

# Banes Enhanced Medical Services + Limited Midford House

## Inspection report

Midford House,  
St Martins Hospital  
Clara Cross Lane  
Bath  
Avon  
BA2 5RP  
Tel: 01225 474274  
Website: [www.bems.uk.com](http://www.bems.uk.com)

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### Ratings

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

### Overall summary

**This service is rated as Good overall. (This was their 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? – Outstanding

We carried out an announced comprehensive inspection at Banes Enhanced Medical Services + Limited at Midford House as part of our inspection programme. The organisation provides a wide range of services including fracture clinics, dermatology clinics, deep vein

# Summary of findings

thrombosis (DVT) diagnostics, vasectomy surgery an earlier Home Visiting Service, and a Patient Referral Support Service to the whole of the population in the locality.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Midford House provides a referral support service which are not within CQC scope of registration. Therefore, we did not inspect or report on this service.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of diagnostics and screening, surgical procedures, maternity and midwifery and the treatment of disease, disorder and injury.

Thirty three patients provided written feedback about the organisation, via CQC Comments Cards. We also spoke with 14 patients during our inspection. All patients commented on the high standard of care provided by clinical staff as well as the kindness and courtesy offered by reception staff. All patients said they felt involved in decision-making about the care and treatment they received. They told us they felt listened to and supported by staff, and with 15 minute appointments in improving access for example, they had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

## Our key findings were:

- The provider provided care in a way that kept patients safe and protected them from avoidable harm.
- There were comprehensive systems to keep people safe, which take account of current best practice.
- Services were planned and delivered in a way that met the needs of the local population. The importance of flexibility, choice and continuity of care was reflected in the services provided.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The provider organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

We saw the following outstanding practice:

- The provider was an integral part of the local community and actively promoted the health of the population. Feedback from patients was consistently positive about the service they received from them
- The culture of the provider and the way it was led and managed drove the delivery and improvement of high-quality, person-centred care.
- Leaders had an inspiring shared purpose, striving to deliver and motivate staff to succeed. There was a strong culture of continuous improvement.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP** Chief Inspector of Primary Medical Services and Integrated Care

# Midford House

## Detailed findings

### Background to this inspection

The Bath and North East Somerset Enhanced Medical Services (BEMS+), based at Midford House in Bath is a local not-for-profit organisation that works across the community to improve patient care through providing high quality community based clinical services and by linking together local General Practices to help develop and provide those services.

They have an Alternative Provider Medical Services (APMS) contract to enable them to provide primary medical services within their area. They also have a standard NHS contract to provide other NHS Services.

The organisation is funded by the NHS to provide a wide range of services including fracture clinics, dermatology clinics, deep vein thrombosis (DVT) diagnostics, vasectomy surgery, an Earlier Home Visiting Service, and a Patient Referral Support Service to the whole of the population in the locality.

- The Fracture and soft tissue injury clinics were held across two sites, the Paulton Hospital and the BMI Bath Clinic. Patients could access X-rays, plaster and a physiotherapy service at these locations.
- The Deep Vein Thrombosis (DVT) diagnostic clinic was provided at the Combe Down GP Surgery in Bath. They employed a sonographer (a specialised healthcare professional) three days a week who was able to carry out ultrasound tests to identify a DVT.
- The dermatology clinics were held weekly at two GP practices, one in Bath and another in Paulton. These clinics were held by two GPs with a special interest in dermatology. The purpose was to triage specific conditions for appropriateness to secondary/primary care and then treat patients with a wide range of skin

conditions. If the condition requires removal, biopsy or further tests this can be carried out in the clinic as a 'one stop' service for patients. The GPs worked closely with the Dermatologists at the Royal United Hospital in Bath.

- There were vasectomy clinics held three times a month at two GP surgeries, one in Bath and another in Paulton. Patients were counselled by their own GP and then referred to the clinics. Follow up appointments are carried out by the BEMS+ staff.
- The Earlier Home Visiting service was provided by a specialist paramedic and a General Practitioner. All GPs in Minerva, Independent practices and Norton Radstock could refer patients to the service. Patients were triaged by their own GP and if an early visit was required they were added to a list held by BEMS+ where a home visit was requested and completed.
- The service also provided an Improving Access (IA) service on behalf of all GP practices in B&NES. This service was for patients needing routine, bookable in advance, GP or nurse appointments outside of normal GP Practice opening times. Appointments were available between the hours of 6.00pm and 9.00pm on weekdays, and 8.00am to 12.00 midday on Saturdays and Sundays. The service operated from sites in Bath, Paulton and Keynsham.

