

# The Ridge Medical Practice

## Inspection report

Westwood Park Diagnostic Treatment Centre  
Swift Drive, Off Cooper Lane  
Bradford  
BD6 3NL  
Tel: 01274425625

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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.**

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 The Ridge Medical Practice independent doctors service on 12 and 13 January 2023. The service was inspected because whilst it had previously been inspected, it had not been previously rated by CQC.

The service specialises in the triage, assessment and treatment of musculoskeletal conditions.

A non-clinical partner is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We reviewed feedback from patients following consultations and treatment. The responses showed high levels of patient satisfaction with the services received.

## **Our key findings were:**

- The service was provided on a referral basis from the patient's own NHS GP, and was accessible to people who chose to use it.
- Waiting times were minimised and within agreed targets.
- Patient treatment was safely managed.
- The service had systems in place to identify, investigate and learn from incidents relating to the safety of patients and staff members.
- There were policies, processes and practices in place to safeguard patients from abuse.
- Information regarding patients was comprehensive and was effectively shared with other health and care providers as appropriate.
- Patient outcomes, complaints and incidents were evaluated, analysed and reviewed as part of quality improvement processes. However, we saw that clinical audit had lapsed during the COVID-19 pandemic.
- Staff had the relevant skills, knowledge and experience to deliver the care and treatment offered by the service.
- There was a clear leadership structure, with governance frameworks which supported the delivery of quality care.
- The service encouraged and valued feedback from patients, and used this for quality improvement purposes.

We saw the following outstanding practice:

# Overall summary

The provider had established a weekly multidisciplinary team meeting with the neurosurgery team from the local hospital NHS trust. This provided a forum for advice and guidance, allowed the advance discussion of potential neurosurgery referrals, and shortened patient waiting times.

The area where the provider **should** make improvement is:

- The provider should re-establish clinical audits processes within the service.

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Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

Our inspection was led by a CQC lead inspector and included a GP specialist advisor.

## Background to The Ridge Medical Practice

The Ridge Medical Practice independent doctors service operates from:

Westwood Park Diagnostic Treatment Centre, Swift Drive, Off Cooper Lane, Bradford, West Yorkshire, BD6 3NL.

Services are also delivered at 2 other sites:

The Ridge Medical Practice, Buttershaw Surgery, Royds Healthy Living Centre, 20 Ridings Way Off The Crescent, Buttershaw, Bradford, West Yorkshire, BD6 3UD.

And:

The Ridge Medical Practice, Great Horton Surgery, Cousen Road, Bradford, West Yorkshire, BD7 3JX.

We visited all these sites as part of the inspection.

The service is commissioned by Bradford District and Craven Health and Care Partnership through an Alternative Provider Medical Services (APMS) contract, and is known locally as the Bradford South and West Musculoskeletal Service. The service specialises in the triage, assessment and treatment of musculoskeletal conditions. The service sees approximately 3,500 patients each year, all of whom are referred by their NHS GP. The services available to patients over the age of 12 years are:

- Diagnostic and screening services
- Treatment of disease, disorder or injury
- Surgical procedures.

The service is delivered by GPs with enhanced extended roles, GPwERs, (GPwERs were previously called GPs with a Special Interest). The administrative side of the service is managed by the extended care team, based within the main site of The Ridge Medical Practice, Cousen Road, Great Horton, Bradford, BD7 3JX. The service works in conjunction with Advanced Physiotherapy Practitioners (APPs). However, the APPs provide treatment under a contract commissioned by the local NHS Trust, and so were not reviewed as part of this inspection.

Services operate at:

Westwood Park Diagnostic Treatment Centre – clinical sessions Thursday 8am to 5pm.

Buttershaw Surgery – clinical sessions Monday 8.30am to 11.30am and Tuesday and Friday 8.30 to 3.30pm.

