

# Connect Health Pain Services Limited - NWCATS MSK

## Inspection report

The Lightbox  
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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?		Outstanding	

# Overall summary

This service is rated as Good overall and Outstanding for the well-led key question.

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 Connect Health Pain Services Limited - NWCATS MSK as part of our comprehensive inspection programme.

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. Connect Health Pain Services Limited - NWCATS MSK provides physiotherapy services, which are not within CQC's scope of registration. Therefore, we did not inspect or report on these services.

The Director of NHS Services 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.

At this inspection we found:

- The service had good 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.
- The leadership, management and governance of the organisation assured the delivery of high-quality and person-centred care, supported learning and innovation, and promoted an open and fair culture. They responded to incidents and learned lessons that they shared across the organisation, for example with the implementation of a new clinical governance structure.
- We found high levels of staff satisfaction and confidence in their seniors.
- Leaders collaborated with external partners in order to improve their service.
- There were arrangements in place to support good governance and management. The service has an in-depth knowledge of their own performance. Where areas for improvement were identified the service developed and implemented action plans to support improvements.
- The provider had a strong focus on continuous improvement and innovation, with the aim of improving the quality of the services they delivered.

**Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA**

# Overall summary

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

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a CQC specialist adviser.

## Background to Connect Health Pain Services Limited - NWCATS MSK

Connect Health Pain Services Limited - NWCATS MSK has one registered location based in Newcastle where regulated activities are managed from. This is a call centre and staff here manage calls and signpost patients to the correct service. The address is:

The Light Box

Quorum Business Park

Benton Lane

Newcastle-upon-Tyne

Tyne and Wear

NE12 8EU

<https://www.connecthealth.co.uk/>

There is a second service registered at this address which is run by Connect Health Limited. This service has similar contracts and is registered separately with CQC, as the service is a separate legal entity, however both services are run together.

Patients are seen at locations nationally in venues such as GP practices/health centres/acute trusts and gyms. The registered location is predominately a non-clinical office space including a call centre and physio line. There is one clinical room that is used for occupational health services provided for Connect Health staff.

The provider is an independent provider of integrated community MSK (musculoskeletal) and physiotherapy services in the UK (including orthopaedics, pain, rheumatology, well-being) serving over 350,000 NHS patients per year from both services. Physiotherapy services are outside the scope of regulation under the Health and Social Care Act 2008 and as such, we did not inspect them.

Connect Health Pain Services Limited - NWCATS MSK provides a specialised Community Pain Management Service (CPMS) to over 30,000 patients per year. The pain service offers patients appointments that are accessible offering patient choice across different sites, resources to support and sustain self-help, access to a multidisciplinary team, (including physiotherapists, psychologists, nurses, doctors, pharmacists and occupational therapists), and integration with other community physical and mental health providers including voluntary sector groups.

The service has a dedicated call team from Monday – Friday between 8.30am– 6pm, with some Saturday clinics.

The provider employs a range of staff including doctors, nurses, call handlers, administrative staff and management.

Connect Health Pain Services Limited - NWCATS MSK is registered with CQC for the regulated activities of Treatment of disease, disorder or injury, Diagnostic and screening procedures, Transport services, triage and medical advice provided remotely,

Connect Health Pain Services Limited - NWCATS MSK works closely with primary, community, third sector and secondary care partners using local guidance and pathways.

### How we inspected this service

We gathered and reviewed information prior to the inspection from stakeholders, provider information returned to us and staff questionnaires.

During the inspection methods we used were, we interviewed staff, reviewed documents and made observations during the site visit. We carried out a virtual tour of one of the venues where services are provided.

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 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. They had 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.
- There were always staff on duty where staff could obtain advice about safeguarding. These were trained to safeguarding level 4. This was in addition to the national safeguarding lead in the service. 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).
- 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.
- There was an effective system to manage infection prevention and control. The provider had an Infection Prevention and Control Committee which met bi-monthly. We saw infection control and hand hygiene audits. Operations managers were involved in and oversaw this process.
- 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 were no fluctuations in demand, this was quite steady and made it easier to model services. The provider used a digital solution which helped plan the patient flow which was based on historic information across services.
- There was an effective induction system for temporary 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. 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.

- The service had systems for sharing 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.