Their work also includes improving online access for GPs to the patient record through the use of mobile computing technology. BEMS+ works with other community providers including the Royal United Hospital, Virgincare, South Western Ambulance Service NHS Foundation Trust (SWASFT) and B&NES (Bath and North and East Somerset) local authority.

# Detailed findings

BEMS+ are registered with CQC to provide regulated activities: diagnostics and screening, surgical procedures, maternity and midwifery and the treatment of disease, disorder and injury.

BEMS+ provides the clinical services in five host locations situated in the local community reducing the need for patients to visit large acute hospitals in the locality. The host clinical sites include community hospitals, GP practices and The Bath Clinic.

The service management team operates from the headquarters at Midford House, St. Martins Hospital, Midford Road Bath, BA2 5RP.

The GPs, nurses and healthcare staff delivering these services were employed by BEMS+, self employed or sub contracted from practices, Virgin Care and the Bath Clinic.

On this inspection we visited the headquarters at Midford House and:

The vasectomy and dermatology clinic at; -

Elm Hayes Surgery

Clandown Road

Paulton

Bristol

Avon

BS39 7SF

The Fracture Clinic at: -

Paulton Community Hospital

Salisbury Road

Paulton

Bristol

Avon

BS39 7SB

The Improved Access surgery at: -

The Oldfield Surgery

45 Upper Oldfield Park

Bath

Avon

BA2 3HT

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?

## Our findings

### We rated safe as Good because:

#### Safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. For example, the safeguarding leads for adults and children had been trained to adult safeguarding levels three and four. All staff received up-to-date safeguarding and safety training appropriate to their role. Staff knew how to identify and report concerns. All GPs had trained. All nurses in BEMS+ had level two local authority safeguarding adults training that equates to level three health safeguarding adults training. There was acknowledgement that nurses would be working towards level three in health but accessing this training locally had been an issue but in the meanwhile the safeguarding leads would ensure that staff were aware of their responsibilities through training.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (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). Staff who acted as chaperones were trained for the role and had received a DBS check.
- The provider conducted their own safety risk assessments at each location used for their services. It had appropriate safety policies, which were regularly reviewed and communicated to staff. Safeguarding information was also available on the notice boards at the headquarters as well as the sites used to deliver services. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training.

- There was an effective system to manage infection prevention and control across the different sites. The provider would visit each location used to host its services and carry out further audits and report any concerns to the practice manager of that location. Follow up processes were in place.
- The provider ensured through additional audit by the BEMS+ operations manager, that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

#### Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for 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.
- BEMS+ staff had access to the emergency equipment held by the host practices. They ensured through audit this equipment was within the Resuscitation Council UK guidelines and the guidance on emergency medicines is in the British National Formulary (BNF).
- There were appropriate indemnity arrangements in place to cover all potential liabilities

#### 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.

## Are services safe?

- The provider had delivered systems that allowed for the sharing of information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

### Safe and appropriate use of medicines

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

- Only a small number of medicines were used by the provider. Additional supplies were kept securely at the headquarters with temperature records maintained to demonstrate effective storage for all medicines. Records of medicine use were linked to patient records and consent forms in each patient electronic record. The operations manager stated that a new medicine storage fridge was being sourced to improve medicine storage. Following the inspection we were informed by the provider that a new storage fridge was in use.
- Prescription stationary was securely stored in locked cupboards and records maintained of batch numbers and the whereabouts of the prescription pads.
- Emergency medicines could be accessed at each site the provider used. The responsibility for maintaining and checking this equipment lay with the host provider but BEMS+ staff completed additional checks of these medicines and equipment.
- We spoke with GPs who confirmed they could access formularies for prescribing guidance. We were informed that prescribing patterns of BEMS+ GPs were monitored and reported to the management executive committee.

