited.
- The service engaged with people who are in vulnerable circumstances and took actions to remove barriers when people found it hard to access or use services.
- 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.
- Referrals and transfers to other services were undertaken in a timely way. They were able to arrange for an ambulance where necessary.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.

Are services responsive to people's needs?

- The complaint policy and procedures were in line with recognised guidance. Four complaints were received in the last year. We reviewed these complaints and found that they were satisfactorily handled in a timely way.
- Issues were investigated across relevant providers, and staff were able to feedback to other parts of the patient pathway where relevant.
- The service learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, the waiting are was changed following feedback from a patient.
- The Clinical Director responded to feedback from the clinical team about the recent amalgamation of the education evenings with secondary care. These were felt to be inappropriate and not applicable to urgent care therefore the service reintroduced their own monthly educational evenings on relevant topics or in relation to complaints or incidents. The meetings are very well attended by their own staff and practice staff within Bucks. For example, palliative care updates, sexual health and HIV updates).

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.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- 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 worked closely with the clinical commission group, taking on extra relevant services to deliver the General Practice Nursing 10-point plan and GP five year forward view, both of which are government strategies aimed to addressing the ongoing challenges within general practice.
- The provider monitored progress against delivery of the strategy.
- The provider ensured that staff who worked away from the main base, such as the administration and leadership team, felt engaged in the delivery of the provider's vision and values.

Culture

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

- All staff told us they felt respected, supported and valued and they were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. We saw examples of the service responding to complaints and events appropriately and offered an apology to patients when things went wrong. 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 in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work. The provider had just employed a further advanced nurse practitioner to undertake more detailed reviews of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.
- The service encouraged and responded to feedback from all members or staff regarding all aspects of their role within the service. For example, following feedback from staff the service reviewed the operational pay structure which resulted in increases in pay and they negotiated cheaper parking rates for staff working at the urgent treatment centre.

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 were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.

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 the national and local key performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local CCG as part of contract monitoring arrangements.

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, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service used information technology systems to monitor and improve the quality of care.
- 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.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- We spoke with and received feedback from 16 employees across all staff groups during the inspection. All of the clinicians responded positively to the improvements that were being implemented and felt the feedback they gave was responded to.
- Staff were able to describe to us the systems in place to give feedback. Staff who worked remotely were engaged and able to provide feedback through. We saw evidence of the most recent staff survey and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.
- The provider sent out a regular newsletter to all staff detailing any new developments or changes to services. The newsletters were also used to celebrate and thank staff for their contribution to specific pieces of work.

Are services well-led?

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.
- Staff knew about improvement methods and had the skills to use them.
- 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.
- There was a strong culture of innovation evidenced by the number of pilot schemes the provider was involved in. There were systems to support improvement and innovation work.