

# Solihull Hospital - urgent and emergency services assessment report

**Provider name:** University Hospitals Birmingham NHS Trust RKK

**Location name:** Solihull Hospital

**Assessment ID:** AP4267

**Date of assessment:** 2 July 2024

**Overall rating: Good**

## Our view of the service

The urgent and emergency services provides a minor injuries unit (MIU) at Solihull hospital. It opened in June 2023 and is an Emergency Practitioner (EP) led unit based within Solihull Hospital's Urgent Treatment Centre (UTC). The UTC has a minor illness unit which is commissioned by the ICB and delivered by a separate provider, which is run as an appointment only service.

As part of our assessment, we looked at 9 patient records, spoke with 5 patients, and 10 members of staff including EPs, managers, an assessment nurse, healthcare assistant (HCA), receptionist and a student nurse.

This assessment was completed as we are required to assess a service within 12 months of it being registered. This allows us to rate the service. Urgent and emergency services care has been rated as good overall.

We found:

There was evidence of a learning culture and patients were cared for in a safe environment. There were processes in place to assess the needs of the patients using evidence-based guidance. Staff provided patients with patient-centred care and treatment. There were governance processes in place which were effective, and staff knew their roles and responsibilities.

## People's view of the service

During our onsite assessment, we spoke with 5 patients. The feedback from them was positive. Patients felt staff made them feel safe in the environment where they were cared for and included them in decisions about their care and treatment.

## Safe

**Rating: Good**

**Percentage Score: 75%**

## Summary

**This service is safe.**

## **Key question commentary**

There was a positive learning culture with staff managing incidents well. Learning from incidents was evident. Staff knew what incidents required reporting and how to report them. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. There were processes in place to ensure the service had enough staff with the right training, skills and qualifications to keep patients safe from avoidable harm.

## **Safe**

### **Learning culture**

Score: 3

### **People's experience**

We were unable to gather enough evidence for this as patients remained in the department for short periods of time but there were no concerns reported.

### **Feedback from staff and leaders**

All staff knew what incidents to report and how to report them via the online reporting system. Staff raised concerns and were encouraged to report incidents by their managers. Staff told us that changes had been made because of feedback. For example, there had been an incident of conflict between the minor injury team and the minor illness team about who should see a patient who had arrived with an illness but did not have a booked appointment. The teams had a meeting, and a new policy was written to make it clearer for staff regarding the patient pathway. The manager stated they were concerned as not all staff had completed minor illness training so it would be a risk for these patients to have been seen by the minor injury team. Illness presentations were the responsibility of the ICB commissioned minor illness service, not the minor injuries service. The service had no never events or serious incidents since they had opened in June 2023. Staff had reported 70 incidents including 6 near misses; there was a positive culture for incident reporting and learning. Managers investigated all incidents and complaints thoroughly and implemented changes where needed. Staff understood the policy on complaints and how to handle them. Managers shared feedback from complaints with staff and learning was used to improve the service. Staff could give examples of how they used patient feedback to improve daily practice. We saw an example of a complaint relating to safeguarding and the team learned from the incident and shared the learning with the team.

### **Processes**

The trust had clear policies for incident management. They explained how to report, categorise, and investigate incidents. Incidents were discussed within governance meetings. Where learning was required, there were processes to follow for staff to ensure this was shared and embedded. Managers used several methods to share learning with staff including an encrypted social media group and team meetings. Staff gave examples of changes implemented following incidents to improve patient care. No serious incidents had occurred in the unit, but most staff were aware of the duty of candour and how to use it if required.

There was a monthly teaching session for EPs on X-ray interpretation and missed fractures. We were told they did not get many missed fractures but wanted to ensure competence for assessing x-rays was high.

## **Safe systems, pathways and transitions**

Score: 3

### **Feedback from staff and leaders**

Staff mostly worked with people and partners to establish and maintain safe systems of care. However, some patients who attended the department were advised to attend an emergency department by the reception team without an assessment by the nurse or EP. We fed this back to the managers who reviewed and discussed their standard operating procedure with leaders of the service and held meetings with staff to ensure they were following the correct assessment process. Staff mostly ensured safety was monitored, managed, and assured in line with national guidelines. However, not all patients were seen promptly. All patients were assessed by a nurse, but this was not always within 15 minutes of arrival into the department. The average time to be seen was 27 to 30 minutes. Initial assessments did not always occur as they were short-staffed for assessment nurses. Reception staff were responsible for ensuring the patients were registered in the correct department. If patients were incorrectly registered to the wrong service by the reception team, they were transferred to the partner team in minor illnesses with a handover of any information that had been obtained. This was not always an easy process as this minor illness service was an appointment only service and appointments were not always available immediately.

### **Feedback from partners**

We spoke to the staff within the minor illness team who told us patients moved seamlessly between the two areas where required. They had joint meetings with the ICB and managers of the MIU where information and learning were shared, and they ensured information was aligned.

