

Primary Care Directorate CQC Compliance Handbook For Inspections in General Practice

Marina Muirhead
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v1.0

Foreword

The NHS Constitution sets out the rights that every person in England has to healthcare. The key principles the NHS sets out are that we should be working together for patients, that everyone is treated with respect and dignity, that we are committed to quality of care, that we treat people with compassion, improve people's lives and ensure everyone counts.

The Care Quality Commission (CQC) are responsible for ensuring health and social care services provide people with safe, effective, compassionate, high quality care and that services are encouraged to improve.

As a primary care team, our 'CQC readiness' work allows us the opportunity to review our current practices, to learn from one another, to ensure we are treating everyone with dignity and respect and that we are doing the right thing.

As a doctor I take most pride in my work when I am able to provide the care, I would wish for my family to receive. The purpose of this handbook is to make it easy for us to do the right thing, to help us review the care we provide every day and to make sure we are on the right track.

This handbook is really comprehensive, it is not designed to be daunting. The handbook should provide a guide for teams to understand **what** we should be doing and **why** we should be doing it. It will help teams to gather information about where they are now with the care they are providing and also understand the work that needs to be done to ensure we are on the right track and doing the right thing on a day to day basis.

For each of the key lines of enquiry there are suggested lead team members, we hope this will help breakdown to work into smaller chunks for teams to look at.

Huge thanks to everyone who has contributed to this handbook, this has been a collective effort lead and driven by Marina.

Please feedback on how we can improve and develop this handbook as you go through using it in your service and testing it out as a resource for you peer reviews.

Dr Liz Dawson- Medical Director of Primary Care

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Understanding what matters most to our patients – engaging them in the offer (hints and tips)

Is it Safe?

- How do systems, processes and practices keep people safe and safeguarded from abuse?
- Managing risks - How are risks to people assessed, and their safety monitored and managed, so they are supported to stay safe?
- Safe care and treatment - Do staff have all the information they need to deliver safe care and treatment to people?
- Medicines management - How are medicines and medicines-related stationery managed (that is, ordered, transported, stored and disposed of safely and securely)? (This includes medical gases and emergency medicines and equipment.)
- Track record - What is the track record on safety?
- Learning when things go wrong - Are lessons learned and improvements made when things go wrong?

Is it Effective?

- WHY providing effective care to people should help individuals achieve good clinical outcomes, maintain a good quality of life and achieve to goals that matter to them.
- Monitoring and comparing with similar services - How are people's care and treatment outcomes monitored and how do they compare with other similar services?
- Staff skills and knowledge - How does the service make sure that staff have the skills, knowledge and experience to deliver effective care, support and treatment?
- How staff, teams and services work together - How well do staff, teams and services work together within and across organisations to deliver effective care and treatment?
- Supporting people to live healthier lives - How are people supported to live healthier lives and, where the service is responsible, how does it improve the health of its population?
- Consent to care and treatment - Is consent to care and treatment always sought in line with legislation and guidance?

Is it Caring?

- Kindness, respect and compassion - How does the service ensure that people are treated with kindness, respect, and compassion, and that they are given emotional support when needed?
- Involving people in decisions about their care - How does the service support people to express their views and be actively involved in making decisions about their care, treatment and support as far as possible?
- Privacy and dignity - How are people's privacy and dignity respected and promoted?

Is it Responsive?

- Person-centred care - How do people receive personalised care that is responsive to their needs?
- Taking account of the needs of different people - Do services take account of the particular needs and choices of different people.
- Why we need to ensure people can access care and treatment in a timely way?
- Concerns and complaints - How are people's concerns and complaints listened and responded to and used to improve the quality of care?

Is it Well-led?

- Leadership capacity and capability - Is there the leadership capacity and capability to deliver high quality, sustainable care?
- Vision and strategy - Is there a clear vision and credible strategy to deliver high-quality sustainable care to people, and robust plans to deliver?
- Culture of the organisation - Do staff feel supported, respected and valued? Governance and management - Are there clear responsibilities, roles, and systems of accountability to support good governance and management?
- Management of risk and performance - Are there clear and effective processes for managing risks, issues, and performance?
- Management of information - Is there a holistic understanding of performance, which sufficiently covers and integrates people's views with information on quality, operations, and finances? Is information used to measure for improvement, not just assurance?
- Engagement and involvement - Are people's views and experiences gathered and acted on to shape and improve the services and culture? Does this include people in a range of equality groups?
- Learning, improvement, and innovation - In what ways do leaders and staff strive for continuous learning, improvement and innovation. Does this include participating in appropriate research projects and recognised accreditation schemes?

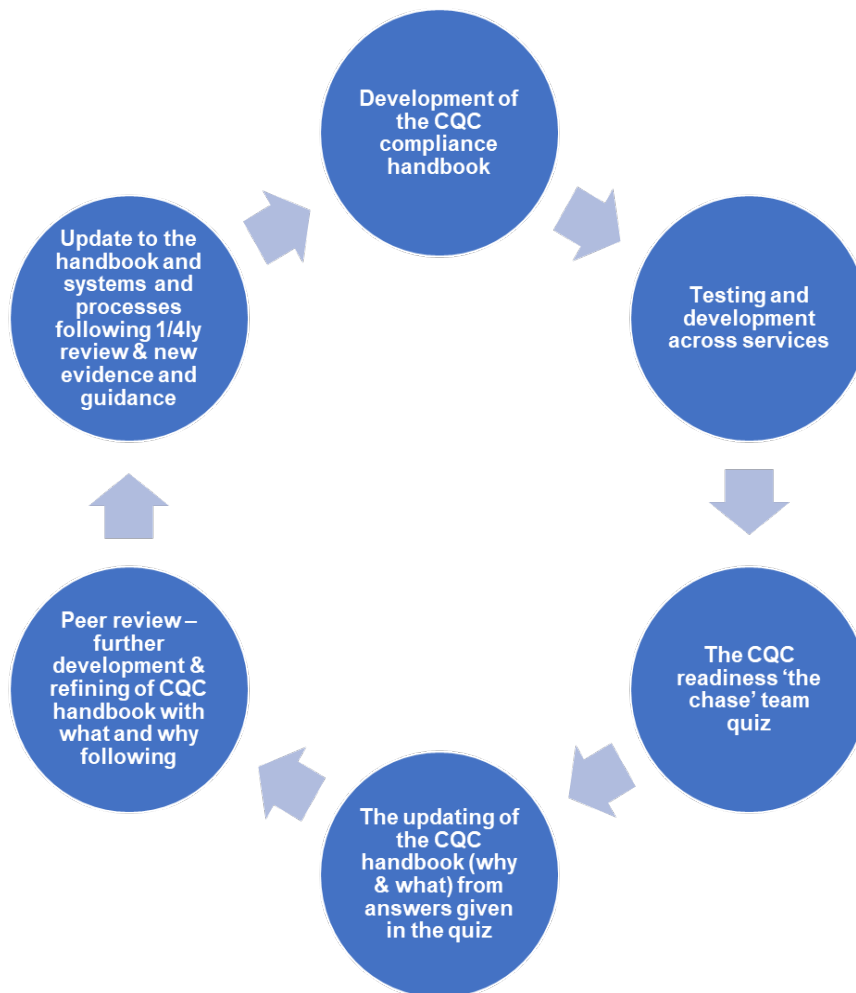
Layout - The Why and the What

Layout of the handbook, the why and the what

For each section you will find the same layout to help guide you:

1. Line one – CQC key line main heading
2. Box 1 – our primary care directorate 'why' the CQC key line area is important
3. Box 2 – KLOE number
4. Box 3 - KLOE box – the CQC test
5. Box 4 – Who in the practice leadership team should take ownership to ensure the area is in place and everybody is aware
6. Box 5 - What the practice should have in place
7. A large blue box has been placed around everything which is an outstanding feature of good practice (where CQC have identified one)

The wheel of CQC readiness development in General Practice @ELFT at May 2021



The CQC 5 key questions

The CQC will inspect our services by asking 5 key questions of us:

1. **Is it safe?** 'By safe, we mean people are protected from abuse* and avoidable harm. *Abuse can be physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse.'
2. **Is it effective?** 'By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.'
3. **Is it caring?** 'By caring, we mean that the service involves and treats people with compassion, kindness, dignity and respect.'
4. **Is it responsive?** 'By responsive, we mean that services meet people's needs.'
5. **Is it well led?** 'By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture'

Domain	Outstanding	Good	Requires improvement	Inadequate
Safe	People are protected by a strong comprehensive safety system, and a focus on openness, transparency and learning when things go wrong.	People are protected from avoidable harm and abuse. Legal requirements are met.	There is an increased risk that people are harmed or there is limited assurance about safety. Regulations may or may not be met.	People are not safe or at high risk of avoidable harm or abuse. Normally some regulations are not met.
Effective	Outcomes for people who use services are consistently better than expected when compared with other similar services.	People have good outcomes because they receive effective care and treatment that meets their needs.	People are at risk of not receiving effective care or treatment. There is a lack of consistency in the effectiveness of the care, treatment and support that people receive. Regulations may or may not be met.	People receive ineffective care or there is insufficient assurance in place to demonstrate otherwise. Normally some regulations are not met.
Caring	People are truly respected and valued as individuals and are empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service.	People are supported, treated with dignity and respect, and are involved as partners in their care.	There are times when people do not feel well supported or cared for or their dignity is not maintained. The service is not always caring. Regulations may or may not be met.	People are not treated with compassion or involved in their care. There are breaches of dignity and significant shortfalls in the caring attitude of staff. Normally some regulations are not met.
Responsive	Services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care.	People's needs are met through the way services are organised and delivered	Services do not always meet people's needs. Regulations may or may not be met.	Services are not planned or delivered in a way that meets people's needs. Normally some regulations are not met.
Well-led	The leadership, governance and culture are used to drive and improve the delivery of high-quality person-centred care.	The leadership, governance and culture promote the delivery of high-quality person-centred care.	The leadership, governance and culture do not always support the delivery of high-quality person-centred care. Regulations may or may not be met	The delivery of high-quality care is not assured by the leadership, governance or culture. Normally some regulations are not met.

The 6 CQC Population groups

The 6 CQC population groups: WHY does caring for each of the population groups matter?

'It is our job not to impart power on the people we provide care to, but to help them find their power to lead their lives the way they want to. This is true for every population group we provide care to.' Dr Liz Dawson

Note: This list has been generated through a combination of what our services already offer combined with a desk top review of a series of 'outstanding' CQC reports

Population Group	Older People
CQC Definition	<p>This group includes all people in your practice population who are aged 75 and over.</p> <p>It includes those who have good health and those who may have one or more physical or mental long-term conditions.</p> <p>It includes people who are living at home as well as those who are in a care home or a nursing home, where your practice provides general medical services to these people.</p> <p>For this population group, an inspection will focus on the role of the GP practice in developing a proactive and personalised programme of care and support, which is tailored to the needs and views of older people registered with the practice.</p>
Our ELFT Primary Care 'WHY'	<p>For older people life can be challenging, frustrating and lonely. Advancing age can bring problems with ill health, caring responsibilities, social isolation, fear and frustration. Whilst our bodies age our minds often stay young and the physical limitations of older age can cause sadness, fear and frustration. Requiring the help of others can make it difficult to maintain dignity.</p> <p>The care we provider to older adults can help people to feel connected and less lonely, reduce fear and anxiety and help people to stay in control of their health and decisions about their lives.</p> <p>Providing the best care to older people should enable people to have the power and autonomy to make choices about their care and to live with dignity and in comfort.</p>
What an outstanding offer to older people includes	<ul style="list-style-type: none"> • Health Fayres • End of life MDTs for preferred place of death • Access to a holistic wider workforce • face to face comprehensive health check / MOT annually. • Work with Groundswell regarding an event eg a tea party for them • 6 monthly welfare check by social prescriber/admin eg need new glasses/ any concerns • carers service • Hot meals service • Flu Clinics • Outreach • any transport that is needed for their hospital appointment in association with Groundswell • Monthly MDT • Monthly MDT with care homes • Social Prescribers (Wellbeing Calls) • Calls to those shielding • Named GP for all patients of this age group • CMC (For EOL) • The practice ran community-based groups including health coaching and access to exercise, cooking etc • The practice ran initiatives to reduce social isolation • Medication Reviews • Weekly Care Home Ward Rounds with a named GP • Annual Checks • Continuity of care • All patients had a named GP who supported them in whatever setting they lived. • The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues. • A clinician visited weekly all seven care homes in the local area to provide training and advice to staff. This had led to an 80% reduction in home visit requests from care homes and a reduction of 30% in all home visits

Population Group	People with long term conditions
CQC Definition	<p>People with long-term conditions are those with an ongoing health problem that cannot be cured. Long-term conditions can be managed with medication and other therapies.</p> <p>Examples of long-term conditions are diabetes, cardiovascular disease, musculoskeletal conditions, chronic obstructive pulmonary disease (COPD), long-term neurological disorders (such as epilepsy), HIV or cancers (this list is not exhaustive).</p> <p>This population group does not include people with long-term conditions who are aged 75 and over as they are included in the older people population group.</p> <p>It does not include children or young people under the age of 18 with long-term conditions, as they are included in the families, children and young people population group.</p>
Our ELFT Primary Care 'WHY'	<p>Ill-health at any point in a person's life can be frightening and frustrating. It is our role, when working with people living with a long-term condition, that we work in partnership and help people to make their own choices about their health care.</p> <p>To ease people's frustration and fear it is our job to provide information in a way that makes sense for individuals, to provide choices in treatment options that suit the individual we are caring for.</p> <p>Our role is to help people maintain good health and this needs to be done in partnership at every step.</p>
What an outstanding offer to People with long term conditions includes	<ul style="list-style-type: none"> • Health Fayres • Engagement with established volunteer groups • Access to a holistic wider workforce • Proactive chronic disease management • Risk stratification • Care planning and carer identification • Improving links with local services • Clinical pharmacist • LTC reviews are held at the practice. • Call and recalls are done regularly. • Aim to get everything done for the patient in 1 visit or as less as possible visits • Offer free space (time to talk) where patients can attend with anything they want to speak about • Usual regular reviews • Regular programme of events in our new space upstairs eg. • Healthy eating on a budget • Stress busters • Exercises • Benefits Advice • Group consultations • Dialog+ for areas such as medically unexplained symptoms • We plan to involve the local community and Groundswell and AARS staff on this • Named GP for patient with 3 or more LTC. • Chronic Disease Management. • MSK Physiotherapist. • Individuals Care Plans. • PCN Physiotherapist on site • PCN Paramedic will be available for clinicians to use when need. • A Social prescriber is also on site • We have a diabetic and an Asthma nurse • Proactive chronic disease management • Risk stratification • Care planning and carer identification • Improving links with local services • Clinical pharmacist • Referrals made to initiatives such as Desmond

- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Population Group	Families, children and young people
CQC Definition	<p>This group includes expectant and new parents, babies, children and young people.</p> <p>For parents, this includes expectant and new parents only, and includes prenatal and antenatal care and advice, where provided by the GP practice. We will consider the specific services that a practice provides, including whether it is registered with CQC to provide the regulated activity of maternity services, as this will influence the level of services a practice can provide to mothers.</p> <p>For children and young people, we will use the legal definition of a child, which includes young people up to their 18th birthday.</p>
Our ELFT Primary Care 'WHY'	<p>The demands families face can be hugely challenging. The impact good early years care can have on children and their families is massive and far reaching.</p> <p>Conversely the impact of educational challenges, housing difficulties, poverty, parental ill-health and lack of support cannot be under-estimated. In caring for children, families and young people we have an opportunity to have a life-long impact.</p> <p>With the demands on families we need to ensure we are able to provide convenient, joined up and holistic care.</p>
What an outstanding offer to Families, children and young people includes	<ul style="list-style-type: none"> • Health Fayres • Engagement with established volunteer groups • Multi agency partnership working across health, housing and care • Access to a holistic wider workforce • A youth club • CYP PPG / Forum • Involve young people in our service either in volunteering roles or helping to shape events such as a garden party or health fairs, or art / photography / jigsaw clubs • Health Fayres • Access to a holistic wider workforce • Family planning appointments • Antenatal and postnatal care • New baby registrations, 6w checks, immunizations • Support and management to families who have overweight children • Safeguarding lead; review of CP issues in clinical and general meetings • Adult safeguarding reviewed at MDT's. • Cervical Screening / YouScreen • Citizens Advice • Midwife on site, Imms and Boosters clinics are being set up, advice and guidance information in a patients native language • Specialized Baby Clinics. • Contraception Clinic for long acting contraception such as coils, implants etc. • SMOPS. • Monthly Safeguarding Meetings. • After School Session for MI during the winter. • Inclusion services working with them to ensure seamless registration for them and their newborn delivered into mainstream practice prior to delivery- involve Groundswell ahead of time • Six weekly meeting with Public Health Midwives, Health Care visitors to address Safeguarding issues, registering patients with a mainstream practice once baby is delivered • The practice had a system in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this. • All parents or guardians calling with concerns about a child were offered a same day appointment when necessary • DNA audits