Great Horton Surgery – hosts the extended care administration support team and operates Monday to Friday 9am to 5pm, in addition some clinical sessions are also delivered on an irregular basis at the surgery when required, to meet the needs of the service.

All the sites delivering services were purpose-built and accessible to those with a physical or sensory disability. Parking is available at all sites.

### How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

Before visiting the service's locations, we looked at a range of information that we hold about the service. We reviewed information submitted by the service in response to our provider information request, this included completed staff questionnaires. During our visit, we interviewed staff, reviewed documents and clinical records, and made observations relating to the service and the locations it was delivered from.

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

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

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

# Are services safe?

## **We rated safe as Good because:**

The provider had developed and implemented processes and procedures to manage safety within the service. Staff had the experience, training and information they needed to deliver safe care and treatment.

## **Safety systems and processes**

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

- The provider conducted necessary safety risk assessments. Appropriate safety policies, which had been regularly reviewed and communicated to staff were in place. They outlined clearly who to go to for further guidance or advice. Staff received safety information from the service as part of their induction and as part of refresher training.
- The premises at Westwood Park Diagnostic Treatment Centre were managed by another NHS health organisation. We saw that the provider had gained assurance from this organisation that necessary health, safety and wellbeing procedures had been undertaken such as fire risk assessments, and electrical safety testing.
- The service had systems to safeguard children and vulnerable adults from abuse. For example, the provider had developed safeguarding policies for both children and adults.
- As the service was open to patients from the age of 12 upwards, the service had systems in place which gave assurance that an adult accompanying a child had parental authority, and that necessary consent had been gained.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination, and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken for all staff (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).
- All staff had received up-to-date safeguarding and safety training appropriate to their role. The provider had appointed safeguarding leads who acted as a central point of contact for staff in relation to concerns. Feedback from staff showed that they knew how to identify and report concerns, and were aware who the organisations safeguarding leads were.
- The provider reported that due to the nature of the service that chaperone usage was limited. However, we saw that staff who acted as chaperones had been trained for the role, and had received a DBS check.
- There was a system in place to manage infection prevention and control (IPC). We saw that regular internal IPC audits had been undertaken at the different sites, and that any identified issues had been actioned. For example, an IPC audit undertaken at the Buttershaw Surgery had identified an accumulation of full sharps bins in a room; these had subsequently been removed. During the inspection we noted minor cleaning and structural issues in 2 of the clinical rooms located at the Great Horton Surgery site.
- The provider had in place measures to monitor and control the risk of legionella pneumophila (the cause of Legionnaire's disease).
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

## **Risks to patients**

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.

# Are services safe?

- When there were changes to services or staff the provider assessed and monitored the impact on safety.
- There were appropriate professional indemnity and insurance arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. The provider had assured themselves that the emergency medicines and equipment at Westwood Park Diagnostic Centre, (not under their direct control) had been checked and were appropriate for use.

## 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. The provider utilised the same clinical record system as all other primary care providers across the Bradford District and Craven Health and Care Partnership. Staff therefore had appropriate access to patient notes, and were able to communicate and share information with the patient's own GP effectively. It was noted that 85 tasks on the musculoskeletal service's clinical record system were pending (a task is a message sent to one or more of the system users that records work to be done and allowed patient treatment to be tracked and managed). We examined 5 records in detail which showed in 2 cases that further action was required, but had not been completed. The provider explained that uncompleted actions were mainly due when the provider waited for further information, or needed to refer into another service. We identified no harm associated with these uncompleted actions.
- Referrals were received via the NHS *e-Referral Service (e-RS)*. The Unique Booking Reference Number (UBRN - a unique number assigned by e-RS to identify a referral through the system) stayed with the patient throughout their treatment with the service, and ensured that any onward external referrals contained all relevant information.
- Processes had been put in place for the safe transfer of information between sites.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they ceased trading.
- The provider was in the process of commissioning a dedicated musculoskeletal module into their clinical record system. When operational, this would allow bespoke electronic communications to be undertaken for musculoskeletal work, allow electronic prescribing, and improve receipt and handling of investigation results. The provider expected the module to be in place by the end of 2023.

