

Walsall Urgent Treatment Centre

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

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

Overall summary

This service is rated as Good overall.

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 Walsall Urgent Treatment Centre (UTC) in response to concerns and complaints we had received about the service. This included areas linked to triaging, long waiting times, lack of communication and the suitability of the facilities and premises. The service had not been inspected since registering with Care Quality Commission (CQC).

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 treated people with compassion, kindness, dignity and respect.
- Patients were overall able to access care and treatment from the service within an appropriate timescale for their needs. Surges in demand for the service in addition to ongoing pressures in the system meant delays were unavoidable but minimised as much as possible. Patients were triaged and prioritised based on risk. The service continued to review and respond to pressures on the service.
- There was a strong focus on continuous learning and improvement at all levels of the organisation. Staff described a positive culture with learning encouraged and supported.
- There was compassionate, inclusive and effective leadership.

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

- Review the recruitment policy to ensure clarity and consistency in documents requested as part of the recruitment process.
- Consider developing the providers website to make information about individual services more accessible to patients.
- Continue to review capacity and demand to improve patients experience of the service.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

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

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Background to Walsall Urgent Treatment Centre

Walsall Urgent Treatment Centre (UTC) is located in the Walsall area of the West Midlands and situated within Manor hospital which is part of Walsall Healthcare NHS Trust. The local area has a diverse population with high levels of deprivation. The service is accessible by major bus routes and car parking is available outside the main building.

The service is commissioned by NHS Black Country Integrated Care Board (ICB) which is part of the Black Country Integrated Care System (ICS). The service is delivered based on an integrated approach to urgent health care, which includes out of hours, urgent care and walk-in services delivered from the one location. The out of hours service is delivered by Malling Health Sandwell Out of Hours (OOH) Service. This is a separate service registered with the Care Quality Commission (CQC) by the provider organisation Malling Health (UK) Limited.

Malling Health (UK) Limited was established in 2009, and currently has a number of services across England delivering NHS primary care. This includes, Urgent Treatment Centres (UTCs), GP and out of hours services. The head office is based in Manchester and comprises of a small team who operate areas such as human resources, IT and quality functions. There is a senior leadership team, a quality governance board and a clinical governance framework outlining accountability of quality and safety at regional and national level.

The service is open from 7am to midnight seven days a week including bank holidays and is designed and equipped to manage a range of minor injuries and illnesses which are not critical or life threatening. A pod located near to the Emergency Department (ED) of Manor Hospital provides a front door streaming service by a Registered Nurse (RN) for patients presenting in ED. The purpose of the streaming service is to direct people to the most appropriate care based on their clinical symptoms and risk prioritisation. This may result in admission to ED or an assessment at the Urgent Treatment Centre (UTC). The service has recently been commissioned to provide a wound care service to support GP practices within Walsall.

People can access the service by various routes such as self-presentation as a walk in, referral by their registered GP or if advised by NHS 111. People may also be directed to the service by the streaming nurse located in the ED or by a referral from an ED clinician. In some cases, people may be referred from the ambulance service following strict safety protocols and a handover between the UTC clinician and the paramedic.

There are approximately 30 staff directly employed by the service who work various hours in substantive posts. The team consists of GPs, Advanced Nurse Practitioners (ANPs), Registered Nurses (RNs), Health Care Assistants (HCAs) and administrative staff. The staffing levels are supplemented based on capacity and demand modelling. There is a regular team of GPs and ANPs working on a self-employed basis including portfolio GPs (an umbrella term used to describe any GP who has multiple roles within their working week) or contracted by an agency.

The local management team consists of the Operational & Quality Lead (also the CQC registered manager), Assistant Operational Manager, lead nurse and team leader who are supported by the Regional Director of Operations and Clinical Chair.

The service is registered by the provider with the CQC as an urgent care service. The following regulated activities can be carried on at or from the location Walsall Urgent Treatment Centre:

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

Are services safe?