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception

Population Group	Working-age people (including those recently retired and students)
CQC Definition	<p>This includes all people in your practice population who are of working age and those recently retired (up to the age of 75).</p> <p>Working age includes adults up to the age of 75, whether or not they are in employment.</p> <p>For example, it includes students aged 18 and over.</p> <p>Inspections will include a focus on how people in this group are able to access appointments and services at the practice.</p>
Our ELFT Primary Care 'WHY'	<p>For people of working age convenient health care is a priority. For this group of people staying healthy, being able to engage in screening programs and having quick and easy access to healthcare advice when needed are often priorities.</p> <p>To ensure people have access to the care they need we will often need to think differently about access to care, this may involve the use of technology and clinics at different times.</p> <p>We need to work with our patients so that we are able to be responsive to their different needs. For working age people who are not currently in work, life can be financially challenging and this can lead to stress and anxiety. We should be playing our part to help people navigate the services that are available to help them.</p>
<p>What an outstanding offer to Working-age people (including those recently retired and students) includes</p>	<ul style="list-style-type: none"> • Health Fayres • Engagement with established volunteer groups • A Women's Group to use a room one weekend a month which could coincide with a smear/sexual health clinic • Menopause Clinics • Multi agency partnership working across health, housing and care • Access to telephone, F2F and video calls • Footfall and streaming • Accrux for surveys and making contact • Extended hours apts • Access to a holistic wider workforce • Ground consultations run by personalized care team • The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time. • Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. • Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery • Practice has book on the day appointment system. Also patients can book appointments two to four weeks in advance to plan their work around. • Phlebotomy service is available at the practice. • Offer extended hours • Telephone/video consultations • Can book and manage prescriptions & appointments on-line • SMS/Email communication • Late Night Clinic. • Video Consultations • Contact your GP or Nurse via our website functions. • Self-referrals for a number of different services. • Communication via social media and sms for the latest updates

Population Group	People whose circumstances may make them vulnerable
CQC Definition	<p>This population group may include a number of different groups of people.</p> <p>It includes those who live in particular circumstances that may make it harder for them to access primary care, or mean they are more at risk of receiving poor care. Some of these people may also be living in circumstances that make them vulnerable.</p> <p>We recognise that not everyone in this population group will consider themselves as being vulnerable.</p> <p>We will determine which groups to focus on by looking at your practice's population and your own assessment of the groups of patients that are most vulnerable, find it particularly difficult to access primary care, or are at risk of receiving poor care.</p> <p>However, we expect to always include people with a learning disability, people who are homeless</p> <p>We may also include gypsies, travellers, vulnerable migrants, and sex workers.</p> <p>This is not an exhaustive list and you should determine which groups of people are most relevant in your practice population.</p> <p>When we look at a group, inspectors will focus on access to general practice services generally, rather than the physical access to a practice for an appointment.</p> <p>This includes registration with a practice, and the ability to book appointments and receive services</p>
Our ELFT Primary Care 'WHY'	<p>For patients who are vulnerable navigating the health system can be particularly challenging, frightening and disempowering.</p> <p>Our role in providing care for this group of people is to help individuals be able to make their own choices about their health care in a dignified way.</p> <p>We need to care with empathy and an open mind and be able to have the time and space to listen to an individuals lived experience.</p> <p>Part of our role with this group of people is connecting services to achieve the best outcome for people and navigating the system with the person we are caring for to get the best outcomes possible for each individual.</p>
What an outstanding offer to People whose circumstances may make them vulnerable includes	<ul style="list-style-type: none"> • Health Fayres • Taxi Service • Outreach Services • Engagement with established volunteer groups • Safeguarding MDTs • Hot food service • Meal boxes during the pandemic • Calls to those shielding • The practice held a register of patients living in vulnerable circumstances including those with a <ul style="list-style-type: none"> • learning disability. • People in vulnerable circumstances were easily able to register with the practice. • The practice adjusted the delivery of its services to meet the needs of patients with a learning disability • Carers register and carers offer • End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable. • The practice held a register of patients living in vulnerable circumstances and those with a learning disability. • The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule. • Specialised Clinics for Learning Disabilities. • Primary Care Link Worker. • Social Prescribers. • Home visit's

- Monthly Safeguarding Meetings.
- Outreach Clinics
- Clinical Pharmacists
- Social Prescribers
- Drug & Alcohol Clinics
- Citizens Advice
- Same Day Appointments
- Home Visits
- Monthly MDT Reviews
- Discuss high risk cases at in-house meetings
- Interpreters
- Contract with Groundswell who can support patients to attend appointments/ help with transport etc
- Part of the safer surgery initiative
- Engagement events eg Christmas Fair, Summer BBQ
- Virtual Ward rounds
- Working with Amurt to provide hot meals once a week
- Looking to work with Change Please to do joint work on the bus to access even more who have not yet been reached
- Reviewing our registration policy to ensure best access for the population
- Appointment system always has open access on the day every day
- Patients are allowed to bring their dogs with them, providing they are under control and other patients in waiting area do not object
- Different types of consult available daily telephone, video, face to face, e- consult.
- Practice registered homeless people, There is no catchment area which means most of the homeless people around get benefitted by this service.
- Practice registers patients under various situations, those who are homeless.
- Offer annual health check-up to Learning Disabilities patients.
- Outreach team joint working, providing better access to healthcare for patients
- Work with housing first and step-down bed providers
- Links in all three boroughs with pathways charity
- The practice provided care to the asylum-seeking population
- The practice ran a weekly citizens advice bureau clinic for its patients that was provided by professional welfare benefit advisers.
- The practice provided services for residents of a local bail hostel for recently released ex-offenders. The practice had to cope with a rapid turnover of patients from the hostel, many of whose residents had pre-existing or developing health conditions.
- Homeless patients are registered as care of practice address.
- Close working relations with Single Homeless Projects / Street Link / St Mungos / London Probation Service / CGL
- Engagement with traveler communities

Population Group	People experiencing poor mental health
CQC Definition	<p>This includes the spectrum of poor mental health, ranging from depression, including postnatal depression, to severe and enduring mental illnesses, such as schizophrenia.</p> <p>It also includes people with dementia.</p>
Our ELFT Primary Care 'WHY'	<p>Struggling with your mental health can be terrifying and can leave people powerless to find the help they need.</p> <p>For people experiencing poor mental health our focus needs to be working with each individual, setting recovery goals in partnership and helping people to find their power to make choices about their health care.</p> <p>We also need to be able to focus on providing care to the families whose loved ones are experiencing poor mental health.</p>
What an outstanding offer to People experiencing poor mental health includes	<ul style="list-style-type: none"> • Health Fayres • Engagement with established volunteer groups • Priority appointments were allocated when necessary to those experiencing poor mental health • Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. • The practice was aware of support groups within the area and signposted their patients to these accordingly • The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. • There was a system for following up patients who failed to attend for administration of long-term medication. • When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe. • Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis. • All staff had received dementia training in the last 12 months • Staff skill mix reflects this- Psychologist, CNDS Mental Health • Very quick access to high level mental health services such as CNS , • Psychiatrist • Virtual ward rounds • Events eg hopefully new psychologist can do some mindfulness/relaxation etc in groups with the patients • Link them in with Groundswell who provide welfare checks • Engagement with social prescriber re activities eg gardening club- all patients to be offered this if they present with/have a history of mental health diagnosis • We have a mental health nurse who pays visits • MH practitioner who sees patients • Practice used to have face to face appointments with Extended Primary Care liaison service and a Psychiatrist on premises • Monthly MDT's • Psychiatric Liaison Nurse (PLN) • Social Prescriber • Health and wellbeing coach on site • Care Planning • CMC (For EOL Monthly MDT's • Psychiatric Liaison Nurse (PLN) • Social Prescriber • Care Planning • CMC (For EOL • Pro-active followed up by clinicians, Hospital DNA's are followed up, including mental health disabilities and paediatric patients • Referrals to charities such as MIND

Understanding what matters most to our patients – engaging them in the offer (hints and tips)

- Run a PREM survey to ask patients around the 6 population groups asking what they would like from the service
- Engaging via mechanisms such as social media
- Advertising the offer on the practice's website, through the leaflet etc
- Running information sessions with the PPG and others
- Going out into the communities where the population are and actively seeking their views
- Using interpreters to accompany you to visits such as the work in the Asylum seeker hotel in old street
- Using complaints and compliments themes and trends to develop the offer
- Signposting pts for further information about condition
- Group consultations
- Developing working group on shaping the future services with patients
- 1:1 Drop-in sessions with the practice manager and others

Is it Safe?

How do systems, processes, and practices to keep people safe and safeguarded from abuse?

WHY we need our systems, processes, and practices to keep people safe and safeguarded from abuse

People seek health care for many different reasons, in the simplest terms people come to us for help and to feel safe. We are lucky enough to work in one of the most highly regarded organisations in the world, an organisation that makes people feel safe. We have a responsibility to ensure we understand our processes and can be assured they are as safe as they can be. People trust us to keep them safe and we have a responsibility to ensure that trust is not misplaced.

KLOE	KLOE - PROMT	Lead / Owner of the KLOE	WHAT WE DO SECTION <ul style="list-style-type: none"> What CQC would expect to hear or see Nigel's stories CQC Framework of evidence Policies and procedures
S1.1	How are safety and safeguarding systems, processes and practices developed, implemented, and communicated to staff?	All	<ul style="list-style-type: none"> lead member of staff for safeguarding processes and procedures Safeguarding systems, processes and practices were developed, implemented and communicated to staff. There were policies covering adult and child safeguarding which were accessible to all staff. Policies took account of patients accessing any online services. Policies and procedures were monitored, reviewed and updated. Partners and staff were trained to appropriate levels for their role. There was active and appropriate engagement in local safeguarding processes. The Out of Hours service was informed of relevant safeguarding information. There were systems to identify vulnerable patients on record. Disclosure and Barring Service (DBS) checks were undertaken where required. Including for chaperones Staff who acted as chaperones were trained for their role. There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm SI are discussed in practice meetings and clinical governance meetings Lessons learnt process is discussed and lesson learnt forms are used Practice has a regularly updated and reviewed risk register Track and trace system in place on arrival Visitors process in place on arrival The practice has a staff poster up in staff spaces that sets out who leads are for various governance functions Safeguarding Policy Local procedures / forums Key contacts <div style="border: 2px solid blue; padding: 5px; margin-top: 10px;"> <p>CQC outstanding features</p> <ul style="list-style-type: none"> There are comprehensive systems to keep people safe, which take account of current best practice. The whole team is engaged in reviewing and improving safety and safeguarding systems. People who use services are at the centre of safeguarding and protection from discrimination. </div>

			<ul style="list-style-type: none"> Innovation is encouraged to achieve sustained improvements in safety and continual reductions in harm.
S1.2	How do systems, processes and practices protect people from abuse, neglect, harassment and breaches of their dignity and respect? How are these monitored and improved?	All	<ul style="list-style-type: none"> DNA process in place for screening and other apts DNA. Process particularly in relation to children Duty of Candour reports Safeguarding concerns raised to be recorded on Datix Monitoring of complaints via Datix Regular safeguarding meetings, safeguarding discussed at QAG, safeguarding leads within the directorate are in place. Safeguarding Policy Local procedures / forums Key contacts All staff have name badges <p>Framework of evidence</p> <ul style="list-style-type: none"> https://www.elft.nhs.uk/About-Us/Safeguarding-Vulnerable-People for safeguarding policies Mandatory training for all staff on safeguarding Dignity at Work Policy Grievance Policy We have a Freedom to Speak Up Guardian – Anita Hynes (anita.hynes@nhs.net) – providing an alternative for raising concerns Supervision Policy Guidance for staff and managers on having wellbeing conversations Staff wellbeing conversations and regular supervision help managers to identify any issues with their staff <p>CQC outstanding features</p> <ul style="list-style-type: none"> A proactive approach to anticipating and managing risks to people who use services is embedded and is recognised as the responsibility of all staff. Staff are able to discuss risk effectively with people using the service.
S1.3	How are people protected from discrimination, which might amount to abuse or cause psychological harm? This includes harassment and discrimination in relation to protected characteristics under the Equality Act.	All	<ul style="list-style-type: none"> Reporting of all complaints via Datix All incidents recorded via Datix ask if harm has been caused to patients LGBTQ+ lead in place for the primary care directorate The Trust is planning to develop general 'allyship training' to cover work done in the LGBTQ=, ELFTAbility, BAME and Womens network (not sure when this will happen) Equality and Diversity Strategy Complaints / PALS Policy <p>Framework of evidence</p> <ul style="list-style-type: none"> Equality and Diversity Strategy Complaints / PALS Policy Dignity at Work Policy Grievance Policy We have a Freedom to Speak Up Guardian – Anita Hynes (anita.hynes@nhs.net) – providing an alternative for raising concerns All staff attend equality, diversity and human rights training every three years (part of statutory training) The directorate also provides additional equality training/information sessions, such as Race and Privilege sessions (29/04/2021 and again in May/June) <p>CQC outstanding features</p> <ul style="list-style-type: none"> The systems to manage and share the information that is needed to deliver effective care treatment and support, are

			<p>coordinated, provide real-time information across services, and support integrated care for people who use services.</p> <ul style="list-style-type: none"> • People are able to transition seamlessly between services because there is advance planning and information sharing between teams. • Innovative practice supports accurate and personalised information sharing.
S1.4	How is safety promoted in recruitment practice, arrangements to support staff, disciplinary procedures, and ongoing checks? (For example, Disclosure and Barring Service checks.)	Line managers	<ul style="list-style-type: none"> • Recruitment checks were carried out in accordance with regulations (including for agency staff and locums). • The practice has copies of any PCN directly employed staff members compliance and recruitment documents • Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role. • There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored. <p>Practices should:</p> <ul style="list-style-type: none"> • Have processes in place for undertaking criminal record checks at the appropriate level for staff who require them. • Assess the different responsibilities and activities of staff to determine if they are eligible for a DBS check and to what level. • Recognise the eligibility for checks, and at what level, depends on the roles and responsibilities of the job and not the individual being recruited. This is based on the level of contact staff have with patients, particularly children and vulnerable adults. • GPs should have had criminal records checks completed as part of their Performers List checks. In some cases, practices may use these checks rather than obtaining an additional DBS check when the GP begins working for the practice. If so, the practice should be able to demonstrate they have suitable assurance from NHS England that an appropriate check has been completed. • Access to medical records alone does not mean that non-clinical staff need to receive a DBS check. • Non-clinical staff who carry out chaperone duties may require a DBS check due to the nature of these duties and the level of patient contact. • Non-clinical staff who supervise a baby or child whilst their parent or carer is having an appointment will require a DBS check. • If a practice decides not to carry out a DBS check for any non-clinical staff, they need to provide a clear rationale for the decision. This should, include an appropriate risk assessment. <p>Framework of evidence</p> <ul style="list-style-type: none"> • The Trust carried out DBS checks on all staff before they start or a DBS waiver process is applied. Where a DBS waiver is applied, allowing the candidate to start whilst DBS checks are completed. A risk assessment is carried out to ensure that there are no risks to staff/patient safety; if there are risks identified a DBS waiver will not apply. • People and Culture carry out compliance checks every three years (if staff do not have an Update Service subscription). • Pre-employment checks include disclosure of any unspent sanctions or disciplinary/grievance investigations. • References are checked prior to a candidate starting.

			<p>Outstanding features</p> <ul style="list-style-type: none"> • Staff not only meet good practice standards in relation to national guidance, they also contribute to research and development of national guidance. • Compliance with medicines policy and procedure is routinely monitored and action plans are always implemented promptly.
S1.5	Do staff receive effective training in safety systems, processes and practices?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> • Datix and lessons learnt training • Statutory and mandatory training • Risk Officer Training • WPRAs • HSS risk assessments • Managers in this team know where to access staff training records • Complaints Training • Datix Training • Risk Register Training • Health, Safety and Security – Risk Officer Training / First Aid Audits / Environmental Risk Assessments • Access to Medical Records policy which is well understood by staff • Complaints Training • Datix Training • Risk Register Training • Health, Safety and Security – Risk Officer Training / First Aid Audits / Environmental Risk Assessments • Access to Medical Records • Staff receive training on local systems, processes, and practices, eg through Lunch and Learn sessions, and other training delivered by ELFT and/or external providers <p>Outstanding features</p> <ul style="list-style-type: none"> • The provider has a sustained track record of safety supported by accurate performance information. • There is ongoing, consistent progress towards safety goals reflected in a zero-harm culture
S1.6	Are there arrangements to safeguard adults and children from abuse and neglect that reflect relevant legislation and local requirements? Do staff understand their responsibilities and adhere to safeguarding policies and procedures, including working in partnership with other agencies?	All	<ul style="list-style-type: none"> • This team knows how to raise safeguarding concerns and to whom to • Safeguarding Adults Policy • Safeguarding Children Policy • Local processes • Discussion of cases at local governance meetings? <p>Framework of evidence https://www.elft.nhs.uk/About-Us/Safeguarding-Vulnerable-Staff receive statutory/mandatory training on safeguarding; there are various levels of training (1 to 3) dependent on roles.</p> <p>Outstanding features</p> <ul style="list-style-type: none"> • There is a genuinely open culture in which all safety concerns raised by staff and people who use service are highly valued as being integral to learning and improvement. • All staff are open and transparent, and fully committed to reporting incidents and near misses. The level and quality of incident reporting shows the levels of harm and near misses, which ensures a robust picture of quality. • Learning is based on a thorough analysis and investigation of things that go wrong. All staff are encouraged to participate in learning to improve safety as much as possible, including working with others in the system and where relevant, participating in local, national, and international safety programmes.