### Track record on safety and incidents

**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.

### 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.
- There were 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, following misplaced correspondence, the provider now logged the date in the patients record when they posted the patient a copy of the clinic discharge letter to their GP. This was to help evidence to the patient a letter had been sent.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents
- The service acted on and learned from external safety events as well as patient and medicine 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?

(for example, treatment is effective)

## Our findings

**We rated effective as Good because:**

**Effective needs assessment, care and treatment The provider had systems to keep clinicians up to date with current evidence based practice.**

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate 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.

### Monitoring care and treatment

The provider had a comprehensive list of audit activity, these included: -

- Health and safety, Infection Control, Disability Discrimination Act adherence, and Fire Safety audits completed annually, with a follow up audit six months later for all the sites where their services were based.
- Patient surveys for all services were handed out to patients. The results were collated quarterly and reviewed at the service Clinical Governance meetings and with the Clinical Governance Committee and the Management Executive Committee.
- National Institute for Health and Care Excellence (NICE) and the Medicines and Healthcare products Regulatory Agency (MHRA) alerts are recorded and sent to relevant staff.
- Child and Adult Safeguarding audits were completed quarterly.
- 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.

### 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)/ Nursing and Midwifery Council and were up to date with revalidation
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- We spoke with staff who said they were prompted to complete statutory and mandatory training requirements when refresher dates were due. Staff added that the quality of training was good and online training could be accessed by an online portal.
- Training records demonstrated that staff employed by BEMS+ had completed statutory and mandatory training and staff who had been absent from work were prompted to complete training before returning to work.
- The provider also maintained spreadsheets to demonstrate that staff contracted by BEMS+ had completed training in safeguarding, information governance and basic life support. Disclaimers were signed by these staff to confirm they had also received additional training with existing employers.

### Coordinating patient care and information sharing

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

- We were given many examples of working with other services and saw that the provider did so when necessary and appropriate. For example, the provider liaised with patients, GPs, external healthcare providers, CCGs and NHS departments.
- All patients were referred by the patient's own GP, Minor Injury Unit, Royal United Hospital Emergency Department and Urgent Treatment Centre. and follow up information was returned to their practice. The organisation were also able to access and use patient electronic records.

### Supporting patients to live healthier lives



# Are services effective?

(for example, treatment is effective)

## **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. The 15 minute appointments within the improved access service allowed for this.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.

## **Consent to care and treatment**

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

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



# Are services caring?

## Our findings

**We rated caring as Good because:**

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

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

- Feedback from patients was positive about the way staff treat people
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

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

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

- 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. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.

- Patients told us through comment cards and interviews, 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.

### **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.
- Time was spent with patients both pre- and post surgical procedure carefully explaining the after care, recovery process and options to reduce any anxieties they may have.
- The provider had access to written information and advice resources for patients that they could take away with them to refer to at a later time.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated responsive as Good because:**

### **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.**

- The provider demonstrated to us on the day of inspection they understood the needs of the local health community and had used this understanding to fill health care gaps, support additional services and meet patient needs through consultation and care delivery.
- The facilities and premises used were appropriate for the services delivered.
- Adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, by holding clinics in rural areas, and providing transport for patients attending the DVT clinic.

### **Timely access to the service**

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

- BEMS+ worked with other health care providers to identify gaps in service provision and delivered support services to patients reducing the pressure on GP practices.

### **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. 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 complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.
- The provider had received three complaints in the last year and kept detailed records to monitor any trends and record actions taken. We saw that these complaints had been managed in an open, transparent and reflective way. Patients had been given explanations and external organisations involved in investigations where appropriate.
- We were told that patients would be given an apology should this be required and involved in any investigation if appropriate.

# Are services well-led?

Outstanding 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

## Our findings

### We rated well-led as Outstanding because:

- The provider was an integral part of the local community and actively promoted the health of the population through the provision of GP led clinics allowing quicker access for treatments.
- Feedback from patients was consistently positive about the service they received.
- The culture of the provider and the way it was led and managed drove the delivery and improvement of high-quality, person-centred care.
- Leaders had an inspiring shared purpose, striving to deliver and motivate staff to succeed. There was a strong culture of continuous improvement.