# Are services safe?

## Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines minimised risks. The provider had a medicines management group and a governance lead. The service kept prescription stationery securely and monitored its use. Arrangements were also in place to ensure medicines were stored appropriately.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- 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.

## 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. They had a risk register with risks graded and actions recorded which were discussed at senior leadership meetings. This helped them 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. Safety alerts were dealt with by the clinical governance team and the dedicated inbox was checked daily. They were then cascaded as necessary to appropriate staff for action and recorded at monthly governance meetings.

## Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. This was in line with the NHS England serious incident framework. 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. Whilst there had been no serious incidents, the service did have a process in place to consider learning from other incidents which had not resulted in serious harm. There had been reviews of 6 incidents for the service to take learning from, to see if there was more that could have been done for the patient. This included a patient with a reaction to a medicine.
- 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.
- The provider took part in end to end reviews with other organisations. Learning was used to make improvements to the service.

# 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 appropriate to their speciality and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed.
- Telephone assessments were carried out using a defined operating model. Staff were aware of the operating model which included the transfer of calls from call handler to clinician.
- 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. Connect Health Pain Services Limited - NWCATS MSK told us that services were designed based on population data that included details on protected characteristics. The service held patient engagement and feedback forums to support ongoing service development. For example:

- Clinicians were trained in mental capacity awareness and how to improve communication to support understanding and retention of information.
- We saw no evidence of discrimination when making care and treatment decisions.
- 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.
- Connect Health Pain Services Limited - NWCATS MSK had introduced the Black and Asian Minority Ethnic (BAME) network as part of their Equality, Diversity and Inclusion strategy.
- 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.
- Technology and equipment were used to improve treatment and to support patients' independence. This included a range of digital tools to monitor the performance of the service.
- Staff assessed and managed patients' pain where appropriate.

## **Monitoring care and treatment**

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

- Every service had key performance indicators from their commissioning body. Performance dashboards were used to proactively manage the quality of services including safety, patient outcomes and patient experience. Each service completed a quality report each quarter, which was consolidated into a national report and was reviewed at a clinical governance committee and a quarterly quality review meeting. We saw examples of the reports with key performance indicators and the services were almost always meeting their targets.
- Where the service was not meeting their target, the provider put actions in place to improve performance in this area. Performance of the service was visible and digitally managed. This included a clinical dashboard where staff could see their own performance data and live platforms showing appointments and outcomes. NHS England (NHSE) dashboards were utilised to identify future risk and performance. The service had worked with NHSE to pilot their Statistical Process Chart dashboard and had incorporated this into their own monthly operations dashboard.



# Are services effective?

Where appropriate, clinicians took part in local and national improvement initiatives. The provider supplied us with information which indicated good ongoing organisational and clinical development and project work.

The audits we saw were single cycle, these included:

## Audit of diagnostic Imaging

- The aim of the audit was to evaluate the quality of diagnostic imaging referrals made against the Royal College of Radiology and Connect Health Pain Services Limited - NWCATS MSK diagnostic guidelines for quality and to ensure organisational requirement under ionising radiation medical exposure requirement (IRMER) were met.
- A total of 75 requests were audited which included 25 each of magnetic resonance imaging (MRI), X-ray, and ultrasound requests, then compared to the previous year.
- The findings were that the clinicians were following the guidelines and the compliance score was 98.66%. There was an action plan devised for improvement of the requests for diagnostic ultrasound scans and rheumatological investigations.

## Audit of injection therapy

- The aim of the audit was to evaluate quality of clinical records for the recording of injections administered by clinicians.
- Analysis of the records included looking at, for example, if consent was recorded, locations of injection recorded, and patient information leaflet and aftercare was recorded.
- Findings were a 100% completion rate, with an 89.29% compliance rate with standards overall within the audit.
- A root cause analysis was carried out to identify where improvements could be made, and an action plan put in place.

## Audit of clinical notes

- An audit was carried out on record keeping standards, of 90 patients, to see how the records compared to the criteria set.
- The audit found that there was a 100% compliance with all standards, apart from 78.4% compliance on the use of abbreviations.

Project improvement reports included:

## Getting it right first time

- This included reviewing a patients journey through the service, reviewing notable practice and areas for improvement.
- It was found that best practice was followed with good outcomes.
- Improvements outlined in an action plan included, quicker access to follow up appointments and clearer goal setting and expectations.