			<ul style="list-style-type: none"> • Opportunities to learn from external safety events are identified.
S1.7	Do staff identify adults and children at risk of, or suffering, significant harm? How do they work in partnership with other agencies to ensure they are helped, supported and protected?	All	<ul style="list-style-type: none"> • This team knows how to raise safeguarding concerns and to whom to • Quarterly MDT with safeguarding and monthly safeguarding with local safeguarding team • Regular in house clinical liaison meetings • Safeguarding patient list within the practice and reviewed in meetings
S1.8	How are standards of cleanliness and hygiene maintained? Are there reliable systems in place to prevent and protect people from a healthcare-associated infection?	IPC Lead	<ul style="list-style-type: none"> • There was an infection risk assessment and policy. • Staff had received effective training on infection prevention and control. • Infection prevention and control audits were carried out. • The practice had acted on any issues identified in infection prevention and control audits. • There was a system to notify Public Health England of suspected notifiable diseases. • The arrangements for managing waste and clinical specimens kept people safe. <p>Curtains</p> <ul style="list-style-type: none"> • disposable (paper) or • Re-usable. • It is not mandatory to change or launder these curtains in general practice with any particular frequency. • Curtains/blinds should be visibly clean with no blood or body substances, dust, dirt, debris, stains or spillages.' • Individual practices should assess the degree of risk attached to each item requiring cleaning. Also, maintain standards of cleanliness and hygiene that the public would expect of a health care premises. For: • curtain in rooms used for other purposes • window coverings such as blinds and curtains in treatment rooms • a system in place to ensure that curtains are cleaned or changed as appropriate • Cleaning schedules and evidence of how practices ensure the condition of all furniture and equipment is maintained. <p>Handwashing</p> <ul style="list-style-type: none"> • There are adequate hand washing facilities available and easily accessible to all staff. • Practice staff should notify the practice manager of any lack of hand hygiene products (like hand gels, soap or hand towels) or obstruction to ensure that they remain available at all times (and are not obstructed by bins or other equipment). • All clinical staff are trained in hand washing techniques. • The practice has thought about risks of inadequate hand hygiene and processes are in place to prevent poor hand hygiene. <p>Framework of evidence</p> <ul style="list-style-type: none"> • Identified Infection Prevention and Control Lead in practice • Annual Infection Prevention and Control Audit completed and presented to directorate QAG

			<ul style="list-style-type: none"> • Liaison with identified nurse from Trust IPC Team • Effective signage in place for correct hand washing technique • Baby changing facilities provided where appropriate.
S1.9	Do the design, maintenance and use of facilities and premises keep people safe?	PM	<ul style="list-style-type: none"> • As above
S1.10	Does the maintenance and use of equipment keep people safe?	PM	<ul style="list-style-type: none"> • Was a record of portable appliance testing or visual inspection by a competent person? • There was a record of equipment calibration • There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals. • There was a fire procedure. • There was a record of fire extinguisher checks. • There was a log of fire drills. • There was a record of fire alarm checks. • There was a record of fire training for staff • There were fire marshals with a certificate in place • A fire risk assessment had been completed. • There was a health and safety lead with a certification in place • Actions from fire risk assessment were identified and completed • The practice conducted weekly checks of smoke detectors, emergency lighting and fire doors. A fire risk assessment had recently been completed with actions for improvement identified. High risk actions, such as removing keypad locks from corridors, had been completed within 48 hours and the practice had plans to complete the lower risk actions within three months. • Premises/security risk assessment had been carried out. • Health and safety risk assessments had been carried out and appropriate actions taken <p>Framework of evidence</p> <ul style="list-style-type: none"> • Annual Calibration completed by Trust approved supplier • Weekly fire alarm testing recorded • Staff trained in fire evacuation procedure • Named fire wardens in place • Fire procedure displayed in all rooms • Identified Health and Safety Lead
S1.11	Do the arrangements for managing waste and clinical specimens keep people safe? (This includes classification, segregation, storage, labelling, handling and, where appropriate, treatment and disposal of waste.)	Lead nurse	<p>Waste bins should be:</p> <ul style="list-style-type: none"> • positioned where they are easily accessible to staff • lidded and operated with a foot-pedal if in clinical areas and toilets (to prevent hand contamination) <p>Waste bags should be:</p> <ul style="list-style-type: none"> • no more than two thirds full so the bag can be tied securely • securely tied using a plastic tie or secure knot. • All waste bags and sharps containers should be: • labelled with the address and date before collection so they can be traced if there is an incident • stored in a designated area while awaiting collection – this must be kept secure from entry by members of the public, animals or pests. • Sharps containers awaiting collection should not be placed inside waste bags and must be processed separately by the contractor.

			<p>Sharps containers</p> <ul style="list-style-type: none"> • Ensure that sharps are disposed of in the correct container. • Purple-lidded: cytotoxic and cytostatic medicinally contaminated sharps; for example, hormone-containing medicines such as contraceptive injections, Goserelin (Zoladex) and testosterone (Nebido). HTM 07-01 (page 167) gives a full list of relevant medicines. • Yellow-lidded: other medicinally contaminated sharps. • Orange-lidded: non medicinally contaminated sharps, for example stitch cutters and venepuncture equipment. • Complete labels on sharps receptacles on assembly and locking. Receptacles should not be filled above the black line. They should be locked and stored ready for collection three months after first use even if not full. • Wall mounted <p>Audits</p> <ul style="list-style-type: none"> • Lessons learned from incidents are shared to improve safety • Environmental risk assessments are regularly undertaken for the areas where we work (see Appendix for Health & Safety) <p>Framework of evidence</p> <ul style="list-style-type: none"> • 3 monthly sharps audit • Annual waste audit completed
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Managing risks - How are risks to people assessed, and their safety monitored and managed, so they are supported to stay safe?

WHY we need our risks to people assessed, and their safety monitored and managed, so they are supported to stay safe?

People seek health care for many different reasons, in the simplest terms people come to us for help and to feel safe. We are lucky enough to work in one of the most highly regarded organisations in the world, an organisation that makes people feel safe. We have a responsibility to ensure we understand our processes and can be assured they are as safe as they can be. People trust us to keep them safe and we have a responsibility to ensure that trust is not misplaced.

KLOE	KLOE - PROMT	Lead / Owner for this KLOE	WHAT WE DO SECTION <ul style="list-style-type: none"> • What CQC would expect to hear or see • Nigel's stories • CQC Framework of evidence • Policies and procedures
S2.1	How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff?	All	<ul style="list-style-type: none"> • See S1.1
S2.2	How do actual staffing levels and skill mix compare with the planned levels? Is cover provided for staff absence?	PM	<ul style="list-style-type: none"> • Practice has a BCP • Practice has a succession plan for replacing apts to avoid cancelling • Capacity and demand planning in place • Forward booking of rotas to mitigate anything other than short notice leave • Practice calculates demand and capacity also using a session planner • There was an effective approach to managing staff absences and busy periods. • Managers in this team know the team's vacancy rates, sickness levels and bank usage • Advance booking of annual leave and study leave 6 weeks in advance with an underpinning policy <p>Framework of evidence</p> <ul style="list-style-type: none"> • Capacity and demands reports completed weekly and reviewed by directorate • Any planned use of agency or bank staff is approved by director of primary care prior to booking • Rotas are planned and, on the system, at least 6 weeks in advance • Business Continuity Plan updated on a monthly basis • Unplanned sickness is covered by cross-team support wherever possible with a succession plan • In the event that an appointment is cancelled the patient is contacted and offered a suitable alternative.

S2.3	Do arrangements for using bank, agency and locum staff keep people safe at all times?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> • Robust system in place for using framework and bank agencies • ELFT resourcing system • Compliance checks • There was an effective induction system for temporary staff tailored to their role • All staff are well inducted • Induction pack for any locums / agency / bank staff is available and up to date • Managers in this team know where to access staff training records • Agency staff have name badges <p>Framework of evidence</p> <ul style="list-style-type: none"> • Induction pack in place for locums • All agency staff approved by line manager before recruitment and qualifications /registration checked • Audit of locum notes to ensure compliance to local policies and procedures
S2.4	How do arrangements for handovers and shift changes ensure that people are safe?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> • Practices should have regular meetings to discuss patients of concern. • Patients deemed to be end of life should have a named GP with cover arrangements in place and handovers completed when planned leave occurs. • ELFT resourcing system • Compliance checks • Weekly practice-based MDT clinical liaison meetings to discuss patients of concern
S2.5	Are comprehensive risk assessments carried out for people who use services and risk management plans developed in line with national guidance? Are risks managed positively?	Lead nurse and lead GP	<ul style="list-style-type: none"> • There were adequate systems to assess, monitor and manage risks to patient safety. • Comprehensive risk assessments were carried out for patients. The team continually risk assess patients, and update notes, care plans and alerts accordingly • Risk management plans for patients were developed in line with national guidance. • The practice was equipped to deal with medical emergencies (including suspected sepsis) • and staff were suitably trained in emergency procedures. • Clinicians knew how to identify and manage patients with severe infections including sepsis. • Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients. • There was a process in the practice for urgent clinical review of such patients. • When there were changes to services or staff the practice assessed and monitored the impact on safety. • Lithium monitoring • Spironolactone and eplerenone monitoring • ACE inhibitor or ARB monitoring • Amiodarone monitoring • Warfarin monitoring • DOAC monitoring

			<ul style="list-style-type: none"> • Mirabegron monitoring • Monthly Batch Reporting of high-risk medication reviewed by pharmacy team • Named anticoagulation lead • Annual BLS training for all staff and ILS training for clinical staff arranged at trust level • Posters to raise awareness of sepsis in reception /call centre • Management of acutely unwell patients – policy – used to be walk in policy but has been renamed • Named clinician responsible for acutely unwell patients (Duty Doctor)
S2.6	How do staff identify and respond appropriately to changing risks to people, including deteriorating health and wellbeing, medical emergencies or behaviour that challenges? Are staff able to seek support from senior staff in these situations?	Lead GP	<ul style="list-style-type: none"> • The practice had analysed the local population and was aware that in the absence of a local hospital, patients would attend the practice when they may be acutely unwell. • The practice had developed a policy that included 'red flag' symptoms that ensured reception staff escalated these patients to the duty doctor urgently. • Patients who had safeguarding concerns or who were on the palliative care register were also escalated for urgent appointments. • Risk assessment completed for drugs included in the doctor's bag. • Evidence that doctor's bag is checked monthly for expiry dates. • List of high priorities patients – kept in the reception hub and reviewed at clinical liaison meetings. <p>The doctor's bag</p> <ul style="list-style-type: none"> • GPs need the knowledge, skills, and equipment for managing medical emergencies. They also need to carry a range of drugs for use in acute situations when on home visits. • Exactly which drugs they should carry is dependent on the practice. For example, the drugs required by a remote and rural GP may be different from drugs required by an inner-city GP. • The choice of what to include in the GP's bag is decided by the: <ul style="list-style-type: none"> • medical conditions they are likely to face • medicines they are confident in using • storage requirements • shelf-life • extent of ambulance paramedic cover • proximity of the nearest hospital • availability of a 24-hour pharmacy
S2.7	How is the impact on safety assessed and monitored when carrying out changes to the service or the staff?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> • Via the practice risk register with escalation to DMT if needed • Via discussion at the practice based clinical governance meeting with escalation to QAG as needed.

Safe care and treatment - Do staff have all the information they need to deliver safe care and treatment to people?

Why we need our staff to have all of the information they need to deliver safe care and treatment to people

People seek health care for many different reasons, in the simplest terms people come to us for help and to feel safe. We are lucky enough to work in one of the most highly regarded organisations in the world, an organisation that makes people feel safe. We have a responsibility to ensure we understand our processes and can be assured they are as safe as they can be. People trust us to keep them safe and we have a responsibility to ensure that trust is not misplaced.

KLOE	KLOE - PROMT	Lead / Owner of the KLOE	WHAT WE DO SECTION <ul style="list-style-type: none"> What CQC would expect to hear or see Nigel's stories CQC Framework of evidence Policies and procedures
S3.1	Are people's individual care records, including clinical data, written and managed in a way that keeps people safe?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> Individual care records, including clinical data, were written and managed securely and in timely way There was a system for processing information relating to new patients including the summarising of new patient notes. There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Referral letters contained specific information to allow appropriate and timely referrals. Referrals to specialist services were documented and there was a system to monitor delays in referrals. There was a documented approach to the management of test results and this was managed in a timely manner. There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff. The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols. <p>Framework of evidence</p> <ul style="list-style-type: none"> Data Protection Policy IG / GDPR Policy Data Sharing Agreements Medical Notes and Letters summarising Policy Staff have data security awareness mandatory training annually The Trust has a Data Protection and Confidentiality Policy <p>Clinical notes audit by senior clinicians.</p>
S3.2	Is all the information needed to deliver safe care and treatment available to relevant staff in a timely and accessible way? (This may include test and imaging results, care and risk assessments,	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> as above and The system for managing pathology results was effective and there were cover arrangements to review abnormal results if certain clinicians are unavailable. each day an identified GP reviewed all blood results and ensured actions were taken within 24 hours. There is a process for processing test results There is a process for reviewing letters and communications There is a process for out-of-hours/A&E attendances There is a process for safeguarding alerts There is a process for responding to tasks/telephone calls/online consultation requests <p>Framework of evidence</p>

	care plans and case notes.)		<ul style="list-style-type: none"> • Data Protection Policy • IG / GDPR Policy • Data Sharing Agreements • Medical Notes and Letters summarising Policy • Staff have data security awareness mandatory training annually • The Trust has a Data Protection and Confidentiality Policy • Policy for dealing with Pathology results
S3.3	When people move between teams, services and organisations (which may include a referral, discharge, transfer and transition), is all the information needed for their ongoing care shared appropriately, in a timely way and in line with relevant protocols?	Lead GP	<ul style="list-style-type: none"> • The practice maintained monthly clinical multi-disciplinary meetings with community teams and had introduced twice weekly clinical liaison meetings to share information regarding vulnerable patients • The practice also used the same clinical record system as many community services to enable safe information sharing.
S3.4	How well do the systems that manage information about people who use services support staff, carers and partner agencies to deliver safe care and treatment? (This includes coordination between different electronic and paper-based systems and appropriate access for staff to records.)	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> • Using the clinical system to appropriately code patients who should be discussed at local MDT meetings. • Keeping accurate records of the named professionals involved in a person's care • Data Protection Policy • IG / GDPR Policy • Data Sharing Agreements • Medical Notes and Letters Summarising Policy? <p>Framework of evidence</p> <ul style="list-style-type: none"> • Data Protection Policy • IG / GDPR Policy • Data Sharing Agreements • Medical Notes and Letters summarising Policy • Staff have data security awareness mandatory training annually • The Trust has a Data Protection and Confidentiality Policy

Medicines management

Medicines management - How are medicines and medicines-related stationary managed (that is, ordered, transported, stored and disposed of safely and securely)? (This includes medical gases and emergency medicines and equipment.)

WHY we need medicines and medicines related stationary well managed, stored and disposed of safely and securely

People seek health care for many different reasons, in the simplest terms people come to us for help and to feel safe. We are lucky enough to work in one of the most highly regarded organisations in the world, an organisation that makes people feel safe. We have a responsibility to ensure we understand our processes and can be assured they are as safe as they can be. People trust us to keep them safe and we have a responsibility to ensure that trust is not misplaced.

An estimated 237 million medication errors occur in the NHS in England every year. Having systems and processes in place around prescribing are essential to keep people safe and to justify the trust they place on us.