We rated the service as good for providing safe services.

Safety systems and processes

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

- The provider had safety risk assessments including Control of Substances Hazardous to Health. A risk assessment for Legionella (a bacteria found in water) had been completed by an external contractor and all identified actions addressed. There was arrangements in place for the regular testing of the water systems. Health & Safety assessments were completed, and policies regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and accessible to all staff. They outlined clearly who to go to for further guidance. There was active and appropriate engagement in local safeguarding processes and evidence of staff responding to concerns with referrals to local safeguarding and multi-disciplinary teams. A system was in place to identify and respond to vulnerable people including frequent attenders with additional needs. This included alerts, special notes and review of attendances to other Urgent Treatment Centres (UTCs).
- 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. At the time of the inspection the provider was reviewing the level of DBS check requested for staff who chaperoned.
- We looked at three staff files including clinical, non-clinical and those employed in substantive posts and via an agency. Overall, the required checks were undertaken as part of the recruitment process such as employment history, proof of identity, DBS and staff vaccination status in line with the relevant guidance. We saw no references obtained for one member of staff to due to the absence of an employment history. Following the inspection, the provider submitted recently obtained references. The provider's policy did not specify the number or types of references required to demonstrate character and conduct and ensure a consistent approach.
- There was an effective system to manage infection prevention and control. Staff had received training on infection prevention and control. Records confirmed the regular cleaning of the environment including clinical rooms. Infection prevention and control audits were carried out and the service had acted on any issues identified.
- The provider ensured that facilities and equipment were safe. There was evidence that portable appliances were tested, and equipment calibrated. There were systems for safely managing healthcare waste.

Risks to patients

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

- The most recent data reviewed, showed between March 2022 to May 2022 clinical staff rota fulfilment for GPs and Advanced Nurse Practitioners (ANPs) was between 81%-89%. There was no rota fulfilment requirement set by the commissioners for the service. The service aimed to fill the rota at full capacity. However, there continued to be demands on the service from COVID-19 in addition to pressures on other parts of the health care system which affected

Are services safe?

service delivery. There was a 24% increase in activity in the current year compared to the first six months of the previous year. There were arrangements for planning and monitoring the number and mix of staff needed and a system in place for dealing with predictable demands such as bank holiday weekends. Staff rotas were reviewed by a dedicated team with regional support and oversight by senior management to ensure the service remained safe.

- All shifts included a minimum number of GPs, ANPs (who were non-medical prescribers) and Registered Nurses (RNs). Rota formulation was based on capacity and demand modelling which meant enhanced rota requirements to respond to any increases in activity. There was an escalation management system in place to respond to challenges with rota fulfilment. Actions included, local staff undertaking additional shifts, review of skill mix, redeployment of staff from other services and requests to agency to fulfil. Agency usage to compliment staffing levels was between 55% and 70% during March 2022 and May 2022. However, COVID-19 continued to present challenges to the service impacting on staff sickness and absence rates. Despite the challenges, data showed the service had very few breaches in the 4 hour wait target to see and treat patients and consistently achieved the 95% target range.
- There was an effective induction system for temporary staff tailored to their role such as locum GPs. Newly appointed clinical staff had regular reviews of their consultations and prescribing practice supported by audits and supervision.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention and had received appropriate training. They knew how to identify and manage patients with severe infections, for example sepsis. Information on sepsis was displayed in clinical rooms and a sepsis tool kit was in place to support the identification and appropriate management of patients.
- In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need. This included triaging on arrival and national early warning tools for children and adults to help assess the severity of acute illness in patients and the recognition of clinical deterioration.
- Systems were in place to manage patients who experienced long waits. Signage at the point of entry and waiting area provided information such as anticipated waiting times. Patients were told what to do if they had concerns. The waiting area was visible to staff to allow for observation. There was a target for patients to be triaged within 15 minutes of arrival, further clinical observations were repeated to monitor changes as required. Deterioration in a patient's condition was escalated and responded to. Patients transferred to the Emergency Department (ED) had a copy of the consultation record and handover was provided to ED staff. The time of arrival was included in order to ensure patients were reviewed in accordance with national guidelines.
- Staff told patients when to seek further help and advised patients what to do if their condition got worse. Details of the attendance to the UTC were sent to the patients registered GP electronically, this was usually within 24 hours of attendance to ensure information was shared in a timely manner and patients were followed up as required.
- When there were changes to services or staff the service assessed and monitored the impact on safety. This included planning for predictable demands in the service.
- The provider had informed the CQC of a serious incident, in response to this, the provider had taken immediate actions to mitigate risks to patients and a formal investigation was commenced.