There were projects on knee group consultations, health literacy, a waiting list project and operational quality improvement.

At the provider's head office there was a wall which celebrated the research publications which had been written by colleagues in the service. This included:

# Are services effective?

- A musculoskeletal risk stratification tool which informed discussion about face-to-face assessment during the COVID-19 pandemic. This had enabled the safe and appropriate return of patients to face-to-face clinics during the COVID-19 pandemic.

## 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, information governance and complaint handling.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required. All health care professional staff had clinical supervision; non-clinical staff had one to one meetings. The service had a 94% compliance rate against their target of 90% for their mandatory staff training.
- The provider understood the learning needs of staff and provided a minimum of 5% protected time for clinical staff to receive continuous professional development. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- All staff at Connect Health Pain Services Limited - NWCATS MSK were able to access their Statutory and Mandatory training as well as Health and Safety and relevant leadership modules via an e-learning platform known as 'The Hub'. This platform allowed easy allocation and tracking of e-learning training throughout the business.
- Connect Health Pain Services Limited - NWCATS MSK had set up an educational facility for staff known as the Academy. This 5-year plan (2020 – 2025) was introduced and delivered post graduate education and continued professional development (CPD) outside of higher education institutes (HEI's) in the healthcare industry. It refers to education that was delivered through the National Education Team via remote and face to face means. Connect Health Pain Services Limited - NWCATS MSK aimed for all education, both clinical and non-clinical, to be delivered through this medium to maintain quality and consistency in content and delivery to improve patient care. Each session was delivered by a member of the Academy Faculty, which was made up of 70 Connect Health Pain Services Limited - NWCATS MSK colleagues from multiprofessional backgrounds.
- Connect Health Pain Services Limited - NWCATS MSK also made use of virtual classrooms for informal learning.
- The service also utilised social media for colleagues to post useful information that staff members could engage with at any time.
- The provider facilitated undergraduate placements to help develop staff for the future.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

## Coordinating patient care and information sharing

Staff worked together and worked well with other organisations to deliver effective 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, for example their GP and secondary care Consultant. 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. There were established pathways for staff to follow to ensure callers were referred to other services for support as required, for example mental health services.
- 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 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.

# Are services effective?

- There were clear and effective arrangements for booking appointments and transfers to other services. Staff were empowered to make direct referrals and appointments for patients with other services.

## **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.

- The service identified patients who may be in need of extra support, this included support for patients with mental health needs.
- The service had a strong focus on holistic care and signposted patients to social prescribing and self-management plans.
- 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, for example for patients with long term conditions.
- 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.

- 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.
- The service sought feedback on the quality of clinical care patients received.
- The service gave patients timely support and information. Call handlers gave people who phoned into the service clear information. There were arrangements and systems in place to support staff to respond to people with specific health care needs such as those who had mental health needs. Staff told us that they had been trained to identify patients with mental health needs.
- The service used the NHS Friends and Family Test as their core patient survey results. This showed that 85% of those who responded rated the service as Good or above, this was based on 39,000 ratings in the last 12 months. The most common themes of positive comments left were, good, helpful service and positive comments regarding the timeliness of appointments.
- There were 65 compliments received by the service in the last 12 months. The service provided us with examples of testimonies from patients who had been treated by the service.
- Connect Health Pain Services Limited - NWCATS MSK provided care to diverse populations with protected characteristics and diverse needs and with diverse socioeconomic statuses. In order to ensure that the service delivery was inclusive they had created an equality, diversity and inclusion promise with targets to improve diversity and inclusion within the organisation and to improve cultural awareness and acceptance. This was called the Bee Yourself campaign.

## **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. There were 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.
- 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 to 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). Connect Health Pain Services Limited - NWCATS MSK offered the following:

For patients who did not have English as a first language:

- On demand digital interpretation and in services with high demand they had interpreters on wheels in hub sites.
- Access to core patient resources in several languages and the website was translatable.

# Are services caring?

- Enabled advocate self-referral.
- Digital online self-referral and digital triage tool – although not available in other languages at the moment some patients could read but not speak English and had found it helpful.