KLOE	KLOE - PROMT	Lead / Owner of the KLOE	WHAT WE DO SECTION
S4.1	Are medicines appropriately prescribed, administered and/or supplied to people in line with the relevant legislation, current national guidance or best available evidence?	Clinical pharmacy team plus Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> What CQC would expect to hear or see Nigel's stories CQC Framework of evidence Policies and procedures
			<ul style="list-style-type: none"> The practice ensured medicines were stored safely and securely with access restricted to authorised staff. A good summary care record was in place Blank prescriptions were kept securely, and their use monitored in line with national guidance. Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions) The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review. There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines. The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates. There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use. Fridges containing medicines had been moved into treatment rooms and secured when not in use The emergency medicines and equipment removed from an accessible area and held securely behind reception. Vaccine and drug fridges locked at all times with labels on plug sockets to avoid them being switched off Prescription pads locked at all times Locked prescription printing trays on printers GP practice to have a named resuscitation lead to make sure:

- staff have access to resuscitation advice, training and practice quality standards are maintained equipment is checked regularly.
- immediate access to appropriate resuscitation equipment and drugs when needed
- a way for all staff to call for help
- staff trained to use equipment according to their roles
- local risk assessment overseen by a designated resuscitation lead
- personal protective equipment and sharps boxes available
- reliable system for equipment checks and replacement following manufacturer instructions
- appropriate equipment and medication considered

The Resuscitation Council UK lists minimum suggested equipment to support CPR in primary care settings. The following items should be available for immediate use:

- Automated External Defibrillator (AED)
- adhesive defibrillator pads – spare set also recommended oxygen, including cylinder with key and tubing where necessary pocket mask (adult) with oxygen port - this may be used inverted in infants
- protective equipment - gloves, aprons, eye protection stethoscope, absorbent towel – to dry chest if necessary
- razor – to shave chest to apply pads if needed
- Personal Protective Equipment for staff.
- Pulse oximeters are useful for managing a deteriorating patient as well as for chronic respiratory disease

The Resuscitation Council (UK) recommends a list of equipment for clinicians trained to deal with patients at increased risk of cardiorespiratory arrest.

- Automatic External Defibrillators (AEDs)
- Oxygen and oximeter
- Resuscitation drugs should be readily accessible in an emergency and not locked away. Resuscitation Council UK guidance states:
- keep emergency drugs in a box clearly marked 'for emergency use'
- boxes should be tamper evident
- keep boxes at strategic and accessible sites and not in a locked cupboard

Framework of evidence

- Evidence for non-medical prescriber support would be the trust policy and that they have a register
- monthly supervision for clinical pharmacists
- Clinical Pharmacist notes audited by a GP
- Approx 12 med review with the patient appointments per pharmacist per day
- mandatory training includes a prescribing/medication module (current not

			<p>working and not much was relevant to primary care, perhaps this needs a review)</p> <ul style="list-style-type: none"> • MHRA alerts are actioned • Medicines management meetings with the CCG are always attended • Prescribing Incentive Schemes are actioned • For medication administration – IM guide would be good which is a brief info sheet for medication administered in the surgery • PIS Audit • Medication Audit • All scripts to be sent via EPS wherever possible. • Clear system in place for the completion of PSDs for unregistered clinicians • Daily monitoring of vaccination fridges recorded. • Data loggers in place in vaccine fridges and downloaded weekly. • Any breach in cold chain reported and a datix completed. • Oxygen clearly signed in the event of fire. • PGDs are kept centrally for reference and can be accessed remotely. • Daily check recorded of defibrillator and emergency equipment. • Liaison with Trust Resuscitation lead to ensure compliance with current guidelines. • NMP to be audited by ANP as well as GP
S4.2	Do people receive specific advice about their medicines in line with current national guidance or evidence?	Clinical pharmacy team	<ul style="list-style-type: none"> • The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services • All letters are reconciled. • This is documented using the ardens drug review template which adds the read code <p>Framework of evidence</p> <ul style="list-style-type: none"> • The practice gives patients information about their medicines or refers them to places where they can obtain information
S4.3	How does the service make sure that people receive their medicines as intended, and is this recorded appropriately?	Clinical pharmacy team	<ul style="list-style-type: none"> • For remote or online prescribing there were effective protocols for verifying patient identity. • Good waiting times • Electronic transfer etc • 72-hour prescription turnaround time is monitored • ensuring that medication reconciliation is completed within a week of discharge (NICE guidelines). • should be standard everywhere. • Letters are added to rotas but previously has been over a week in advance.
S4.4	Are people's medicines reconciled in line with current national guidance when transferring between locations or changing levels of care?	Clinical pharmacy team	<ul style="list-style-type: none"> • If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance
S4.5	Are people receiving appropriate therapeutic drug and physical health monitoring with	Clinical pharmacy team	<ul style="list-style-type: none"> • There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin,

			Information/Trust-Policies-and-Procedures/Medicine-Policies
	Blank prescriptions process	Clinical pharmacy team	<p>Organisations who stock prescription forms are responsible for their management and use by:</p> <ul style="list-style-type: none"> • preventing theft and misuse through secure storage • developing an organisational policy outlining roles and responsibilities • developing local action protocols outlining what actions to take in the case of loss, theft or missing prescription forms/paper • controlling and recording prescription form movement, including recording serial numbers <p>Framework of evidence</p> <ul style="list-style-type: none"> • Clear and unambiguous records of prescription stationery stock received. • Clear arrangements for the arrival of prescription form stock. This should include a pre-determined date of arrival where possible, so a missed delivery can be followed up quickly within 6 working days from the date of the order being placed. • Prescription form stock checked on delivery. Bar codes recorded, checked against the delivery note and the stock securely stored as soon as possible. • Stock stored securely, at least in a locked cabinet within a lockable room or area. • Access to forms restricted to authorised individuals. <p>Record kept of pre-printed prescription form stock distribution within the practice including:</p> <ul style="list-style-type: none"> ○ the serial numbers ○ where, when (date/time) and to whom prescription forms have been distributed ○ using a computer system helps reconciliation and audit. <p>Records kept of prescription forms that are:</p> <ul style="list-style-type: none"> ○ returned to stock, ○ destroyed, and the reasons for destruction. <p>Clear storage system for prescribers using individualised forms:</p> <ul style="list-style-type: none"> ○ kept in a locked space and not with patients' notes ○ the serial number of the first remaining form is made at the end of each patient session. <p>Measures in place to keep forms secure. For example:</p> <ul style="list-style-type: none"> ○ only authorised individuals have access to the lockable room or area where prescription form stocks are kept. ○ it is not advisable to leave the forms in printer trays when not in use or overnight. <p>The new guidance says all prescriptions</p>

should be removed from printer trays and locked away when not in use or out of hours.

Consider at other times:

- using a lockable printer cover
- storing a printer in a lockable drawer
- storing forms in a lockable drawer and only placing them in a printer when needed.

Where risk assessments undertaken for printers used for computerised prescribing. Consideration should be given to:

- where the printer is located
- who has access to the area
- whether the area is shared with another service
- levels of surveillance
- Protocols define which who has access to the functions that generate prescriptions. Staff with access to the computer system should have an individual password.
- Regular stock checks undertaken on prescription forms. Where possible, separate duties of ordering, receiving and stock checking the prescription forms.
- A system for storing prescription forms when seeing patients outside practice premises. For example, on home visits. It is advisable to take a limited number of forms and record serial numbers.
- Staff know what to do if they suspect that prescription forms have gone missing
- Blank prescriptions stored in a locked cupboard and sign out process in place on prescription log when accessing prescriptions.
- Printer locks in place.
- Prescription Security Policy

Track record - What is the track record on safety?

WHY we need to know what our track record on safety is

People seek health care for many different reasons, in the simplest terms people come to us for help and to feel safe. We are lucky enough to work in one of the most highly regarded organisations in the world, an organisation that makes people feel safe. We have a responsibility to ensure we understand our processes and can be assured they are as safe as they can be. People trust us to keep them safe and we have a responsibility to ensure that trust is not misplaced.

We have a responsibility to act with integrity, to do the right thing. It is absolutely right that we look back on our track record on safety and learn from previous experience.

KLOE	KLOE - PROMT	Lead / Owner of the KLOE	WHAT WE DO SECTION
			<ul style="list-style-type: none"> What CQC would expect to hear or see Nigel's stories CQC Framework of evidence Policies and procedures
S5.1	What is the safety performance over time?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> The practice monitored and reviewed safety using information from a variety of sources. Practice pack and other data sources would be useful here <p>CQC will want to see evidence of the following:</p> <ul style="list-style-type: none"> All staff should be aware of and be able to prioritise a significant event. There should be evidence of information gathering, including factual information on the event such as personal testimonies, written records and other health care documentation. For more complex events, more in-depth analysis will be required. A facilitated team-based meeting should have occurred to discuss, investigate and analyse events. There should be evidence of regular meetings for the purpose of SEAs. Analysis of the significant event including: <ul style="list-style-type: none"> what happened and why? how could things have been different? what can we learn from what happened? is change required, if so, what needs to change? Agree, implement and monitor change. There are no fixed endpoints; outcomes should be revisited and the implementation and success of any agreed changes monitored at pre-set intervals. Written records and all the processes of the SEAs should be written up to form a report. This should record how effectively the event was analysed. Report, share, review - the SEA should be shared with all members involved in the significant event. <p>Framework of evidence</p> <ul style="list-style-type: none"> Significant event Paperwork in place at practice level and datix completed. All Significant events are discussed at Clinical Governance Meeting Lessons learned form completed. All Significant Events are reviewed and reviewed 3 months later at Clinical Governance to ensure learning is embedded
S5.2	How does safety performance	Lead nurse	<p>NHS health checks:</p> <ul style="list-style-type: none"> Is there a system for appropriate call and recall?

	compare with other similar services?		<ul style="list-style-type: none"> • How do they work with commissioners to identify people eligible for NHS health checks where they are completed by external providers? • Is there appropriate follow up after a person has had an NHS health check assessment, particularly where abnormalities or risk factors are identified: Do they get personalised advice and signposted to support to help change their behaviour? • Are they empowered and supported to manage their health, care and wellbeing?) • Is there appropriate investigation and management where abnormalities or risk factors are identified, for example high blood pressure or high cholesterol? • Are changes to care or treatment discussed and followed up between healthcare professionals, people and their carers? • When external providers carry out NHS health checks is there an effective system to transfer information to health records and ensure appropriate follow-up? • NHS Health Checks call and recall in place and managed by administration team. • Invitations sent out monthly • Q risk completed and signposted to clinical pharmacist for advice and guidance
S5.3	How well is safety monitored using information from a range of sources (including performance against safety goals where appropriate)?	Lead GP	<ul style="list-style-type: none"> • Quality Reports discussed at QAG and local governance meetings contain data on number of incidents, serious incidents, Duty of Candour, Complaints/PALS, Compliments, Patient Experience Data, Safety Alerts etc • Performance Report (from Nicola) includes mandatory training compliance, KPIs, waiting times

Learning when things go wrong - Are lessons learned and improvements made when things go wrong?

WHY we need to learn lessons when things go wrong and make improvements

People seek health care for many different reasons, in the simplest terms people come to us for help and to feel safe. We are lucky enough to work in one of the most highly regarded organisations in the world, an organisation that makes people feel safe. We have a responsibility to ensure we understand our processes and can be assured they are as safe as they can be. People trust us to keep them safe and we have a responsibility to ensure that trust is not misplaced.

In an environment where we manage a huge volume of clinical work, we will not get things right 100% of the time as we are all human. What we must be able to do is understand when things have gone wrong, act with integrity, make improvements, learn and share our learning.

KLOE	KLOE - PROMT	Lead / Owner of the KLOE	WHAT WE DO SECTION <ul style="list-style-type: none"> What CQC would expect to hear or see Nigel's stories CQC Framework of evidence Policies and procedures
S6.1	Do staff understand their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate?	All	<ul style="list-style-type: none"> Staff knew how to identify and report concerns, safety incidents and near misses. There was a system for recording and acting on significant events. Staff understood how to raise concerns and report incidents both internally and externally. There was evidence of learning and dissemination of information. The practice had implemented a new system of recording incidents that were shared trust wide. This allowed identification of themes and learning to be shared across the various ELFT sites. Staff, including locum staff, were aware of the process to raise significant events and were involved in discussion regarding the management of incidents. Incident Reporting Policy All incidents reported on Datix are reviewed by grading panel at Trust level Raising Concerns (Whistleblowing) Policy COSHH Policy Manual Handling Policy
S6.2	What are the arrangements for reviewing and investigating safety and safeguarding incidents and events when things go wrong? Are all relevant staff, services, partner organisations and people who use services involved in reviews and investigations?	Lead GP	<ul style="list-style-type: none"> significant events were discussed at clinical governance meetings and actions were taken to prevent recurrence of incidents. Each incident was reviewed after three months to ensure all actions had been completed. All incidents to be reported on Datix Lessons learned forms to be completed where appropriate and discussed at QAG SI review process Duty Of Candour reports Clinical Governance Minutes Could look at involving a service user in these reviews
S6.3	How are lessons learned and themes identified, and is action taken as a result of investigations when things go wrong?	Lead GP	<ul style="list-style-type: none"> Lessons learnt forms Grouping on datix of incidents to highlight themes Action planning following discussion of lessons learned forms as appropriate Clinical Governance Minutes Following an identified concern process mapping takes place involving members of all teams to clarify process and identify pitfalls and improve safety of process
S6.4	How well is the learning from lessons shared to	Lead GP	<ul style="list-style-type: none"> Clinical governance Practice meetings

	make sure that action is taken to improve safety? Do staff participate in and learn from reviews and investigations by other services and organisations?		<ul style="list-style-type: none"> • QAG • Practice packs • MDT reviews with others and with the wider ELFT organisation • Learning Lessons Seminars can be arranged with subject matter experts which could be system wide to share learning. • Primary Care Newsletter to share learning • Trust wide learning shared via Trust reports on learning from complaints, learning from deaths via mortality panel • SI Committee
S6.5	How effective are the arrangements to respond to relevant external safety alerts, recalls, inquiries, investigations or reviews?	Lead GP	<ul style="list-style-type: none"> • There was a system for recording and acting on safety alerts. • Staff understood how to deal with alerts • Patient safety alerts were also circulated by ELFT with actions to complete. • evidence that the practice maintained a log of alerts that required action. The practice pharmacy technician then completed the relevant patient searches and ensured actions were taken. • Clinical records confirmed this system was effective. • Patient safety alerts were a standing agenda item at all clinical governance meetings, and we saw evidence that relevant actions were discussed with clinical staff. • identify patients affected by patient safety alerts/alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA) • review sample of records to make sure action has been taken by CQC inspector • CAS Alerts reviewed by clinical director and emailed to clinical staff • Log of CAS Alerts, identified patients and actions taken kept by practice pharmacy technician.

Is it Effective?

WHY Providing effective care to people should help individuals achieve good clinical outcomes, maintain a good quality of life and achieve to goals that matter to them.

The effective care should be based on the best, most up to date evidence. The care we provide and the outcomes we are aiming for should be decided in partnership with each individual person we are working with.

Our patients rightly expect to receive care that is based on clear guidelines and supported by effective processes in line with national standards. It is right that patients can expect to receive care that is comparable with our peers, this reduces inequalities.

Our staff need to be trained appropriately to be able to deliver this care and must work in partnership with other organisations.

KLOE	KLOE - PROMT	Lead / Owner of the KLOE	WHAT WE DO SECTION <ul style="list-style-type: none"> • What CQC would expect to hear or see • Nigel's stories • CQC Framework of evidence • Policies and procedures
E1.1	Are people's needs assessed and care and treatment delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?	Lead GP and lead nurse	<ul style="list-style-type: none"> • The practice had systems and processes to keep clinicians up to date with current evidence-based practice. • evidence that up to date clinical guidance was shared and discussed at clinical governance meetings. Clinical guidelines were embedded into clinical systems and records we looked at were in line with national guidance. • Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. • Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way. • Patients' treatment was regularly reviewed and updated. • There were appropriate referral pathways to make sure that patients' needs were addressed. • individual care records/care plans/annual reviews for specific groups of patients available and undertaken. For example, patients with a mental health condition, frail older people, children with long term conditions • the carers register • You document all tests requested in the clinical system. • There are no delays in dealing with results that require prompt action. For example, regularly tracking and reconciling tests requested against results received. • Clinicians, and non-clinicians where appropriate, who review results have access to the medical record and • training to understand the significance of the results. • Clinicians are responsible for making sure results which alter patient management are acted on. • You review results in a timely manner. This includes when: clinicians are absent and • you receive results following requests made by short-term locums. • That you see and action all test results if a patient has had multiple tests and you get results at

different times. In these cases, there is a greater risk some of the results are not actioned quickly or at all.

- That everyone is aware of their responsibilities for managing test results. This includes clinicians and administrative staff.
- All staff should have access to training. Support on the day to day implementation of the management of test results is important.
- Team has Escalation policy in place; Relevant meeting mins where escalation is discussed

Outstanding features

- There is a truly holistic approach to assessing, planning and delivering care and treatment to all people who use services. This includes addressing, where relevant, their nutrition, hydration and pain relief needs.
- The safe use of innovative and pioneering approaches to care and how it is delivered are actively encouraged.
- New evidence based techniques and technologies are used to support the delivery of high-quality care.
- People who are detained under the Mental Health Act 1983 (MHA) understand and are empowered to exercise their rights under the Act.
- The provider supports staff to understand and meet the standards in the MHA Code of Practice, working effectively with others to promote the best outcomes with a focus on recovery for people subject to the MHA.

E1.2

Are people's physical, mental health and social needs holistically assessed, and is their care, treatment and support delivered in line with legislation, standards and evidence-based guidance, including NICE and other expert professional bodies, to achieve effective outcomes?