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 reviewed showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. We saw examples, of information sharing and collaborative working with tissue viability nurses, safeguarding teams and mental health services to support coordinated care and treatment.

Are services safe?

- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. For example, children aged six months and under were reviewed by a paediatric doctor in ED prior to attendance to the UTC. There were systems in place to maintain oversight of any urgent referrals including liaising with the patients registered GP. Written pathways and protocols were in place in areas such as Deep Vein Thrombosis (DVT) and palliative care to ensure adherence to best practice.

Appropriate and safe use of medicines

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

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment and vaccines, minimised risks.
- The service kept prescription stationery securely and monitored its use. A policy was in place for the management and control of prescriptions to provide clear guidelines to staff to adhere to.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. This included audited antimicrobial and opioid prescribing with assurance systems in place for monitoring actions and improvements.
- 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. Staff kept accurate records of medicines.
- Palliative care patients were able to receive prompt access to pain relief and other medication required to control their symptoms.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- Joint reviews of incidents were carried out with partner organisations, including the ED and the local NHS Integrated Care Board (ICB).

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. All incidents were uploaded on to an integrated management system the provider subscribed to, ensuring staff accessibility and oversight. There were 15 incidents recorded in the last six months. The majority related to violence and aggression towards staff and inappropriate referrals by other services. Learning was shared and discussed during governance meetings and newsletters. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.

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- There were systems for reviewing and investigating when things went wrong. The provider published an Integrated Learning Report every quarter. The aim was to coordinate learning from all types of incidents which were logged on the incident reporting system across all Malling Health services. Themes and trends identified included, inappropriate patient referrals, challenges with referring patients on to secondary care for ongoing care and treatment and violence and aggression towards staff. Actions were taken to reduce the likelihood of reoccurrence and improve safety.
- The service learned from external safety events and patient safety alerts. Patient safety alerts were uploaded on to the integrated management system. There was an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff which included emails, staff notice boards and meetings. The operational and clinical lead had responsibility for checking that all alerts have been actioned at local level.

Are services effective?

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

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

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed by auditing of prescribing practices and clinical consultation records. Clinical pathways were in place for patients with mental health needs, children under six months and those receiving end of life care which supported evidence-based practice.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Where patient needs could not be met by the service, staff referred patients to the appropriate service for their needs for example, speciality referral for same day emergency care (SDEC).
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. Staff had access to special notes and summary care records.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to identify and manage repeat patients with particular needs for example, those requiring palliative care or vulnerable patients. Pathways and protocols were in place to provide the appropriate support.
- Technology and equipment were used to improve treatment and to support patients' independence such as the electronic prescription service and utilising an integrated management system to support quality and safety in the delivery of the service.
- Staff assessed and managed patients' pain where appropriate using pain scores for example, for palliative care patients.