## Safe and appropriate use of medicines

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

- The provider told us that there were relatively small numbers of medications used as part of the musculoskeletal service, and that these were mainly analgesics (used to manage pain). Staff prescribed, administered or supplied medicines to patients, and gave advice on medicines in line with legal requirements and current national guidance. As well as prescribing, the service undertook deprescribing (the planned process of reducing or stopping medications that may no longer be of benefit or may be causing harm) when appropriate.
- The systems and arrangements for managing medicines, emergency medicines and equipment minimised risks.
- Processes were in place for the safe storage of steroid injections. This included regular checks being undertaken of expiry dates.
- Prescribing was communicated back to the patient's own GP via the electronic treatment advice note in the electronic patient record, as well as being documented in a formal letter.

## Track record on safety and incidents

### The service had a good safety record.

# Are services safe?

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped leaders to understand risks, and gave a clear, accurate and current picture that led to safety improvements.

## **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. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- The service learned and shared lessons, identified themes, and took action to improve safety in the service. For example, there had been 1 significant event reported in the previous 12 months. This had resulted in an unnecessary x-ray being undertaken. The investigation had identified human error when inputting the request. As a result, staff had been informed to re-check referrals for further tests prior to submission, and the patient informed of the error.
- We saw that incidents and learning points were discussed at quarterly governance meetings.
- The provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty. There were systems in place for reporting notifiable safety incidents
- The service acted on, and learned from external safety events as well as patient and medicine safety alerts. There was an effective mechanism in place to disseminate alerts to all members of the team.



# Are services effective?

## We rated effective as Good because:

The provider had in place effective measures for the delivery of care to patients in line with national standards. Processes were in place to assess patient needs and plan the delivery of coordinated care.

## Effective needs assessment, care and treatment

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

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- All patients referred into the Bradford South and West Musculoskeletal Service were triaged by clinicians. Any referrals identified as inappropriate were returned to the referring GP. Of the remaining patients around 10% were triaged directly to consultant led secondary care, 40-60% were dealt with by The Ridge Medical Practice GPs with enhanced roles, and the remainder seen by the Advanced Physiotherapy Practitioner led service. Of the 40-60% of patients seen by The Ridge Medical Practice around 10% of these required further support within secondary care.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs, and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate. One of the clinicians had specific experience with pain management and supported identified patients with chronic pain.
- The provider had previously identified increased waiting times for neurosurgery to support musculoskeletal patients. These increased waiting times led to ongoing clinical risks, and poor patient experiences. The provider had therefore examined ways to improve the patient pathway, reduce waiting times, and support clinical exchange and discussion between clinicians in their own service, and with consultants in the neurosurgery team from their local hospital NHS trust. Following discussions between the provider and the local neurosurgery team it was agreed that they would hold weekly, multidisciplinary team meetings. This provided a forum for advice and guidance and allowed the advance discussion of potential neurosurgery referrals. The process also improved continuity of care, and led to a reduction in wait time to the first outpatient appointment for surgery as referrals were made to a named consultant following the clinical discussion. Prior to the establishment of this multidisciplinary team meeting, patients referred on for neurosurgery waited an average of 44 weeks to start their treatment. Since these meetings began (June 2022) wait times for patients had ranged from 7 to 22 weeks, with an overall average of 14 weeks.