Lead GP and Lead nurse

- This service follows relevant NICE guidelines in our work, actions plans minuted, also circulated amongst the team and discussed at CG meetings
- We have a directorate NICE guidance lead who is responsible for reviewing latest NICE Guidance, circulating that guidance to clinical lead GP's and planning for actions that need to be taken.
- NICE Guidance is a standing agenda item at the QAG meeting
- CAS alerts are received by the medical director, circulated as appropriate to the clinical lead GP's to be discussed and actioned at CG meetings and are again reviewed at monthly QAG meetings
- Use of Ardens Templates with links to NICE guidance and other resources such as BTS and FRSH to ensure clinicians can access relevant evidence and make informed decisions in partnership with their patients.

Outstanding features

- All staff are actively engaged in activities to monitor and improve quality and outcomes (including, where appropriate, monitoring outcomes for people once they have transferred to other services).
- Opportunities to participate in benchmarking and peer review are proactively pursued, including participation in approved accreditation schemes. High performance is recognised by credible external bodies.

			<ul style="list-style-type: none"> Outcomes for people who use services are positive, consistent and regularly exceed expectations.
E1.3	What processes are in place to ensure there is no discrimination, including on the grounds of protected characteristics under the Equality Act, when making care and treatment decisions?	Lead GP and lead nurse	<ul style="list-style-type: none"> no evidence of discrimination when staff made care and treatment decisions. Throughout the COVID-19 pandemic, the practice has been aware of health inequalities that were within their practice population. They had utilised tools from the clinical commissioning group in order to further identify actions that could reduce these inequalities and ensure all patients could access health and wellbeing services. All patients with a Learning Disability are clearly identified. Audit of DNAR on patients with a learning disability completed to ensure that one had not been put in place by external organisations <p>Outstanding features</p> <ul style="list-style-type: none"> The continuing development of the staff's skills, competence and knowledge is recognised as being integral to ensuring high-quality care. Staff are proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice. Where relevant, volunteers are proactively recruited and are supported in their role. The service regularly updates its policies and processes for using volunteers and innovative practice, and the use of volunteers helps to measurably improve outcomes for people
E1.4	How is technology and equipment used to enhance the delivery of effective care and treatment and to support people's independence?	PM	<ul style="list-style-type: none"> The practice used digital services securely and effectively and conformed to relevant digital and information security standards. Video Consultations Dashboard enquiries via website Use of Accurex to send relevant links to patients for advice and support Virtual coffee morning for patients Patients use email links to send photos of moles etc Online reviews for CDM with review by clinician and follow up if necessary. <p>Outstanding features</p> <ul style="list-style-type: none"> Staff, teams and services are committed to working collaboratively and have found innovative and efficient ways to deliver more joined-up care to people who use services. There is a holistic approach to planning people's discharge, transfer or transition to other services, which is done at the earliest possible stage
E1.5	Are the rights of people subject to the Mental Health Act 1983 (MHA) protected and do staff have regard to the MHA Code of Practice?	Lead GP	<ul style="list-style-type: none"> I have saved the MHA Code of Practice in the documents for upload to the website. The Trust "Ten Point Guide to the MHA" <p>Outstanding features</p> <ul style="list-style-type: none"> Staff are consistent in supporting people to live healthier lives, including identifying those who need extra support, through a targeted and proactive approach to health promotion and

			prevention of ill-health, and they use every contact with people to do so.
E1.6	How are people's nutrition and hydration needs (including those related to culture and religion) identified, monitored and met? Where relevant, what access is there to dietary and nutritional specialists to assist in this?	Lead Nurse Lead GP	<ul style="list-style-type: none"> Care homes – enhanced health and care <p>Outstanding features</p> <ul style="list-style-type: none"> Practices around consent and records are actively monitored and reviewed to improve how people are involved in making decisions about their care and treatment. Engagement with stakeholders, including people who use services and those close to them, informs the development of tools and support to help people give informed consent.
E1.7	How is a person's pain assessed and managed, particularly for people who have difficulty communicating?	Lead GP	<ul style="list-style-type: none"> Named GP leads for care homes, LD patients and end of life patients, clinicians with a good knowledge of a person's baseline are more likely to be able to appropriately assess a person's level of pain and manage that pain.
E1.8	Are people told when they need to seek further help and advised what to do if their condition deteriorates?	All	<ul style="list-style-type: none"> Patients were told when they needed to seek further help and what to do if their condition deteriorated. This was documented People who may need extra support are identified, e.g. people in the last 12 months of their lives, people at risk of developing a long-term condition, carers People who use services are empowered and supported to manage their own health, care and wellbeing and to maximise their independence Where additional support or interventions are identified, changes to people's care or treatment are discussed and followed up Signposted to patient forums / PPGs

Monitoring and comparing with similar services - How are people's care and treatment outcomes monitored and how they compare with other similar services?

Why we need to monitor and compare our services with others

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Our patients rightly expect to receive care that is based on clear guidelines and supported by effective processes in line with national standards. It is right that patients can expect to receive care that is comparable with our peers, this reduces inequalities.

Our staff need to be trained appropriately to be able to deliver this care and must work in partnership with other organisations.

KLOE	KLOE - PROMT	Owner / Lead for the KLOE	WHAT WE DO SECTION
			<ul style="list-style-type: none"> What CQC would expect to hear or see Nigel's stories CQC Framework of evidence Policies and procedures
E2.1	Is information about the outcomes of people's care and treatment (both physical and mental where appropriate) routinely collected and monitored?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> QOF PCN dashboard is reviewed PHE Fingertips data reviewed National GP Dashboard Chain Practice has a current view of health checks performed and is undertaking care plans Practice is aware of current % and has a plan to achieve national targets; and discussions minuted This service takes part in clinical audit, including discussing results and taking action to improve (see Appendix 8) Members of the team are actively involved in one or more quality improvement projects Manager/s know how to access the data needed to monitor our effectiveness as a service Assessment, planning and delivery and review of care is coordinated across different teams and organisations Practice performance packs PREM survey each month Named Leads for different clinical areas of care ensures more detailed overview and response.
E2.2	Does this information show that the intended outcomes for people are being achieved?	Management team (lead GP, lead nurse and PM)	Local response
E2.3	How do outcomes for people in this service compare with other similar services and how have they changed over time?	Management team (lead GP, lead nurse and PM)	Local response
E2.4	Is there participation in relevant quality improvement initiatives, such as local and national clinical audits, benchmarking,	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> Clinicians took part in national and local quality improvement initiatives The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.

	<p>(approved) accreditation schemes, peer review, research, trials and other quality improvement initiatives? Are all relevant staff involved in activities to monitor and use information to improve outcomes?</p>		<ul style="list-style-type: none"> • Quality improvement activity was targeted at the areas where there were concerns. • The practice regularly reviewed unplanned admissions and readmission and took appropriate action. • Any patients that had frequent admissions to hospital were discussed at multi-disciplinary meetings to ensure appropriate admission avoidance actions were in place • review of outcomes data • small scale data searches • information collection and analysis (Search and Do activities) • plan/do/study/act (PDSA) cycles • significant event analysis (SEA) • large scale national audit • reflective case reviews • reflection on formal patient and colleague feedback survey results.
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Staff skills and knowledge - How does the service make sure that staff have the skills, knowledge and experience to deliver effective care, support and treatment?

Why we need to ensure our staff have the right skills and knowledge to deliver care

Providing effective care to people should help individuals achieve good clinical outcomes, maintain a good quality of life and achieve to goals that matter to them. The effective care should be based on the best, most up to date evidence. The care we provide and the outcomes we are aiming for should be decided in partnership with each individual person we are working with.

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Our staff need to be trained appropriately to be able to deliver this care and must work in partnership with other organisations.

KLOE	KLOE - PROMT	Lead / Owner for the KPI	WHAT WE DO SECTION <ul style="list-style-type: none"> • What CQC would expect to hear or see • Nigel's stories • CQC Framework of evidence • Policies and procedures
E3.1	Do people have their assessed needs, preferences and choices met by staff with the right skills and knowledge?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> • Staff had the skills, knowledge and experience to deliver effective care, support and the practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles. • This included specific training for nurses on immunisation and on sample taking for the cervical screening programme. • The learning and development needs of staff were assessed. • The practice had a programme of learning and development. • Staff had protected time for learning and development. • There was an induction programme for new staff • Care Certificate for Health Care Assistants • Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. • Staff were supported to meet the requirements of professional revalidation. • The practice could demonstrate how they assured the competence of staff employed is advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates. • There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable • CPD / Appraisals <p>Framework of evidence</p> <ul style="list-style-type: none"> • Clinical Supervision Policy. • Training Needs Analysis completed. • Annual appraisals completed
E3.2	How are the learning needs of all staff identified? Do staff have appropriate training to meet their learning needs that covers the scope of their work, and is there protected time for this training?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> • As above <p>Framework of evidence</p> <p>Training compliance published and disseminated monthly (weekly tbc)</p> <ul style="list-style-type: none"> • At supervision, managers and staff can discuss what training is required. • Appraisals also allow for this • Where new processes/systems are introduced, training is provided

			<ul style="list-style-type: none"> • Learning and Development provide information on statutory and mandatory training • L&D, Organisational Development Team and P&C staff provide and/or deliver training and/or developmental opportunities • The development of the Directorate Key Skills Framework and local training needs analysis will enable staff
E3.3	Are staff encouraged and given opportunities to develop?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> • Appraisals and career conversation section part of this • Access via the weekly ELFT bulletins to a range of training and learning opportunities • Study leave policies and procedures • CPD / appraisals • PC Directorate Leadership development programme • KSF in primary care framework <p>Framework of evidence</p> <ul style="list-style-type: none"> • L&D weekly bulletin and training via ELFT partners eg via the PCN
E3.4	What are the arrangements for supporting and managing staff to deliver effective care and treatment? (This includes one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.)	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> • Appraisals • Supervision • 1:1s • Team meetings • Cross directorate meetings • Clinical and managerial supervision • CPD and training • Mandatory and statutory training • Revalidation <p>Framework of evidence</p> <ul style="list-style-type: none"> • At supervision, managers and staff can discuss what training is required. • Appraisals also allow for this where new processes/systems are introduced, training is provided • Learning and Development provide information on statutory and mandatory training • L&D, Organisational Development Team and P&C staff provide and/or deliver training and/or developmental opportunities
E3.5	How is poor or variable staff performance identified and managed? How are staff supported to improve?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> • There were comprehensive assurance systems which were regularly reviewed and improved. • There were processes to manage performance. • There was a systematic programme of clinical and internal audit. • There were effective arrangements for identifying, managing and mitigating risks. • clear audit schedules that were focused on the areas of challenge within the practice, such as access. These should be discussed at regular clinical governance meetings • Examples of notes audits for advanced practitioners and locums and feedback

			<p>Framework of evidence</p> <ul style="list-style-type: none"> • Redeployment might be considered if staff are not able to perform at the level required for the role – Redeployment Policy and Procedure • Performance improvement policies • Staff Performance Improvement and Capability Policy and Procedure • Supervision policy
E3.6	Are volunteers recruited where required, and are they trained and supported for the role they undertake?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> • Volunteer Policy to the documents saved for the website • Groundswell, social prescribing, health and wellbeing coach, people participation lead <p>Framework of evidence</p> <ul style="list-style-type: none"> • Trust Volunteer Policy

How staff, teams and services work together - How well do staff, teams and services work together within and across organisations to deliver effective care and treatment?

Why we need our teams and services to work together within and across organisations

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Our staff need to be trained appropriately to be able to deliver this care and must work in partnership with other organisations.

KLOE	KLOE - PROMT	Lead / Owner for the KPI	WHAT WE DO SECTION <ul style="list-style-type: none"> What CQC would expect to hear or see Nigel's stories CQC Framework of evidence Policies and procedures
E4.1	Are all necessary staff, including those in different teams, services and organisations, involved in assessing, planning and delivering care and treatment?	Lead nurse/lead GP	<ul style="list-style-type: none"> records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment. MDT – who are the key partners etc practice team knows
E4.2	How is care delivered and reviewed in a coordinated way when different teams, services or organisations are involved?	Lead nurse/lead GP	<ul style="list-style-type: none"> Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved. With evidence available MDTs Directory of services
E4.3	How are people assured that they will receive consistent, coordinated, person-centred care and support when they use, or move between different services?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> Patients received consistent, coordinated, person-centred care when they moved between services – documented The GP support unit and care coordinators and social prescribers
E4.4	Are all relevant teams, services and organisations informed when people are discharged from a service? Where relevant, is discharge undertaken at an appropriate time of day and only done when any necessary ongoing care is in place?	All	<ul style="list-style-type: none"> Team members provide accessible information to all patients about where to get support out-of-hours Team members provide accessible information to patients about their treatment and/or medication We have processes for involving patients and carers at all stages of care and care planning This team has systems of observation, supervision, and support to ensure that staff work in a compassionate, timely and appropriate way

			<ul style="list-style-type: none"> • Staff respect privacy and confidentiality at all times • Scanning department ensure letters are directed to appropriate clinicians.
E4.5	How are high-quality services made available that support care to be delivered seven days a week and how is their effect on improving patient outcomes monitored?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> • For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services. • Working in partnership with local PCN's to deliver both extended access and extended hours.

Supporting people to live healthier lives - How are people supported to live healthier lives and, where the service is responsible, how does it improve the health of its population?

Why we need to support people to live healthier lives

Providing effective care to people should help individuals achieve good clinical outcomes, maintain a good quality of life and achieve to goals that matter to them. The effective care should be based on the best, most up to date evidence. The care we provide and the outcomes we are aiming for should be decided in partnership with each individual person we are working with.

Our patients rightly expect to receive care that is based on clear guidelines and supported by effective processes in line with national standards. It is right that patients can expect to receive care that is comparable with our peers, this reduces inequalities.

Our staff need to be trained appropriately to be able to deliver this care and must work in partnership with other organisations.

KLOE	KLOE - PROMT	Lead / Owner for the KPI	WHAT WE DO SECTION <ul style="list-style-type: none"> What CQC would expect to hear or see Nigel's stories CQC Framework of evidence Policies and procedures
E5.1	Are people identified who may need extra support? This includes: people in the last 12 months of their lives people at risk of developing a long-term condition carers	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers. Specific population groups are catered to Practice goes that extra mile exemplified by having initiatives like a "taxi fund" to help patients at any time off need Practice actively seeks to address the risk of patients being socially isolated by setting up forums such as a "reading group" and a "gardening club". Staff report disrespectful, discriminatory, or abusive behaviour or attitudes
E5.2	How are people involved in regularly monitoring their health, including health assessments and checks, where appropriate and necessary?	All	<ul style="list-style-type: none"> Staff encouraged and supported patients to be involved in monitoring and managing their own health.
E5.3	Are people who use services empowered and supported to manage their own health, care and wellbeing and to maximise their independence?	All	<ul style="list-style-type: none"> Patients had access to appropriate health assessments and checks. Staff discussed changes to care or treatment with patients and their carers as necessary Health fayres Lifestyle advice Social prescribing Health coaching
E5.4	Where abnormalities or risk factors are identified that may require additional support or intervention, are changes to people's care or treatment discussed and followed up between staff, people and their carers where necessary?	All	<ul style="list-style-type: none"> The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity. Weight watchers 800 calorie diet Social prescribing and health and wellbeing coaches
E5.5	How are national priorities to improve the population's health supported? (For example, smoking cessation, obesity, drug	Management team (lead GP, lead	<ul style="list-style-type: none"> As above Health fairs and promotional activities done by the service Health promotion fayres and events

	and alcohol dependency, dementia and cancer.)	nurse and PM)	
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Consent to care and treatment - Is consented care and treatment always sought in line with legislation and guidance?

WHY Providing effective care to people should help individuals achieve good clinical outcomes, maintain a good quality of life and achieve to goals that matter to them.

The effective care should be based on the best, most up to date evidence. The care we provide and the outcomes we are aiming for should be decided in partnership with each individual person we are working with.

Our patients rightly expect to receive care that is based on clear guidelines and supported by effective processes in line with national standards. It is right that patients can expect to receive care that is comparable with our peers, this reduces inequalities.

Our staff need to be trained appropriately to be able to deliver this care and must work in partnership with other organisations.