Monitoring care and treatment

- The service had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided such as auditing of prescribing practices and clinical consultations. Where appropriate, clinicians took part in local and national improvement initiatives for example, an increase in patients requiring wound care management supported the commissioning of a wound care service within the UTC.
- The service used key performance indicators (KPIs) that had been agreed with its commissioners to monitor performance and improve outcomes for people. The most recent performance data from March 2022 to May 2022 showed:
 - 95%- 96% of people were managed within four hours. The target was 95%.
 - 83% of people who arrived at the service received an initial assessment (triage) within 15 minutes. The target was 95%.
- The service understood the initial assessment target required improvement and shared with us the challenges with an overall increase in activity and unpredictable influxes of patients arriving. Actions in place to improve performance in triaging included, sharing best practice across clinicians in the service to improve efficiency. There were also plans in progress for a new UTC co located in the ED. This would provide opportunities for more collaborative working including standardising the triage protocol to support consistency. A new capacity and demand model was in progress with the aim to direct resources to support an improvement in the 15-minute target.

Effective staffing

Are services effective?

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

- All staff were appropriately qualified. An induction process was in place for newly appointed staff, this included a checklist to ensure important areas were covered such as policies and procedures and mandatory training in areas of safeguarding and health and safety. For staff in permanent posts a six-month appraisal was undertaken to review progress and identify any development opportunities.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required. The senior clinician on duty at each shift was the lead and point of contact for clinical staff, this was usually the matron during core hours who was supported by the operational lead. At the time of the inspection there were interim operational management arrangements in place. A dedicated on-call clinical manager was accessible by telephone 24 hours a day, seven days a week via a clear on call process.
- The provider understood the learning needs of staff and there was protected time and training to meet them. An e-learning platform allowed staff access to training in a number of areas which included mandatory and role specific training. Up to date records of skills, qualifications and training were maintained, a dashboard provided senior management with a visual display of completed training. On completion of training modules an automated questionnaire was sent to staff to support learning outcomes.
- There was evidence of staff appraisals and staff were positive about training opportunities. Staff reported they were encouraged with learning and development such as post graduate studies in advance clinical practice.
- Staff were provided with ongoing support. This included one-to-one meetings, appraisals, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. For example, a random selection of consultations records for clinical staff was audited using the Royal Colleges of General Practitioners (RCGP) Urgent and Emergency Care Clinical Audit Toolkit. A score was provided based on findings, in the event the audit showed safety concerns, further shifts were cancelled, and the clinician would be required to have a development plan with regular supportive meetings. This would be followed by a re-audit after every shift as necessary.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services such as the hospital Emergency Department (ED).
- Care and treatment for patients in vulnerable circumstances was coordinated with other services such as safeguarding and mental health. Staff communicated promptly with the patient's registered GP, so they were aware of the need for further action such as follow up, where necessary.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. This included an electronic patient record system with access to special notes, summary care records and alerts to highlight any vulnerabilities.
- The service had formalised systems with the NHS 111 service with specific referral protocols for patients referred to the service. An electronic record of all consultations was sent to patients' registered GP usually within 24 hours of attendance.

Helping patients to live healthier lives

Are services effective?

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 need extra support. This included older patients, those with mental health needs and learning disabilities.
- 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. Records reviewed showed safety netting processes in place. This included providing the patient with information and advice on actions to take if their condition did not improve or there were any changes and arranging follow up with their registered GP.
- Where patient needs could not be met by the service, staff redirected them to the appropriate service for their needs. This included referrals to the front door frailty service for older patients based within the hospital and to secondary care for further tests and investigations.

Consent to care and treatment

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

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

Are services caring?