For those with hearing and speech problems:

- Hearing loops were in all clinics.
- Digital or face to face British Sign Language interpreters were provided.
- Text relay services were rolled out for virtual conversation – this could be used when contacting the Patient Care Coordination Centre (PCC) or during a non-face to face consultation with a clinician.
- Enabled advocate self-referral.
- Digital online self-referral and a digital triage tool were available.

For those with sight impairment:

- Patient resources in audio format.
- Enabled advocate self-referral.

Disabled access:

- All the sites were assessed for accessibility.

Health Literacy:

- All patient materials and communications were tested in line with health literacy guidance.
- 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 always respected confidentiality.
- 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 being Responsive**

## **Responding to and meeting people's needs**

The provider organised and delivered services to meet patients' needs. They 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. We saw examples of health inequalities action plans which were tailored to a specific area where services were provided.
- The provider improved services where possible in response to unmet needs. For example, they had introduced a counselling service in response to mental health needs.
- The provider supported public health campaigns such as 'Flippin pain'.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. This included patients who were subject to safeguarding issues or on the end of life pathway.
- The facilities and premises were appropriate for the services delivered.
- The service was responsive to the needs of people in vulnerable circumstances.
- The service made reasonable adjustments when people found it hard to access the service.

## **Timely access to the service**

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

- Patients were able to access care and treatment at a time to suit them. The service operated from Monday to Friday 9am to 6pm, with some Saturday working.
- Referrals for musculoskeletal problems and pain were made by primary care and were then clinically triaged to ensure the correct service was provided.
- Where the service was not meeting the performance targets, the provider was aware of these areas and we saw evidence that attempts were being made to address them. For example, the service used the 'make every contact count' policy and focussed on wellbeing, holistic care as opposed to the medical model approach.
- Waiting times, delays and cancellations were minimal and managed appropriately. This was monitored by the service who utilised digital performance dashboards. Most recent figures indicated that the average wait to intervention was 17 working days. 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. This included signposting to national guidance and community groups.
- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals and transfers to other services were undertaken in a timely way, via the clinical system.
- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## **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.

# Are services responsive to people's needs?

- The complaint policy and procedures were in line with recognised guidance. There were 32 formal and 92 informal complaints received in the last year. This equated to 0.11%, of formal complaints compared to all attendances (28,688) and 0.32% of informal complaints. In December 2022 the service had a session on complaints in one of their governance meetings.
- The service used the datix model which is a web-based incident reporting and risk management software programme for healthcare and social care organisations. Each complaint was assigned a handler and an investigator who was trained in investigations through the provider's training academy.
- The service had a complaint policy and procedures in place. We reviewed the complaints policy and found that this was appropriate. The service learned lessons from individual concerns, complaints and from analysis of trends. They acted as a result to improve the quality of care. For example;
- A complaint about the information a patient received about an appointment led to a new approach in how patients with disabilities were contacted.

# Are services well-led?

**We rated the service as outstanding for being well-led. The leadership and management of the organisation assured the delivery of high-quality and person-centred care, supported learning and innovation, and promoted an open and fair culture. Governance and performance management arrangements were proactively reviewed and reflected best practice. There was a truly holistic approach to assessing, planning and delivering care and treatment to people who used the services. The safe use of innovation and pioneering approaches to care and how it was delivered was actively encouraged. New evidence-based techniques and technologies were used to support the delivery of high-quality care. We were given examples of innovations which had been implemented in the service.**

## 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 were accessible throughout the operational period, with an effective on-call system that staff were able to use. Staff told us that leaders were driven and passionate about the service they provided.
- The provider had effective processes to develop leadership capacity and skills. They had invested in leadership and development training for all management roles. They had held a leadership day with managers where senior leadership talked about their vision of the service and about the business plan.
- The service carried out a staff engagement survey in September 2021. Results from this were analysed and team action plans formulated from it and changes made as a result of this.

## Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against the delivery of their strategy.
- The provider ensured that staff who worked away from the main base 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 were actively engaged in activities to monitor and improve quality and outcomes. Opportunities to participate in benchmarking, peer review and accreditation were proactively pursued. High performance was recognised by credible external bodies.