KLOE	KLOE - PROMT	Lead / Owner for the KPI	WHAT WE DO SECTION <ul style="list-style-type: none"> What CQC would expect to hear or see Nigel's stories CQC Framework of evidence Policies and procedures
E6.1	Do staff understand the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children's Acts 1989 and 2004 and other relevant national standards and guidance?	Led GP	<ul style="list-style-type: none"> Clinicians understood the requirements of legislation and guidance when consent and decision making. We saw that consent was documented. Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. The practice monitored the process for seeking consent appropriately. Policies for any online services offered were in line with national guidance.
E6.2	How are people supported to make decisions in line with relevant legislation and guidance?	Lead GP	<ul style="list-style-type: none"> As above and Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given. Staff helped patients and their carers find further information and access community and advocacy services Easy read materials were available Materials in different languages were available
E6.3	How and when is possible lack of mental capacity to decide assessed and recorded?	Lead GP	<ul style="list-style-type: none"> Mental capacity training for clinicians
E6.4	How is the process for seeking consent monitored and reviewed to ensure it meets legal requirements and follows relevant national guidance?	Lead GP	<ul style="list-style-type: none"> See the consent policy Gillick Competency Fraser Guidelines
E6.5	When people lack the mental capacity to make a decision, do staff ensure that best interests' decisions are made in accordance with legislation?	Lead GP	<ul style="list-style-type: none"> Clinicians understood the mental capacity act and how to conduct best interest assessments. Clinical records we checked showed consent was sought and recorded appropriately.
E6.6	How does the service promote supportive practice that avoids the need for physical restraint? Where physical restraint may be necessary, how does the service ensure that it is used in a safe,	N/A	<ul style="list-style-type: none"> We do not use physical restraint in primary care

	proportionate, and monitored way as part of a wider person-centred support plan?		
E6.7	Do staff recognize when people aged 16 and over and who lack mental capacity are being deprived of their liberty, and do they seek authorization to do so when they consider it necessary and proportionate?	Lead GP	<ul style="list-style-type: none"> We do not directly seek DOLS in primary care. Some of our patients may be subject to a DOLS within a care home environment.

Is it Caring?

Kindness, respect and compassion - How does the service ensure that people are treated with kindness, respect and compassion, and that they are given emotional support

Why we need to ensure our services are routed in kindness, respect, and compassion

At a time in their lives when they are seeking help, our patients can feel vulnerable. It is a gift to be working in a role that allows us to help others. If we would wish to be treated with kindness, respect and compassion this is absolutely how we should be treating every person we serve. We should do everything in our power to ensure people are treated with the same dignity and compassion we would wish for ourselves and our loved ones.

Part of treating people with care is taking every opportunity to enable people to lead their own healthcare and make their own decisions.

KLOE	KLOE - PROMT	Lead / Owner for the KPI	WHAT WE DO SECTION <ul style="list-style-type: none"> • What CQC would expect to hear or see • Nigel's stories • CQC Framework of evidence • Policies and procedures
C1.1	Do staff understand and respect the personal, cultural, social and religious needs of people and how these may relate to care needs, and do they take these into account in the way they deliver services? Is this information recorded and shared with other services or providers?	All	<ul style="list-style-type: none"> • Use of interpreters / braille print / larger font for visual impairments • Leaflets available in different languages • We send texts for screening in different languages and also letters <p>Framework of evidence</p> <ul style="list-style-type: none"> • Staff have statutory equality, diversity and human rights training • Corporate staff induction covers Trust values – we care, respect, we are inclusive – and what this means <p>Outstanding features</p> <ul style="list-style-type: none"> • Feedback from people who use the service, those who are close to them and stakeholders is continually positive about the way staff treat people. People think that staff go the extra mile and their care and support exceeds their expectations. • There is a strong, visible person- centred culture. • Staff are highly motivated and inspired to offer care that is kind and promotes people's dignity. • Relationships between people who use the service, those close to them and staff are strong, caring, respectful and supportive. These relationships are highly valued by staff and promoted by leaders. • Staff recognise and respect the totality of people's needs. They always take people's personal, cultural, social and religious needs into account, and find innovative ways to meet them. • People's emotional and social needs are seen as being as important as their physical needs.
C1.2	Do staff take the time to interact with people who use the service and those close to them in a respectful and considerate way?	All	<ul style="list-style-type: none"> • Use Patient Feedback data to evidence • 'You said, we did' boards <p>Outstanding features</p> <ul style="list-style-type: none"> • People who use services and those close to them are active partners in their care. Staff are fully committed to working in partnership with people and making this a reality for each person.

			<ul style="list-style-type: none"> • Staff always empower people who use the service to have a voice and to realise their potential. They show determination and creativity to overcome obstacles to delivering care. People's individual preferences and needs are always reflected in how care is delivered. • Staff recognise that people need to have access to, and links with, their advocacy and support networks in the community and they support people to do this. They ensure that people's communication needs are understood, seek best practice and learn from it
C1.3	Do staff show an encouraging, sensitive and supportive attitude to people who use services and those close to them?	All	<ul style="list-style-type: none"> • Use Patient Feedback data to evidence • Recording of all complaints on Datix so themes can be monitored including staff attitude and approach. • Complaints and patient feedback reviewed on a monthly basis <p>Outstanding features</p> <ul style="list-style-type: none"> • People are always treated with dignity by all those involved in their care, treatment and support. Consideration of people's privacy and dignity is consistently embedded in everything that staff do, including awareness of any specific needs as these are recorded and communicated. • Staff find innovative ways to enable people to manage their own health and care when they can and to maintain independence as much as possible. • People feel really cared for and that they matter. • Staff are exceptional in enabling people to remain independent. • People value their relationships with the staff team and feel that they often go 'the extra mile' for them when providing care and support.
C1.4	Do staff raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes?	All	<ul style="list-style-type: none"> • Number of incidents reported? • All incidents to be reported on Datix and will be included in the monthly quality report discussed at QAG.
C1.5	Do staff understand the impact that a person's care, treatment or condition will have on their wellbeing and on those close to them, both emotionally and socially?	All	<ul style="list-style-type: none"> • Monthly 1:1's for all staff • ELFT Well-being resources • Regular 'well-being' newsletter from the people and culture team • Access to the employee assistance program
C1.6	Are people given appropriate and timely support and information to cope emotionally with their care, treatment or condition? Are they advised how to find other support services?	All	<ul style="list-style-type: none"> • See above • Signposting to local support services – MIND, Carers Bedfordshire, etc

Involving people in decisions about their care - How does the service support people to express their views and be actively involved in making decisions about their care, treatment and support as far as possible?

Why we need to involve people in decisions about their care

At a time in their lives when they are seeking help, our patients can feel vulnerable. It is a gift to be working in a role that allows us to help others. If we would wish to be treated with kindness, respect and compassion this is absolutely how we should be treating every person we serve. We should do everything in our power to ensure people are treated with the same dignity and compassion we would wish for ourselves and our loved ones.

Part of treating people with care is taking every opportunity to enable people to lead their own healthcare and make their own decisions.

KLOE	KLOE - PROMT	Lead / Owner for the KPI	WHAT WE DO SECTION <ul style="list-style-type: none"> • What CQC would expect to hear or see • Nigel's stories • CQC Framework of evidence • Policies and procedures
C2.1	Do staff communicate with people so that they understand their care, treatment and condition and any advice given?	All	<ul style="list-style-type: none"> • Interpretation services were available for patients who did not have English as a first language. • Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations. • Information leaflets were available in other languages and in easy read format. • Information about support groups was available on the practice website • The practice has a practice newsletter for patients and partners. <p>Patient information</p> <ul style="list-style-type: none"> • Outstanding practices have found it helpful to bring key pieces of information together in specific zones and leaflets which are displayed both within the GP practice and on the practice website to help demonstrate CQC compliance. This should include: <ul style="list-style-type: none"> ○ services offered at the GP practice ○ safeguarding ○ listening and responding to patients ○ you said we did boards, reviewed and updated ○ PREM survey data ○ how informed consent is obtained ○ Complaints process ○ managing risk ○ health promotion, self-care and service information ○ shared decision making with the patient ○ confidentiality ○ Visual QI improving quality
C2.2	Do staff seek accessible ways to communicate with people – when their protected equality or other characteristics make this necessary?	All	<ul style="list-style-type: none"> • As above

C2.3	How do staff make sure that people who use services and those close to them are able to find further information, including community and advocacy services, or ask questions about their care and treatment? How are they supported to access these?	All	<ul style="list-style-type: none"> • As above • Social prescribing • Care coordination
C2.4	Are people empowered and supported, where necessary, to use and link with support networks and advocacy, so that it will have a positive impact on their health, care and wellbeing	All	<ul style="list-style-type: none"> • Care co-ordination • Practices encouraged to work with their local system to create better links with partner agencies
C2.5	Do staff routinely involve people who use services and those close to them (including carers and dependents) in planning and making shared decisions about their care and treatment? Do people feel listened to, respected and have their views considered?	Lead GP/lead nurse	<ul style="list-style-type: none"> • Carers register • Support package for carers • PPG • Other forms of feedback such as PREM • Focus groups • Peer advocacy feedback such as groundswell • Young carers groups and information • Identified Cares Lead • Carers Café?
C2.6	Are people's carers, advocates and representatives, including family members and friends, identified, welcomed, and treated as important partners in the delivery of their care?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> • Good system of identifying and supporting carers and advocates • Recorded on the system • A tailored package available to them • Health fayres and events
C2.7	What emotional support and information is provided to those close to people who use services, including carers, family and dependents?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> • Bereaved patients received a sympathy card and a bereavement phone call. • Bereavement calls were made to families irrespective of if they were registered at the practice.

Privacy and dignity - How are people's privacy and dignity respected and promoted?

Why we need to ensure peoples privacy and dignity is respected and promoted

At a time in their lives when they are seeking help, our patients can feel vulnerable. It is a gift to be working in a role that allows us to help others. If we would wish to be treated with kindness, respect and compassion this is absolutely how we should be treating every person we serve. We should do everything in our power to ensure people are treated with the same dignity and compassion we would wish for ourselves and our loved ones.

Part of treating people with care is taking every opportunity to enable people to lead their own healthcare and make their own decisions.

KLOE	KLOE - PROMT	Lead / Owner for the KPI	WHAT WE DO SECTION <ul style="list-style-type: none"> What CQC would expect to hear or see Nigel's stories CQC Framework of evidence Policies and procedures
C3.1	How does the service and staff make sure that people's privacy and dignity needs are understood and always respected, including during physical or intimate care and examinations?	Lead nurse/lead GP	<ul style="list-style-type: none"> Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Consultation and treatment room doors were closed during consultations. A private room was available if patients were distressed or wanted to discuss sensitive issues. There were arrangements to ensure confidentiality at the reception desk. Chaperone policy and procedure
C3.2	Do staff respond in a compassionate, timely and appropriate way when people experience physical pain, discomfort or emotional distress?	All	<ul style="list-style-type: none"> Monitor via patient feedback and complaints Ensuring staff feel well cared for so that they can care for patients
C3.3	How are people assured that information about them is treated confidentially in a way that complies with the Data Protection Act and that staff support people to make and review choices about sharing their information?	PM	<ul style="list-style-type: none"> Patients were informed and consent obtained if interactions were recorded. The practice ensured patients were informed how their records were stored and managed. Patients were made aware of the information sharing protocol before online services were delivered. The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services. Online consultations took place in appropriate environments to ensure confidentiality. The practice advised patients on how to protect their online information. The practice had protocols in place to ensure that patients could access their clinical records where appropriate. examples of where access to clinical records was expedited to assist with personal situations. practice ensured that most video consultations took place on-site. some GPs were working from home. The practice developed a working from home

			<p>agreement with each affected GP to ensure all consultations were held confidentially and not disturbed.</p> <ul style="list-style-type: none">• Policy in place for storage of sensitive images sent via online tools and consent.
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Is it Responsive?

Person-centred care - How do people receive personalised care that is responsive to their needs?

Why we need to ensure we deliver personalised care that is response to peoples needs

If we would want to receive care that is personalised to our needs, that responds to the difficulties we are experiencing and that takes account of our choices then this is the care we should be working to provide for the people we serve.

KLOE	KLOE - PROMT	Lead / Owner for the KPI	WHAT WE DO SECTION <ul style="list-style-type: none"> • What CQC would expect to hear or see • Nigel's stories • CQC Framework of evidence • Policies and procedures
R1.1	Do the services provided reflect the needs of the population served and do they ensure flexibility, choice and continuity of care?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> • The practice understood the needs of its local population and had developed services in response to those needs, • The 6 key population groups each have a well-defined model and offer that staff and patients understood • The importance of flexibility, informed choice and continuity of care was reflected in the services provided. • Named GPs for more complex patients to ensure continuity of care. • Late night appointments • Dedicated flu clinics – drive through clinics for less enabled patients <div style="border: 2px solid blue; padding: 5px; margin-top: 10px;"> <p>Outstanding features</p> <ul style="list-style-type: none"> • People's individual needs and preferences are central to the delivery of tailored services. • There are innovative approaches to providing integrated person-centred pathways of care that involve other service providers, particularly for people with multiple and complex needs. • The services are flexible, provide informed choice and ensure continuity of care. • Facilities and premises are innovative and meet the needs of a range of people who use the service </div>
R1.2	Where people's needs and choices are not being met, is this identified and used to inform how services are improved and developed?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> • PREM • QI • Process mapping • You said, we did <div style="border: 2px solid blue; padding: 5px; margin-top: 10px;"> <p>Outstanding features</p> <ul style="list-style-type: none"> • There is a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that meets these needs, which is accessible and promotes equality. This includes people with protected characteristics under the • Equality Act, people who may be approaching the end of their life, and people who are in vulnerable circumstances or who have complex needs. </div>

R1.3	Are the facilities and premises appropriate for the services that are delivered?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> The facilities and premises were appropriate for the services being delivered – including DDA, hearing loops and other <p>Outstanding features</p> <ul style="list-style-type: none"> People can access services and appointments in a way and at a time that suits them. Technology is used innovatively to ensure people have timely access to treatment, support and care.
R1.4	How does the service identify and meet the information and communication needs of people with a disability or sensory loss? How does it record, highlight and share this information with others when required, and gain people's consent to do so?	All	<ul style="list-style-type: none"> The practice made reasonable adjustments when patients found it hard to access services. There were arrangements in place for people who need translation services. The practice complied with the Accessible Information Standard. <p>Outstanding features</p> <ul style="list-style-type: none"> People who use the service and others are involved in regular reviews of how the service manages and responds to complaints. The service can demonstrate where improvements have been made as a result of learning from reviews and that learning is shared with other services Investigations are comprehensive and the service uses innovative ways of looking into concerns, including using external people and professionals to make sure there is an independent and objective approach.

Taking account of the needs of different people - Do services take account of the particular needs and choices of different people?

Why we need to take account of the needs of different people

If we would want to receive care that is personalised to our needs, that responds to the difficulties we are experiencing and that takes account of our choices then this is the care we should be working to provide for the people we serve.

KLOE	KLOE - PROMT	Lead / Owner for the KPI	WHAT WE DO SECTION <ul style="list-style-type: none"> What CQC would expect to hear or see Nigel's stories CQC Framework of evidence Policies and procedures
R2.1	How are services delivered, made accessible and coordinated to take account of the needs of different people, including those with protected characteristics under the Equality Act and those in vulnerable circumstances?	Management team (lead GP, lead nurse and PM)	<p>Processes in place for patients with</p> <ul style="list-style-type: none"> Problems with sight or hearing Conditions where the effects vary over time or come in episodes, such as osteoarthritis, rheumatoid arthritis, fibromyalgia, Myalgic encephalomyelitis (ME). Progressive conditions such as motor neurone disease, muscular dystrophy and forms of dementia Conditions which affect certain organs such as heart disease, asthma, and strokes People with a learning disabilities Learning difficulties such as dyslexia and dyspraxia Autistic spectrum disorders Mental health conditions – for example, depression, schizophrenia, bipolar affective disorders, eating disorders, obsessive compulsive disorder Impairments due to injury to the body or brain. Epilepsy <p>Adjustments can be:</p> <ul style="list-style-type: none"> Physical changes to a building Providing extra services, or Changing a policy or procedure. <p>Framework of evidence</p> <ul style="list-style-type: none"> Named Learning disability Lead in practice. Liaison with Trust Learning Disability Lead Nurse for information and guidance. Organisation of home COVID vaccination programme to include those with agrophobia and Learning Disabilities where needed
R2.2	How are services delivered and coordinated to be accessible and responsive to people with complex needs?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> Active people participation strategies working with groups that are representative of the communities we serve. Listening to and acting on patient feedback. Reaching out to local communities groups to understand people's needs better. Recruitment of Complex Care Matron MDTs Safeguarding MDTs
R2.3	How are people supported during referral, transfer between services and discharge?	N/A	<ul style="list-style-type: none"> We do not discharge patients from primary care. Use of 999 ambulance to transfer patients from surgery to secondary care when appropriate
R2.4	Are reasonable adjustments made so that people with a disability can	Management team (lead GP, lead nurse and PM)	<p>Reasonable adjustments for:</p> <p>People with a learning disability</p> <ul style="list-style-type: none"> In GP practices this includes an annual health check and an action plan to address issues in the health

	access and use services on an equal basis to others?		<p>check. Practices may involve a learning disability nurse from the community learning disability team who are specifically trained in enabling people with learning disabilities to access health care. This is part of the enhanced service for people over 14 years of age with a learning disability, see Nigel's surgery 53: Care of people with a learning disability in GP practices.</p> <ul style="list-style-type: none"> • Practices should provide longer appointments for people with a learning disability. • Annual Health checks completed for those on LD register <p>People with physical impairment</p> <ul style="list-style-type: none"> • People can be disadvantaged by physical features in and around buildings. Reasonable adjustments include providing: <ul style="list-style-type: none"> • Ramps and stairway lifts • Wider doorways • Automatic doors • More lighting and clearer signs • Disabled wide-door accessible toilets with low basins • Communication support • A hearing loop <p>People with sensory impairment</p> <ul style="list-style-type: none"> • GP practices should make reasonable adjustments for those with sensory impairments (someone who is blind, visually or hearing impaired, or with communication needs) so they can access services to meet their individual needs. For example, when patients in the waiting room are called to their appointment should this be by calling out their name, displaying appointments on an electronic screen or escorting them to the treatment room? • Do not assume that all deaf patients can read and write English – sign language may be their first language, so sign language interpreters should be available where possible. • Reasonable adjustments to communication • See Nigel's surgery 20: Making information accessible for details on the Accessible Information Standard (AIS) and providing information in different languages.
R2.5	Do key staff work across services to coordinate people's involvement with families and carers, particularly for those with multiple long-term conditions?	Lead nurse/lead GP	<ul style="list-style-type: none"> • Carers Policy • We are developing a carers strategy
R2.6	Where the service is responsible, how are people encouraged to develop and maintain relationships with people that matter	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> • People participation • Program of community engagement events • Fostering links with local organisations such as Citizen Advice

	to them, both within the service and the wider community?		
R2.7	Where the service is responsible, how are people supported to follow their interests and take part in activities that are socially and culturally relevant and appropriate to them, including in the wider community and, where appropriate, to have access to education and work opportunities?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> • See above
R2.8	How are services delivered and coordinated to ensure that people who may be approaching the end of their life are identified, including those with a protected equality characteristic and people whose circumstances may make them vulnerable, and that this information is shared?	Lead GP	<ul style="list-style-type: none"> • See the end of life policy
R2.9	How are people who may be approaching the end of their life supported to make informed choices about their care? Are people's decisions documented and delivered through a personalised care plan and shared with others who may need to be informed?	Lead GP	<ul style="list-style-type: none"> • As above • See directorate EOL Policy
R2.10	If any treatment is changed or withdrawn, what are the processes to ensure that this is managed openly and sensitively so that people have a comfortable and dignified death?	Lead GP	<p>As above, EOLC decisions should always be made in partnership with the patient and their family</p> <p>The rules on completion of the MCCD were changed following the Coronavirus Act 2020. For a doctor to complete a MCCD without referral to the coroner any doctor must have seen (including by video link) the patient in the 28 days before death. Or, they must have seen the person after death</p>