We rated the service as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. Staff had received training in equality and diversity and customer service.
- There were arrangements and systems in place to support staff to respond to patients with specific health care needs such as palliative care and mental health needs.
- Patients spoken with on the day of the inspection were positive about the service. We observed staff responding to patients in a caring and supportive manner.
- Healthwatch Walsall the independent voice of the public in health and social care services undertook a survey with people who had used the Walsall UTC. This was in response to feedback they had received which included perceived poor attitudes of the staff. A report on the findings was published in March 2022. A total of 71 surveys were completed which was not representative of the number of people who accessed the service daily. However, feedback received showed that overall people viewed the staff positively.
- We reviewed patient feedback provided on the Healthwatch Walsall website. There were 22 rated reviews in the last 12 months (July 2021 to July 2022). There was a mixture of positive and negative feedback about staff attitude and behaviour, with 10 reviews that included positive comments and eight with negative comments about staff.
- The most recent data available for the NHS Friends and Family Test for June 2022 (which asked patients overall how was their experience of the service) showed out of a total of 75 responses, 14 people rated their experience as very good and 12 as good compared with six poor and 24 as very poor.
- The service was aware that patients experience was not always consistent and had recently implemented a QR process whereby patients could scan the code and provide feedback in real time. The aim was to help the service understand and respond to issues in a timely manner. In response to some of the feedback and to improve patients experience of the services, actions taken included discussions with staff in appraisals and meetings to reinforce the service values and plans for further customer care training. In addition, water refreshments were made available to patients in the waiting area, information on waiting times was displayed and a designated area provided for children.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patients spoken to on the day of the inspection with previous experience of the service, said they felt listened to and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Findings of the Healthwatch Walsall survey showed 93% of patients who responded reported that their medical need was addressed successfully by medical staff.
- For patients with learning disabilities or complex social needs, carers or social care services were appropriately involved.

Are services caring?

- Staff communicated with people in a way that they could understand, for example, communication aids were available such as an induction loop system.
- Staff helped patients and their carers find further information and access community and advocacy services.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff respected confidentiality at all times.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. Staff had training on mental health awareness and the Mental Capacity Act.

Are services responsive to people's needs?

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

The provider organised and delivered services to meet patients' needs. It took account of patients 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 such as the provision for wound care management to support local GP services.
- 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, special notes, summary care records and alerts on patients' electronic records.
- Care pathways were appropriate for patients with specific needs, for example those at the end of their life, children and older people.
- There were challenges associated with the facilities and premises for the services delivered. Some of the feedback received by the CQC in the form of complaints related to the limited space in the UTC waiting area in particular during peaks in demand and the lack of suitable facilities for children. This was aligned with feedback received by Healthwatch Walsall and feedback obtained by the service. Action taken to improve included an additional room provided by the host service (Walsall Healthcare NHS Trust) for the review and treatment of children, this also created additional space in the waiting area. The Trust had also commissioned a new build A&E department with construction in progress. This would incorporate a larger purpose-built UTC with more space and capacity. It was anticipated this would address the issues raised with plans in place to move to the new location in late 2022.
- The service made reasonable adjustments when people found it hard to access the service. Patients could access the service via a lift and there was a hospital buggy service to transport people with mobility issues within premises. There was access to disabled toilets, a hearing loop system and baby changing facilities.
- The service was responsive to the needs of people in vulnerable circumstances. We saw examples, where staff had acted on safeguarding concerns.

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 7am to midnight seven days a week including bank holidays.
- Patients could access the service either as a walk in-patient, via the NHS 111 service or by referral from a healthcare professional. Patients did not need to book an appointment.
- Most patients were seen and triaged within 15 minutes of arrival to the UTC. A system was in place to facilitate prioritisation according to clinical needs. National early warning tools for children and adults were utilised to help assess the severity of acute illness in patients and the recognition and response to clinical deterioration.
- Young children, older patients and vulnerable groups could be prioritised as they arrived. The reception staff were aware of when to alert the clinical staff if a patient had an urgent need. The criteria included guidance on sepsis and the symptoms that would prompt an urgent response such as chest pains.
- Overall patients had timely access to initial assessments, test results, diagnosis and treatment. The most recent performance data from March 2022 to May 2022 showed:
 - 95%- 96% of patients were managed within four hours. The target was 95%.
- Waiting times and delays were kept to a minimum and managed appropriately. Where people were waiting a long time for an assessment or treatment there were arrangements in place to manage the waiting list and to support people while they waited. This included the re-assessment of needs and providing people with information on waiting times

Are services responsive to people's needs?