# Are services well-led?

- We received feedback via questionnaires from staff. These were all positive. Staff told us they felt respected, supported and valued. They were proud to work for the service and said there was a good team ethos. They said the service was very good at monitoring its own activity via various auditing.
- The service shared with us 5 case studies of staff who worked for the service and their experience of working there, they were all positive.
- The service focused on the needs of patients. They were constantly looking to reduce health inequalities, to make a difference to those using the service.
- Leaders and managers acted on behaviour and performance consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider had shared lessons learned about an incident they had investigated, and we were shown actions following this.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary. The provider participated in performance related pay to reward improvement.
- Clinical staff, including nurses, were considered valued members of the team. They were given protected 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. They 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.
- There was a freedom to speak up policy, members of staff were designated freedom to speak up guardians and this was promoted this via internal emails, posters and freedom to speak up campaigns.

## 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, comprehensive, understood and effective. There was a comprehensive clinical governance framework. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- The service were running a campaign to raise staff awareness and share knowledge and ideas of governance. There were virtual half hour “spotlight on governance” sessions each month.
- We were shown that Connect Health Pain Services Limited - NWCATS MSK had a governance meetings structure that included:

10 Board meetings annually; an integrated quality audit and compliance committee bi-monthly; an integrated quality audit and compliance group monthly; a clinical governance group monthly; quality improvement meetings, infection prevention and control meetings;

safeguarding meetings; medicines management meetings; patient safety and patient experience meetings; health and safety meetings; information governance meetings;

learning and development meetings; and, CQC compliance meetings. This helped ensure that staff at all levels in the organisation were valued and supported, staff were kept informed about issues across the entire service.

- We saw evidence of minutes and webinars where meetings had taken place.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

# Are services well-led?

- Leaders had established 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. The service had access to numerous digital platforms to enable them to monitor risk and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. There was a risk register with risks graded and actions recorded which were discussed at senior leadership meetings.
- The provider had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through audits of their consultations, prescribing and referral decisions. Leaders had oversight of Medicines and Healthcare Products Regulatory Agency (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 commissioning integrated care board (ICB) as part of contract monitoring arrangements.
- Quality improvement work had a positive impact on quality of care and outcomes for patients.
- 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 enough 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. The provider had devised various methods for staff to feedback. We were given examples that showed staff at all levels were able to contact senior leaders to ask questions.
- The service held a health inequalities presentation at a staff away day which was attended by over 300 staff. This focused on how, together with staff, the service could tackle health inequalities.
- A recent staff survey from 2021 showed that scores for leadership and inspiration were 7.1 out of 10 and health and wellbeing 7.1 out of 10.

# Are services well-led?

- Staff who worked remotely were engaged and able to provide feedback through many forums including weekly calls with the Director, regular 121's and staff meetings.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

The leadership of the service drove continuous improvement and staff were accountable for delivering change. Safe innovation was celebrated. There were clear and proactive approach to seeking out and embedding new ways of providing care and treatment.

- There was a focus on continuous learning and improvement at all levels within the service. The provider had developed the role of designated safeguarding officers across the organisation who were on call for staff who required advice. The designated safeguarding officers had protected time to perform this role.
- Staff knew about improvement methods and had the skills to use them.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance. Staff contracts included protected learning time.
- There was a strong culture of innovation evidenced by the number of pilot schemes the provider was involved in.
- The service had championed a public health initiative called “Flippin Pain” with the aim to empower individuals with chronic and persistent pain to have a better understanding of pain and to change the way people think about, talk about and treat it. The service ran a series of outreach events, a “brain bus” where visitors could explore the subject of pain, the human brain and their senses. Online resources were available, with webinars and podcasts, co-created by pain experts and people giving lived experience of persistent pain.
- Staff from the service had written a research paper which looked at the accessibility of pain management programmes for patients who spoke Urdu.
- Colleagues at the service had published research, this was celebrated at the head office with a wall where the research was displayed.
- One of the provider's staff who is the clinical integration and transformation innovation lead won the ‘Rising Star’ award at the Dynamo North East Tech Awards in 2022 for delivering a project called ‘DeCON’. This is a solution which automatically integrated pre-appointment information into the provider's electronic system with the objective of making consultations more efficient and personalised, with better clinical outcomes.
- The provider was nominated for two finalist places at the Health Service Journal (HSJ) awards in 2021. The category was for “Best Healthcare Provider Partnership” This was because of their collaboration with the NHS in the south of England where efficiencies and enhanced patient outcomes including reduced waiting times, improved satisfaction and cost savings.