Timely access to care and treatment - Can people access care and treatment in a timely way?

Why we need to ensure people can access care and treatment in a timely way

If we would want to receive care that is personalised to our needs, that responds to the difficulties we are experiencing and that takes account of our choices then this is the care we should be working to provide for the people we serve.

KLOE	KLOE - PROMT	Lead / Owner for the KPI	WHAT WE DO SECTION <ul style="list-style-type: none"> What CQC would expect to hear or see Nigel's stories CQC Framework of evidence Policies and procedures
R3.1	Do people have timely access to initial assessment, test results, diagnosis or treatment?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> Patients with urgent needs had their care prioritized. The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. The practice had developed a 'walk-in' policy to ensure that those with urgent needs were referred the doctor. There is a new patient check process in place for anybody newly joining the practice There is timely transfer to transfer of GP records On the day appointments Use of Minor Illness nurses / ACPs for assessment Planned capacity for Home visits for unwell housebound patients
R3.2	Can people access care and treatment at a time to suit them?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> Choice policy Weekends Evenings
R3.3	What action is taken to minimise the length of time people have to wait for care, treatment or advice?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> Capacity and demand modelling and matching Access to a wide range of healthcare professionals to meet needs Avoidable appointments audits
R3.4	Do people with the most urgent needs have their care and treatment prioritised?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> As per R3.1
R3.5	Are appointment systems easy to use and do they support people to access appointments?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> Phone systems Online systems Apps Footfall E-Consult Extended hours
R3.6	Are appointments, care and treatment only cancelled or delayed when necessary? Are delays or cancellations explained to people, and are people supported to access care and treatment again as soon as possible?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> As the practice had increased clinical capacity, if there were unplanned absences patient appointments were able to be transferred to other clinicians rather than cancelled. Appointments, care and treatment were only cancelled or delayed when absolutely necessary. There was a good succession and BCP in place to support this

R3.7	Do services run on time, and are people kept informed about any disruption?	PM	<ul style="list-style-type: none"> • Waiting room boards • Audits on average waiting times • Monitoring of complaints on Datix re: waiting times
R3.8	How is technology used to support timely access to care and treatment? Is the technology (including telephone systems and online/digital services) easy to use?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> • Patients were informed and consent obtained if interactions were recorded. • The practice ensured patients were informed how their records were stored and managed. • Patients were made aware of the information sharing protocol before online services were delivered. • The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services. • The provider was registered as a data controller with the Information Commissioner's Office. • Patient records were held in line with guidance and requirements. • Any unusual access was identified and followed up. • Online consultations took place in appropriate environments to ensure confidentiality. • The practice advised patients on how to protect their online information.

Concerns and complaints - How are people's concerns and complaints listened and responded to and used to improve the quality of care?

Why we need to ensure that people's concerns and complaints are listed to and responded to

Unless we give the people, we care for the opportunity to tell their story and report what has not worked well for them we will not be able to provide services that are truly responsive to their needs. In my experience people will often want to feed back about negative experiences to save another person from having the same experience. If the people we serve take to time to feedback we must take the time to listen and to respond to issues raised so that we can improve.

KLOE	KLOE - PROMT	Lead / Owner for the KPI	WHAT WE DO SECTION <ul style="list-style-type: none"> What CQC would expect to hear or see Nigel's stories CQC Framework of evidence Policies and procedures
R4.1	How are people's concerns and complaints listened and responded to and used to improve the quality of care?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> Number of complaints we examined. satisfactorily handled in a timely way. Number of complaints referred to the Parliamentary and Health Service Ombudsman. Systems and processes in place Primary Care friendly process flow chart in place Complaints Training available Complaints Policy in place Trust Complaints Survey carried out with complainants Lessons learnt process Clinical governance meetings with review of complaints and updating of any systems and processes as a result PREM survey with you said, we did process
R4.2	How well do people who use the service know how to make a complaint or raise concerns and how comfortable do they feel doing so in their own way? How are people encouraged to make a complaint, and how confident are they to speak up?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> Information about how to complain was readily available In a variety of languages and formats
R4.3	How easy is it for people to use the complaints process or raise a concern? Are people treated compassionately and given help and support, by using accessible information or protection measures, if they need to make a complaint?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> What information is available to patients in practice as to how to raise a complaint or concern Directorate SOP
R4.4	How effectively are complaints handled, including ensuring openness and transparency, confidentiality, regular updates for the complainant, a timely response and explanation	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> Complaints policy All complaints logged on Datix Complaints discussed at CG meeting, escalated to QAG as needed and Lessons Learned forms completed

	of the outcome, and a formal record?		
R4.5	How are people who raise concerns or complaints protected from discrimination, harassment, or disadvantage?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> • Complaints policy
R4.6	To what extent are concerns and complaints used as an opportunity to learn and drive continuous improvement?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> • There was evidence that complaints were used to drive continuous improvement via you said we did, • Process mapping • Discussions at the PB CG Meeting

Is it well-led?

Leadership capacity and capability - Is there the leadership capacity and capability to deliver high-quality, sustainable care?

Why we need to ensure that there is the leadership capacity and capability to deliver high quality care

Working in a team that strives to provide the best care to the people we serve can be really challenging. To work well as a team, we need talented leadership, to help us develop a vision for all the work we do, a plan and a strategy to bring that vision to life for our patients. We must create environments where staff feel that they, and their contributions, are valued and respected. To understand the part we play we need to have a clear understanding of our individual roles and responsibilities. If we are able to do all of this, we will have the framework we need to be delivering the very best care we can. We will also have everything we need to be able to learn from the care we deliver and safely manage risks.

KLOE	KLOE - PROMT	Lead / Owner for the KPI	WHAT WE DO SECTION <ul style="list-style-type: none"> • What CQC would expect to hear or see • Nigel's stories • CQC Framework of evidence • Policies and procedures
W1.1	Do leaders have the skills, knowledge, experience and integrity that they need – both when they are appointed and on an ongoing basis?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> • They had identified the actions necessary to address these challenges. • Staff reported that leaders were visible and approachable. • There was a leadership development programme, including a succession plan. • Trust values • Assessment processes and procedures at interview to demonstrate skills and competencies • Interview panels which are broad and diverse in place • Practices have buddy arrangements in place • Fit and proper person test is in place and applied • There are clear roles and responsibilities for all members of the team, including temporary staff • Buddy arrangements between practices is listed in the BCP <p>What must providers and managers do to ensure they meet the fundamental standards?</p> <ul style="list-style-type: none"> • Care and treatment must be appropriate and meet people's needs and preferences (Regulation 9) • People must be treated with dignity and respect (Regulation 10) • Care and treatment must only be provided with consent (Regulation 11) • Care and treatment must be provided in a safe way (Regulation 12) • People must be protected from abuse and improper treatment (Regulation 13) • People's nutritional and hydration needs must be met (Regulation 14) • All premises and equipment used must be clean, secure, suitable and properly

used, maintained and located (Regulation 15)

- Complaints must be appropriately investigated, and appropriate action taken in response (Regulation 16)
- Systems and processes must be established and used to ensure compliance with regulatory requirements (Regulation 17)
- Sufficient numbers of suitably qualified, competent, skilled and experienced staff must be deployed (Regulation 18)
- Staff must be of good character, qualified and able to do their job (Regulation 19)

Outstanding features

- There is compassionate, inclusive and effective leadership at all levels. Leaders at all levels demonstrate the high levels of experience, capacity and capability needed to deliver excellent and sustainable care.
- There is a deeply embedded system of leadership development and succession planning, which aims to ensure that the leadership represents the diversity of the workforce.
- Comprehensive and successful leadership strategies are in place to ensure and sustain delivery and to develop the desired culture. Leaders have a deep understanding of issues, challenges and priorities in their service, and beyond.

W1.2

Do leaders understand the challenges to quality and sustainability, and can they identify the actions needed to address them?

Management team (lead GP, lead nurse and PM)

- Leaders demonstrated that they understood the challenges to quality and sustainability directly relating to their own service and others
- Leaders knew how to progress challenges and where to seek support
- Action plans in place and available which also showed improvements
- Risk registers

Outstanding features

- The strategy and supporting objectives and plans are stretching, challenging and innovative, while remaining achievable.
- Strategies and plans are fully aligned with plans in the wider health economy, and there is a demonstrated commitment to system-wide collaboration and leadership.
- There is a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the strategy and plans.
- Plans are consistently implemented, and have a positive impact on quality and sustainability of services.

W1.3	Are leaders visible and approachable?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> • Practice based leadership as well as • ELFT structures • Exec walkabouts • Visits • Practice leaders have open door policies • Managers have regular weekly team meetings with their direct reports and monthly meetings with the wider team within the practice <div style="border: 2px solid blue; padding: 5px;"> <p>Outstanding features</p> <ul style="list-style-type: none"> • Leaders have an inspiring shared purpose, and strive to deliver and motivate staff to succeed. • There are high levels of satisfaction across all staff, including those with particular protected characteristics under the Equality Act. • There is a strong organisational commitment and effective action towards ensuring that there is equality and inclusion across the workforce. • Staff are proud of the organisation as a place to work and speak highly of the culture. Staff at all levels are actively encouraged to speak up and raise concerns, and all policies and procedures positively support this process. • There is strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences. </div>
W1.4	Are there clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership, and is there a leadership strategy or development programme, which includes succession planning?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> • Directorate talent management / people plan with underpinning skills framework • There is a people plan, talent management and succession plan • There is a skills framework • Directorate Leadership Programmes starts in April 2021 • Trust leadership offering also available through the Organisational Development Team • New managers are supported to develop by their managers and are supported in supervision, appraisals and other one-to-ones • Developmental opportunities are made available to managers and other staff for instance, secondments, quality improvement and other projects <div style="border: 2px solid blue; padding: 5px;"> <p>Outstanding features</p> <ul style="list-style-type: none"> • Governance arrangements are proactively reviewed and reflect best practice. • A systematic approach is taken to working with other organisations to improve care outcomes. </div>

W1.5	W5: Are there clear and effective processes for managing risks, issues and performance?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> • Risk registers • DMT / QAG / corporate • Policies and procedures • Escalation • Datix and 24 etc reviews • Lessons learnt forms and review • Practice based clinical governance <div style="border: 2px solid blue; padding: 5px; margin-top: 10px;"> <p>Outstanding features</p> <ul style="list-style-type: none"> • There is a demonstrated commitment to best practice performance and risk management systems and processes. • The organisation reviews how they function and ensures that staff at all levels have the skills and knowledge to use those systems and processes effectively. • Problems are identified and addressed quickly and openly. </div>
W1.6	Is appropriate and accurate information being effectively processed, challenged and acted on?	Management team (lead GP, lead nurse and PM)	<div style="border: 2px solid blue; padding: 5px;"> <p>Outstanding features</p> <ul style="list-style-type: none"> • The service invests in innovative and best practice information systems and processes. The information used in reporting, performance management and • delivering quality care is consistently found to be accurate, valid, reliable, timely and relevant. • There is a demonstrated commitment at all levels to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement. </div>
W1.7	Are the people who use services, the public, staff and external partners engaged and involved to support high-quality sustainable services?	Management team (lead GP, lead nurse and PM)	<div style="border: 2px solid blue; padding: 5px;"> <p>Outstanding features</p> <ul style="list-style-type: none"> • There are consistently high levels of constructive engagement with staff and people who use services, including all equality groups. Rigorous and constructive challenge from people who use services, the public and stakeholders is welcomed and seen as a vital way of holding services to account. • Services are developed with the full participation of those who use them, staff and external partners as equal partners. Innovative approaches are used to gather feedback from people who use services and the public, including people in different equality groups, and there is a demonstrated commitment to acting on feedback. • The service takes a leadership role in its health system to identify and proactively address challenges and meet the needs of the population. </div>

W1.8	Are there robust systems and processes for learning, continuous improvement and innovation?	Management team (lead GP, lead nurse and PM)	<p>Outstanding features</p> <ul style="list-style-type: none"> • There is a fully embedded and systematic approach to improvement, which makes consistent use of a recognised improvement methodology. • Improvement is seen as the way to deal with performance and for the organisation to learn. • Improvement methods and skills are available and used across the organisation, and staff are empowered to lead and deliver change. • Safe innovation is celebrated. • There is a clear, systematic and proactive approach to seeking out and embedding new and more sustainable models of care. There is a strong record of sharing work locally, nationally and internationally.
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Vision and strategy - Is there a clear vision and credible strategy to deliver high-quality sustainable care to people, and robust plans to deliver?

Why there needs to be a clear vision and a credible strategy that is known and well understood

Working in a team that strives to provide the best care to the people we serve can be really challenging. To work well as a team, we need talented leadership, to help us develop a vision for all the work we do, a plan and a strategy to bring that vision to life for our patients. We must create environments where staff feel that they, and their contributions, are valued and respected. To understand the part we play we need to have a clear understanding of our individual roles and responsibilities. If we are able to do all of this, we will have the framework we need to be delivering the very best care we can. We will also have everything we need to be able to learn from the care we deliver and safely manage risks.

KLOE	KLOE - PROMT	Lead / Owner for the KPI	WHAT WE DO SECTION <ul style="list-style-type: none"> • What CQC would expect to hear or see • Nigel's stories • CQC Framework of evidence • Policies and procedures
W2.1	Is there a clear vision and a set of values, with quality and sustainability as the top priorities?	Management team (lead GP, lead nurse and PM)	CQC expectations <ul style="list-style-type: none"> • a clear vision and strategy that is enacted in practice • a practice plan for the year with an underpinning implementation plan which clearly sets out, who will do what, why when etc • a well thought-through governance framework • a developing leadership strategy • a culture that supports learning and innovation • team-based working • high levels of staff engagement • patient and carer engagement Framework of evidence <ul style="list-style-type: none"> • Outstanding primary care at ELFT • Vision and values • Operating plan for the directorate for 21/22 which drops down into service level objectives for 21/22 • There was a realistic strategy to achieve their priorities. • The vision, values and strategy were developed in collaboration with staff, patients and external partners. • Staff knew and understood the vision, values and strategy and their role in achieving them. • Progress against delivery of the strategy was monitored.
W2.2	Is there a robust, realistic strategy for achieving the priorities and delivering good quality sustainable care?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> • Risk register for recording any risks associated with delivering on our strategy
W2.3	Have the vision, values and strategy been developed using a structured planning process in collaboration with staff, people who use services, and external partners?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> • Probably need a stock Trust answer here

W2.4	Do staff know and understand what the vision, values and strategy are, and their role in achieving them?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> • Trust induction • DMT, Practice Managers meetings, practice meetings and other meetings provide opportunities to share the vision of the Directorate. • Staff attend Trust and local induction and are provided with induction packs that enable them to familiarise themselves with Trust and Directorate • Annual appraisals allow staff to set objectives in line with Trust strategic aims • PC Directorate Annual Plan • Each Service has its own priorities
W2.5	Is the strategy aligned to local plans in the wider health and social care economy, and how have services been planned to meet the needs of the relevant population?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> • Pieces in newspapers • Events • Links with community assets and other organisations • Volunteering services • Job opportunities • Subcontracts with Groundswell • Liaison with the Lighthouse • Each practice should have a newsletter for patients and partners
W2.6	Is progress against delivery of the strategy and local plans monitored and reviewed, and is there evidence to show this?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> • DMT sessions and minutes

Culture of the organisation - Do staff feel supported, respected and valued?