## Monitoring care and treatment

**The service was partially involved in quality improvement activity.**

- Information about care and treatment was used to make improvements. We saw that staff examined data regarding care and treatment and had made changes and improvements when required. For example, it had been identified that patients who attended pain management consultations required additional time due to the complexity of these clinician-patient discussions. As a result of this extra time had been allocated to these consultations.
- The service had previously made improvements through the use of completed audits. For example, a full two-cycle audit of *plantar fasciitis* patients (pain on the bottom of the foot, around the heel and arch) had been completed in

# Are services effective?

2018. However, during the COVID-19 pandemic the service had paused their audit activity due to the fall in numbers of patient being referred, and because of the need for clinicians to concentrate activity on supporting frontline clinical activities. We saw that the service had begun to plan for the reinstatement of clinical audits and proposed to undertake audits in 2023 into opiates and magnetic resonance imaging for lumbar spine patients.

- The provider closely monitored care and patient outcomes and reported on this on a regular basis. For example, in 2021/22 16% of patients were discharged after their first appointment, and 10% of patients had been referred on to secondary care.

## 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.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained.
- Clinical staff had the opportunity to share learning at quarterly governance meetings.
- Staff were encouraged and given opportunities to develop.

## Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, the provider met on a weekly basis with Advanced Physiotherapy Practitioners who co-delivered the Bradford South and West Musculoskeletal Service with them. The provider also met on a weekly basis with consultants from the neurosurgery service to discuss patient care.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being referred to more suitable sources of treatment where this was appropriate, such as directly to secondary care.
- The provider had risk assessed the treatments they offered.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The provider had moved to a new system of service delivery which put the musculoskeletal service at the centre of patient care, and they were able to coordinate care with other services such as pain rehabilitation, pain intervention and spinal surgery.
- The service monitored the process for seeking consent appropriately.

## Supporting patients to live healthier lives

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

- Where appropriate, staff gave people advice so they could self-care.

# Are services effective?

- Risk factors were identified, highlighted to patients and to their normal care provider for additional support. The provider recognised the importance of the promotion of healthy lifestyles to support musculoskeletal health, and psycho-social assessments were built into the patient pathway throughout the service. When appropriate, the provider signposted patients for additional support via social prescribing pathways.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making. This included consent decisions for children over the age of 12 years who had access to the service.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

# Are services caring?

## **We rated caring as Good because:**

Treatment delivered to patients was done so with care, dignity and compassion, and patients were involved in decisions about the care and treatment they received.

### **Kindness, respect and compassion**

#### **Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care patients received via survey questionnaires.
- Feedback from patients about the way staff treat people was positive. For example, 2022/23 survey feedback in respect of face to face consultations showed that 92% of patients felt that they were usually or always treated with dignity and respect.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. For example, staff discussed communication and accessibility needs at the first point of contact with the patient. In addition, the use of a shared clinical record allowed the provider to identify potentially vulnerable patients.
- The service gave patients timely support and information.

### **Involvement in decisions about care and treatment**

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

- Staff helped patients to be involved about their care and treatment.
- Interpretation services were available for patients who did not have English as a first language. Patients were also able to access language support from multi-lingual staff who worked at the service.
- Information leaflets were available in easy read formats, to help patients be involved in decisions about their care. We saw that hearing loops were also installed in the delivery sites.
- 2022/23 survey feedback in respect of face to face consultations showed that 87% of patients felt that the service was either satisfactory, good or very good at involving them in decisions about their care and treatment.

### **Privacy and Dignity**

#### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

# Are services responsive to people's needs?

## We rated responsive as Good because:

Services provided were responsive to patient need, and waiting times for services were effectively managed.

## Responding to and meeting people's needs

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

- Staff understood the needs of their patients and improved services in response to better meet those needs. For example, they recognised the need to amend appointment times for patients with complex pain problems, and had therefore increased these appointment times which allowed longer clinician/patient discussions. The provider was at the time of inspection working to develop a package of information to support patients around pain management and individual expectations in relation to pain.
- The facilities and premises were appropriate for the services delivered.
- The service had a dedicated support team with a direct dial contact number, this meant patients had no requirement to use The Ridge Medical Practice GP staff and main telephone number to contact the service.
- The provider offered choices in respect to delivery locations, and urgent appointments were available when identified at triage.
- Whenever possible there was continuity of clinician care provided throughout the patient journey.

## Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimised and managed appropriately. Data from the provider showed that waiting times from referral for the first 9 months of 2022/23 ranged from 11 to 16 weeks, which was below the 18-week target set for the service.
- Patients reported that the appointment system was easy to use. For example, 96% of patients who had received a face to face appointment in 2022/23 and who had fed back to the service, said that their appointment was either satisfactory, good or very good in respect to convenience.
- Referrals and transfers to other services were undertaken in a timely way.

## Listening and learning from concerns and complaints

### **The service took complaints and concerns seriously and responded/did not respond to them appropriately to improve the quality of care.**

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaint policy and supporting procedures in place. Lessons were learned from individual concerns, complaints and from the analysis of trends.

# Are services responsive to people's needs?

- We saw that the service had received 1 complainant in the previous 12 months. We examined this in detail and saw that it had been investigated thoroughly, and that the provider had communicated openly and transparently with the complainant.

# Are services well-led?

## We rated well-led as Good because:

Management and governance processes were in place to support the safe and effective care and treatment of patients.

### Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and the future of the service. They understood the challenges and were addressing them. For example, we saw how the provider had sought to reduce waiting times and improve information sharing by holding weekly meetings with consultants from the local neurosurgery spinal injuries team.
- We heard from staff that leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive care.

### 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.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy. We saw that the provider had developed a detailed performance management dashboard which included the musculoskeletal service.

### Culture

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

- Staff felt respected, supported and valued.
- The service focused on the needs of patients. The provider told us that they delivered holistic patient care which recognised the importance of promoting lifestyle change to drive the recovery process.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. They told us that they constantly sought ways to improve the service and through this, maximise outcomes for patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. We saw that complaints were answered in detail and carried information how to escalate concerns if the complainant was still unsatisfied with the response. The provider was aware of, and had systems to ensure compliance with, the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff had received appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical and non-clinical staff were considered valued members of the team.
- Staff were given protected time for professional development and mandatory training.

# Are services well-led?

- There was a strong emphasis on the safety and well-being of all staff. The provider had received and maintained the Investors In People (IIP) award. This included both the GP service and the musculoskeletal service. Details from the last IIP review undertaken in November 2022 showed some high levels of staff satisfaction. For example, 90% agreed The Ridge Medical Practice was a great place to work. However, other areas were identified as needing additional work, such as staff feeling inadequately recognised or rewarded.
- The service actively promoted equality and diversity. Leaders identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training.
- Staff reported positive relationships with the management team.

## Governance arrangements

### **There were clear responsibilities, roles and systems of accountability to support good governance and management.**

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The musculoskeletal service held quarterly governance meetings which were minuted. In addition to clinicians these meetings were also attended by a member of the administrative support team.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address current and future risks which included risks to patient safety. The provider closely monitored performance and key compliance criteria. A dashboard had been developed to support this work. We saw that issues were discussed at the quarterly governance meetings.
- The service had processes to manage current and future performance. Leaders and managers had oversight of safety alerts, incidents, and complaints.
- Past clinical audit had a positive impact on quality of care and outcomes for patients, and there was evidence of action to change services to improve quality. However, it was noted that clinical audit work had been paused over the COVID-19 pandemic period. We saw the provider had drawn up plans for clinical audits to be undertaken in 2023.
- The provider had plans in place and had trained staff for major incidents.

## Appropriate and accurate information

### **The service acted on appropriate and accurate information.**

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



# Are services well-led?

## Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from patients, staff and external partners and acted on them to shape services and culture. For example, feedback was sought from all patients regarding the care and treatment they had received.
- There were systems to support improvement and innovation work. We saw that the provider was in the process of reintroducing clinical audits to support improvement work.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. Staff informed us that they felt their views were listened to by the provider, and that actions would be taken.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

### **There was evidence of systems and processes for learning, continuous improvement and innovation.**

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents 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.