### Leadership capacity and capability;

The Bath and North East Somerset Enhanced Medical Services (BEMS+) is a community benefit society. All 24 General Practices and staff in Bath and North East Somerset were members.

There were three groups involved in the running of the organisation:

- The Steering group which involved members drawn from the public, patients and staff. This group supervised the direction the organisation was taking and ensured that the voice of the public and patients was heard.
- The Management Executive Committee (MEC) based at Midford House. This group included the CEO (Chief Executive Officer), the Clinical Governance Director, Business Director and the Human Resources Director. Clinical Governance lead and the Business Director. It was responsible for day to day running of the services and business.
- The Council which had a membership of five GPs, each elected by their own locality, a CEO, a practice nurse and salaried GP each elected by their own locality cluster group of General Practices, and a chairman.

There were organisational responsibilities within the organisation and communication was effective across the

staff team. Staff said the leadership team were good to work with and added that this was due to the approachable nature of the head office senior management team.

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Staff employed by host providers told us that communication was very good with staff from BEMS+. Staff added that senior staff from BEMS+ were approachable, receptive and keen to provide a good service.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

### Vision and strategy

#### The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners. For example, BEMS with the CCG Medicines Management Team reviewed the Deep Vein Thrombosis (DVT) pathway to ensure that it complied with NICE Guidance. This resulted in the referral forms, flow diagrams and sub contracts with B&NES CCG GP practices being adapted. This was discussed at a GP Forum and an article was written in the BEMS newsletter. This process began in April 2017 when practices in outer Bath started using Rivaroxaban (a blood thinning medicine) for the majority of patients with a suspected DVT. By October 2017 all practices in B&NES were using this medicine with 92% of patients being anticoagulated prior to their DVT scan in line with the agreed pathway.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them

# Are services well-led?

Outstanding



(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

- The service monitored progress against delivery of the strategy. Examples being: -
- As a result of patient and staff feedback they increased the number of fracture clinics to meet demand, reduce waiting times and prevent clinics being over booked. BEMS had always provided fracture clinics on a Tuesday and Thursday but added an additional clinic on a Wednesday. This gave patients more choice over which day they could attend and prevented the clinics being too full.

## 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.
- There were consistently high levels of constructive staff engagement and staff at all levels were actively encouraged to raise concerns. The practice operated a 'no blame' culture for raising concerns, with the focus being on outcomes, learning and improving quality.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.

- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## 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.

## Managing risks, issues and performance

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

- There were clear lines of accountability with regard to the governance and oversight of premises and facilities. The provider offered its services at a selection of other buildings including community hospitals and GP practices.
- We looked around the environment and saw that they were well maintained, and equipment was readily available for use. We looked at the inspection reports of these services and saw that no concerns had been identified by CQC.
- There was effective communication and agreements in place to ensure health and safety, fire safety and infection prevention and control audits were completed, and effective safety maintained. For example, annual formal environmental audits were performed by the provider with actions given to the host. These actions were then followed up formally at six months or before if required. Detailed records of checks and correspondence were maintained.

# Are services well-led?

Outstanding 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

## Appropriate and accurate information

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

- 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 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.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. For example, all patients for each clinic were provided with

a patient satisfaction questionnaire and results were reviewed quarterly. We were provided with the results of each of these clinics and saw that comments had been responded to.

- The organisation was an integral part of the local community and actively promoted the health of the population and feedback from patients was consistently positive about the service they received from BEMS+.
- 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. For example, a GP was able to adjust a clinical referral form to ensure sufficient information was obtained, before the patient was seen. In addition, an administrator was able to develop recruitment and training spreadsheets to improve the efficiency of the service. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

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

- BEMS+ had been chosen to represent their achievements in the 2019 Health and social work parliamentary review.
- There was a focus on continuous learning and improvement. BEMS+ had launched the community education provider network (CEPN) in 2017 to provide training for practice nurses. They had also recognised the importance of healthcare assistants (HCAs) working in GP practices and by introducing bi-monthly training forums and expanding the training to include them they were encouraged to develop new skills and progress to nurse training.
- 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 were systems to support improvement and innovation work.