Why it is important the staff feel supported, respected and valued

Working in a team that strives to provide the best care to the people we serve can be really challenging. To work well as a team, we need talented leadership, to help us develop a vision for all the work we do, a plan and a strategy to bring that vision to life for our patients. We must create environments where staff feel that they, and their contributions, are valued and respected. To understand the part we play we need to have a clear understanding of our individual roles and responsibilities. If we are able to do all of this, we will have the framework we need to be delivering the very best care we can. We will also have everything we need to be able to learn from the care we deliver and safely manage risks.

KLOE	KLOE - PROMT	Lead / Owner for the KPI	WHAT WE DO SECTION <ul style="list-style-type: none"> • What CQC would expect to hear or see • Nigel's stories • CQC Framework of evidence • Policies and procedures
W3.1	Do staff feel supported, respected, and valued?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> • There were arrangements to deal with any behaviour inconsistent with the vision and values. • Staff ff reported that they felt able to raise concerns without fear of retribution. • There was a strong emphasis on the safety and well-being of staff. • There were systems to ensure compliance with the requirements of the duty of candour. • When people were affected by things that went wrong, they were given an apology and informed of any resulting action. • The practice encouraged candour, openness and honesty. • The practice's speaking up policies were in line with the NHS Improvement Raising • Concerns (Whistleblowing) Policy. • The practice had access to a Freedom to Speak Up Guardian. • Staff had undertaken equality and diversity training.
W3.2	Is the culture centered on the needs and experience of people who use services?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> • The practice vision included creating an improved culture of caring. This vision had been shared with staff at whole practice meetings. Staff we spoke with felt well supported. The practice had developed staff newsletters, forums and awards which meant that staff felt valued in their work. They had also held listening events, staff surveys and regular meetings for staff to raise any concerns or suggestions.
W3.3	Do staff feel positive and proud to work in the organisation?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> • Local response • Themes from Directorate staff survey results will be considered by staff and action plans drawn up to address any concerns highlighted. • Disciplinary Policy and Procedure and the Staff Performance Improvement and Capability Policy ensure concerns are dealt with in a consistent manager to enable them to effectively carry out their duties.
W3.4	Is action taken to address behavior and performance that is inconsistent with the vision and values, regardless of seniority?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> • As W3.1 • Managers are provided with training on how to implement these policies and People and Culture advise managers on the processes
W3.5	Does the culture encourage openness and honesty at all levels within the	Management team (lead GP, lead	<ul style="list-style-type: none"> • As W3.1 • Staff are able to obtain raise concerns and if they are unsure they can obtain advice from People and Culture and/or from the Trust's Freedom to Speak Up Guardian

	organisation, including with people who use services, in response to incidents? Do leaders and staff understand the importance of staff being able to raise concerns without fear of retribution, and is appropriate learning and action taken as a result of concerns raised?	nurse and PM)	<ul style="list-style-type: none"> Managers can obtain guidance on how to address/resolve concerns raised from People and Culture
W3.6	Are there mechanisms for providing all staff at every level with the development they need, including high-quality appraisal and career development conversations?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> Via supervision and appraisal process People and Culture provide training to staff – via Trust-wide or Directorate specific training sessions. Monthly clinical supervision sessions for clinical staff, annual appraisals for non-medical staff Access to ESR
W3.7	Is there a strong emphasis on the safety and wellbeing of staff?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> Wellbeing wed bulletins Access to various wellbeing initiatives Discussions on wellbeing via 1:1 supervisions Individual risk assessments and conversations were held regularly with all staff during the COVID-19 pandemic to ensure staff felt safe to come to work or were able to work from home Reporting incidents on Datix Staff Risk Assessments The Trust has introduced a Wellbeing Conversations initiative which encourages managers meaningful conversations with the staff about their wellbeing covering, financial, emotional, social, physical and environmental wellbeing Detailed staff wellbeing support: https://www.elft.nhs.uk/Professionals/Information-for-ELFT-Staff/People--Culture/Staff-Wellbeing Covid 19, display screen and stress risk assessments available to staff
W3.8	Are equality and diversity promoted within and beyond the organisation? Do all staff, including those with protected characteristics under the Equality Act, feel they are treated equitably?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> Staff groups Training and development Inequalities workstream Equality and Diversity Strategy All staff attend statutory equality, diversity and human rights training every three years and the Directorate also provides additional training covering different themes The Trust has staff networks – BAME, ELFT Ability, LGBTQ and Women's Networks Staff who declare a disability are supported by their managers and occupational health so that adjustments can be considered and implemented
W3.9	Are there cooperative, supportive, and appreciative relationships among staff? Do staff and teams work collaboratively, share responsibility and resolve conflict quickly and constructively?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> Conflict Resolution Training Dignity at work policy Any less formal practice meetings/coffee mornings/huddles etc Within the Dignity at Work and the Grievance Policies, informal resolution of conflict is recommended; this can include mediation carried out by managers or by the People and Culture Team

Governance and management - Are there clear responsibilities, roles, and systems of accountability to support good governance and management?

Why it is important that there are clear roles, responsibilities, and systems of accountability

Working in a team that strives to provide the best care to the people we serve can be really challenging. To work well as a team, we need talented leadership, to help us develop a vision for all the work we do, a plan and a strategy to bring that vision to life for our patients. We must create environments where staff feel that they, and their contributions, are valued and respected. To understand the part we play we need to have a clear understanding of our individual roles and responsibilities. If we are able to do all of this, we will have the framework we need to be delivering the very best care we can. We will also have everything we need to be able to learn from the care we deliver and safely manage risks.

KLOE	KLOE - PROMT	Lead / Owner for the KPI	WHAT WE DO SECTION <ul style="list-style-type: none"> What CQC would expect to hear or see Nigel's stories CQC Framework of evidence Policies and procedures
W4.1	Are there effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services? Are these regularly reviewed and improved?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> There were governance structures and systems which were regularly reviewed. Staff were clear about their roles and responsibilities. There were appropriate governance arrangements with third parties. information that should be gathered to support discussions on clinical governance include: <ul style="list-style-type: none"> Unexpected deaths New cancers and other life changing diagnoses Significant events (both positive and negative SEA) Patient complaints Monitoring and adoption of best practice, eg NICE guidance and medicines alerts Patient feedback (both positive and negative) and survey results PREM and national patient surveys are acted on with you said, we did Prescribing performance QOF and Enhanced Service performance data Clinical audits findings Examples of notes audits for advanced practitioners and locums Education and learning, and sharing learning within the practice. Practice operational plan for 21/22 with aims and ambitions in place which links to the directorates operating plan Practice takes part in peer reviews Staff survey responses and actions in response are delivered
W4.2	Do all levels of governance and management function effectively and interact with each other appropriately?	Management team (lead GP, lead nurse and PM)	<ol style="list-style-type: none"> Practices Practices together and buddy arrangements Directorate ELFT QAG ToR DMT ToR
W4.3	Are staff at all levels clear about their roles and do they understand what they are accountable for, and to whom?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> Structure charts Relevant and up to date JDs Practice has a wall photo board with photos, names, job titles of everybody working in the practice Staff on Agenda for Change and Bank assignment have job descriptions that clearly define their roles.

			<ul style="list-style-type: none"> The Directorate will be consulting staff who not yet on Agenda for Change and will ensure that they have clear job descriptions as part of the process.
W4.4	Are arrangements with partners and third-party providers governed and managed effectively to encourage appropriate interaction and promote coordinated, person-centered care?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> Data Sharing Agreements in place IG Policy Read only access to partner electronic system Any issues or incidents/complaints involving third party providers should be recorded on Datix.
W4.5	Are there robust arrangements to make sure that hospital managers discharge their specific powers and duties according to the provisions of the Mental Health Act 1983?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> N/A



Management of risk and performance - Are there clear and effective processes for managing risks, issues, and performance?

Why it is important that there are clear and effective processes for managing risks, issues and performance

Working in a team that strives to provide the best care to the people we serve can be really challenging. To work well as a team, we need talented leadership, to help us develop a vision for all the work we do, a plan and a strategy to bring that vision to life for our patients. We must create environments where staff feel that they, and their contributions, are valued and respected. To understand the part we play we need to have a clear understanding of our individual roles and responsibilities. If we are able to do all of this, we will have the framework we need to be delivering the very best care we can. We will also have everything we need to be able to learn from the care we deliver and safely manage risks.

KLOE	KLOE - PROMT	Lead / Owner for the KPI	WHAT WE DO SECTION <ul style="list-style-type: none"> What CQC would expect to hear or see Nigel's stories CQC Framework of evidence Policies and procedures
W5.1	Are there comprehensive assurance systems, and are performance issues escalated appropriately through clear structures and processes? Are these regularly reviewed and improved?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> There were comprehensive assurance systems which were regularly reviewed and improved. There were processes to manage performance. There was a systematic programme of clinical and internal audit. There were effective arrangements for identifying, managing and mitigating risks. A major incident plan was in place. Staff were trained in preparation for major incidents. When considering service developments or changes, the impact on quality sustainability was assessed. Monthly 1:1s with clinical staff to enable performance issues to be picked up on and support to be given
W5.2	Are there processes to manage current and future performance? Are these regularly reviewed and improved?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> Staff used data to adjust and improve performance. clinical and patient indicator performance used to focus improvement planning Performance information was used to hold staff and management to account. information was accurate, valid, reliable and timely. There were effective arrangements for identifying, managing and mitigating risks. Risks regarding Infection Prevention and Control, Fire Safety and Health and Safety Staff whose responsibilities included making statutory notifications understood what this entails. Corporate performance flowchart Performance meetings and practice packs DMT QAG Practice based clinical governance Capacity / demand tracking QI forum
W5.3	Is there a systematic programme of clinical and internal audit to monitor quality, operational and financial processes, and systems to	Lead GP/lead nurse	<ul style="list-style-type: none"> Performance and finance meetings and DMT QAG PBCGM Improvement forum / QI PREM Clinical audits – practice, QI QOF, Trust audits

	identify where action should be taken?		<ul style="list-style-type: none"> Evidence for audits on shared drive and discussed at clinical governance meetings
W5.4	Are there robust arrangements for identifying, recording and managing risks, issues and mitigating actions? Is there alignment between the recorded risks and what staff say is 'on their worry list'?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> The practice had clear audit schedules that were focused on the areas of challenge within the practice, such as access. These were discussed at regular clinical governance meetings. The practice monitored complaints, significant events, patient feedback, social media and The NHS Website reviews. We saw evidence that these were discussed in meetings and appropriate actions taken. Patients who contacted the practice via social media or The NHS Website were encouraged to contact the practice via the telephone to discuss their concerns. The practice had clear action plans to improve clinical indicators The practice had a major incident plan in place which was updated to reflect the COVID-19 pandemic. The plan included learning from the first wave of the virus, restoration of services, staff testing and second wave and winter planning.
W5.5	Are potential risks considered when planning services, for example seasonal or other expected or unexpected fluctuations in demand, or disruption to staffing or facilities?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> Team Level Risk Register Directorate Level Risk Register Trust Risk Register Procedure Business Continuity Plans Emergency Planning – tabletop exercises Covid-19 Site Plans The Trust currently has a Future of Work Group developing policies and procedures relating to bringing shielding and other staff who are working from home back to working on site in a safe way
W5.6	When considering developments to services or efficiency changes, how is the impact on quality and sustainability assessed and monitored? Are there examples of where financial pressures have compromised care?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> Risk register That are discussed and well developed Team know the risks, issues and challenges

Management of information - Is there a holistic understanding of performance, which sufficiently covers and integrates people's views with information on quality, operations, and finances? Is information used to measure for improvement, not just assurance?

Why it is important that there is a full understanding of performance which covers people's views, quality, operations and finance

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KLOE	KLOE - PROMT	Lead / Owner for the KPI	WHAT WE DO SECTION <ul style="list-style-type: none"> What CQC would expect to hear or see Nigel's stories CQC Framework of evidence Policies and procedures
W6.1	Do quality and sustainability both receive enough coverage in relevant meetings at all levels? Do all staff have sufficient access to information, and do they challenge it appropriately?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> Practice packs Datix QOF Fingertips GP data dashboard Minutes of meetings practices will have reviewed the national PCN dashboard and we able to consider their own performance against that of their peers in the PCN as a benchmark
W6.2	Are there clear and robust service performance measures, which are reported and monitored?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> As per above practice pack Practice meetings Practice performance meetings with the Directorate QAG Corporate performance forum CCG performance meetings DMT Practice Manager drop ins
W6.3	Are there effective arrangements to ensure that the information used to monitor, manage and report on quality and performance is accurate, valid, reliable, timely and relevant? What action is taken when issues are identified?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> The provider was registered as a data controller with the Information Commissioner's Office. Patient records were held in line with guidance and requirements. Any unusual access was identified and followed up.
W6.4	Are information technology systems used effectively to monitor and improve the quality of care?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> we run performance reports from EMIS and SystemOne SNOWMED codes Wall boards linked to telephone statistics
W6.5	Are there effective arrangements to ensure that data or notifications are submitted to external bodies as required?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> All incidents are reported on the Trust Datix system any incidents which require external escalation such as RIDDOR incidents, Medicines Yellow Card alerts are shared appropriately. Notifiable diseases MCCD

			<ul style="list-style-type: none"> • Coroner referrals
W6.6	<p>Are there robust arrangements (including appropriate internal and external validation) to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems, in line with data security standards? Are lessons learned when there are data security breaches?</p>	<p>Management team (lead GP, lead nurse and PM)</p>	<ul style="list-style-type: none"> • Incidents reported on Datix • Information breaches reports to Trust GDPR Lead

Engagement and involvement - Are people's views and experiences gathered and acted on to shape and improve the services and culture? Does this include people in a range of equality groups?

WHY we need people's views and experiences gathered and acted on to shape and improve services from a range of equality groups

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W7.1	Are people who use services, those close to them and their representatives actively engaged and involved in decision-making to shape services and culture? Does this include people in a range of equality groups?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> • PREMS • Hearing from all corners of the community • Patient views were acted on to improve services and culture. • The practice had an active Patient Participation Group. • Staff views were reflected in the planning and delivery of services. • The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.
W7.2	Are staff actively engaged so that their views are reflected in the planning and delivery of services and in shaping the culture? Does this include those with a protected equality characteristic?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> • Staff survey
W7.3	Are there positive and collaborative relationships with external partners to build a shared understanding of challenges within the system and the needs of the relevant population, and to deliver services to meet those needs?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> • PCN Working • Evidence of PCN working at COVID assessment hub and Vaccination Centre
W7.4	Is there transparency and openness with all stakeholders about performance?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> • National reporting • PCN dashboard • Interaction with CCG • Reporting to PPG

Learning, improvement, and innovation - In what ways do leaders and staff strive for continuous learning, improvement and innovation? Does this include participating in appropriate research projects and recognised accreditation schemes?

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KLOE	KLOE - PROMT	Lead / Owner for the KPI	WHAT WE DO SECTION
			<ul style="list-style-type: none"> • What CQC would expect to hear or see • Nigel's stories • CQC Framework of evidence • Policies and procedures
W8.1	Are there standardised improvement tools and methods, and do staff have the skills to use them?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> • There was a strong focus on continuous learning and improvement. • Learning was shared effectively and used to make improvements.
W8.2	How effective is participation in and learning from internal and external reviews, including those related to mortality or the death of a person using the service? Is learning shared effectively and used to make improvements?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> • All deaths datix (not just unexpected) • Trust Mortality Panel in place • Quarterly learning from deaths reports shared by the Trust Mortality Reviewer • Joint case review with other providers and services • Deaths discussed at clinical governance meetings
W8.3	Do all staff regularly take time out to work together to resolve problems and to review individual and team objectives, processes, and performance? Does this lead to improvements and innovation?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> • QI forum • Lessons learn • Process mapping problems • Team meetings • Protected time • Practice away days • Process mapping meetings
W8.4	Are there systems to support improvement and innovation work, including objectives and rewards for staff, data systems, and processes for evaluating and sharing the results of improvement work?	Management team (lead GP, lead nurse and PM)	<ul style="list-style-type: none"> • QI improvement board • QI Life • QI training programs • Involvement with Time For Care