- Where patient's needs could not be met by the service, staff redirected them to the appropriate service such as pharmacy and dental services or their registered GP.
- Referrals and transfers to other services were undertaken in a timely way. A register was in place to follow up for example, any urgent patient referrals.

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.
- The complaint policy and procedures were in line with recognised guidance. There were ten complaints received in the last six months. We reviewed three complaints and found that they were satisfactorily handled in a timely manner.
- The service learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, information on waiting times, facilities for children and the availability of drinking water.

Are services well-led?

We rated the service as good for leadership.

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it such as capacity and demand.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them such as the suitability of the facilities and premises.
- 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 were positive about leaders and said they were supportive.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. There was investment in staff through training and development opportunities to ensure long term sustainability and stability 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 was due to be expanded by transfer to a purpose-built premises.
- 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. Staff told us about their commitment to meet the vision for high quality care.
- The strategy was in line with health and social priorities across the region such as reducing the pressure on hospital Emergency Departments (ED) and supporting the system to treat the most serious cases. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy. There were regular reporting systems to commissioners to review performance.

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 which were aligned with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. When people were affected by things that went wrong, they were given an apology and informed of any resulting action. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. There were provider policies for whistleblowing and a delegated Freedom to Speak Up Guardian. Staff had received training in areas such as whistleblowing and duty of candour.

Are services well-led?

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was emphasis on staff wellbeing, and this was demonstrated through discussions with staff and evidence of appraisals.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. 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 set out, understood and effective. The service was part of a wider organisation with a number of services nationally. The local and regional teams were supported by a centralised management structure which enabled governance oversight.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care. There was evidence of collaborative working with the staff at the ED which included regular discussions and formal meetings.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. These were available in paper format and on an electronic system accessible to all staff.

Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. This included increasing demands on the service due to pressures in the system. A risk register was in place to maintain oversight.
- The provider had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions.
- Leaders had oversight of safety alerts, incidents, and complaints.
- Leaders 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 commissioners as part of contract monitoring arrangements.
- Clinical audits had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The providers had plans in place for major incidents. Our discussion with staff showed they were aware of what to do in the event of a disruption to the service.
- The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand the impact on the quality of care.

Appropriate and accurate information

Are services well-led?

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 and updates. Information was also disseminated via newsletters and weekly emails from the Director of Nursing and Quality.
- 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 such as the CQC, this included the notification of a serious incident.
- 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. This included responding to feedback received in-house and from external stakeholders such as Healthwatch Walsall.
- Staff were able to describe to us the systems in place to give feedback. This included appraisals and meetings and informal discussions.
- The service was transparent, collaborative and open with stakeholders about performance. There were regular performance meetings and reporting systems with the commissioners. The service worked closely with the ED to improve patients' journey and the experience of the service, which included formal meeting arrangements. There were ongoing discussions with the ED staff and leaders to implement improvements such as standardising the triage protocol. We received positive feedback from leaders at the ED about the service and staff. The service was invited by the host Trust to be an active partner in plans for the new UTC which involved regular discussions and feedback to help shape the design of the new premises.
- The service did not have a dedicated website, general information was available on the providers website, this may limit opportunities for disseminating local service information to patients to help improve engagement.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the service.
- Staff knew about improvement methods and had the skills to use them.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Are services well-led?

- There was a strong culture of innovation evidenced by pilot schemes the provider was involved in. During winter pressures, the service was involved in a pilot scheme to ease pressure in ED with additional UTC staff delivering extended opening hours at the UTC.
- There were systems to support improvement and innovation work. For example, the service was involved in the development of the 111 First initiative in the ED of the host service. This initiative allows patients that call NHS 111 for an urgent but not serious or life-threatening medical need a time slot to attend the ED. The UTC provided ED staff support and advice on the use of a clinical system for the consulting of patients referred by NHS 111.