### **Processes**

There was a standard operating procedure for the MIU which detailed how care would be transferred or escalated where required. There was an emergency and

critical illness pathway which all staff were aware of and followed to ensure safe transfer of care. All patients who were transferred between services were handed over verbally to a consultant within a neighbouring hospital or sent with a summary of their condition if they were not transferred within the trust.

The service was predominantly a walk-in service, but patients were also referred into the service via '111'. There were 3 available appointments an hour for this. We were told these appointments were underutilised. However, when booked, they were not always appropriate referrals. For example, on the day of the assessment a child who was short of breath was referred and an adult with diarrhoea. Staff told us they had not fed this back to the service. Inappropriate referrals were discussed in the March 2024 team meeting and actions were identified to try and reduce these. Following the assessment, we were told feedback had been given to the 111 service using their concern reporting system and 2 meetings had been held with the clinical handler service for 111 to discuss inappropriate referrals.

Patients did not always attend the department for the appropriate reason. They had had an increase in patients attending for routine wound dressing changes which was not a minor injury service which had been commissioned for the UTC. We saw this was an action within their directorate meeting to discuss with the ICB to find a solution. The service had a meeting with the ICB and the minor illness managers. We reviewed meeting minutes from April and June 2024 which showed discussions around joint pathways and developing them together. These included a 'red flag' pathway and a '2222' pathway. We saw there were clear actions in the action plan for completing these together.

## **Safeguarding**

Score: 3

### **People's experience**

We were unable to gather enough evidence for this but there were no concerns reported.

### **Feedback from staff and leaders**

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff knew how to make a safeguarding referral and who to inform if they had concerns. All staff we spoke to had a good understanding of the safeguarding policy. Staff received training specific for their role on how to recognise and report abuse. Training levels were 100% for clinical staff for Safeguarding Adults and Children Level 3 and Safeguarding Level 1 for non-clinical staff. Staff could give examples of how to protect patients at risk of, or suffering, significant harm.

The service saw patients over the age of 12 months with a minor injury. Their assessment included ensuring recognition and response to any safeguarding children issues raised. We looked at 4 sets of paediatric notes and the safeguarding checklist was completed for all of them. There was a small waiting area where

children were able to play; it was not fully separated from the remaining waiting area. Staff told us they would move children into cubicles if they needed to safeguard them. Staff understood the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and had completed training on these. Staff told us they occasionally had patients who had suffered from mental health conditions and had a room where they could wait. Staff got advice from their mental health colleagues as required.

## **Processes**

The trust had a clear safeguarding policy and pathway which was up-to-date and accessible to staff through the trust's intranet. Staff had access to the trust's safeguarding lead for advice. There was a standard operating procedure which detailed how to safeguard children within the department. All staff we spoke to were aware of this and all safeguarding procedures.

Staff asked all children and families if they were known to social services, had an allocated social worker or were on a child protection plan. Reception staff performed a child protection information system check and recorded the outcome of this on the patient front sheet; we saw this was recorded on all 4 paediatric notes we checked.

## **Involving people to manage risk**

Score: 3

### **People's experience**

We spoke to 5 patients who all felt safe in the department. They felt supported to understand and manage any risks. They were given information about what to do if their injury got worse.

### **Feedback from staff and leaders**

Each patient had an initial assessment by the nurse. National standards recommend patients are assessed within the first 15 minutes of arrival. The average for assessment time at the MIU was 27 to 30 minutes. Staff allocated a risk score to the patient following the assessment. Most patients were allocated a risk score of green which meant they could be seen within 4 hours. If they were allocated, yellow, orange, or red, they were seen immediately by the EP as this meant they needed a prompt senior review. Staff mostly identified and quickly acted upon patients at risk of deterioration. Nurse triage consisted of an assessment of their injury and medical history, asking them about their pain and offering pain relief if required. The assessment nurse did not ask for a pain score in the assessments we observed. We were told all patients' pain should be assessed within triage. We saw this was always asked within the assessment completed by the EP. We observed an assessment of a patient who had fainted prior to attending, and the nurse did not take their observations. We reviewed 9 records and found patients' pain was acted upon by staff and patients were reviewed promptly when needed. Patients who attended the

service mostly had minor injuries but occasionally patients attended who were acutely unwell. Staff told us they could get advice from a consultant at Birmingham Heartlands Hospital who was assigned to provide advice and support to their service. Staff completed mandatory training; data showed 97% compliance.

### **Feedback from partners**

We spoke to an advanced nurse practitioner within the minor illness department. They felt the EP's were very supportive and they worked well together to keep the patients safe. They told us if they had an unwell patient, the EP's would support them alongside the emergency medical team where required. They told us the EP's were very knowledgeable and they could approach them for advice regarding patient care.

### **Processes**

There was a standard operating procedure (SOP) which detailed what pathways staff should follow for patients who attended the department. We saw reception staff seeking advice from EP's about patients who had attended the service and turning patients away who were not appropriate; this was not in line with their SOP. This SOP required patients to be seen by a nurse or EP to undertake an initial clinical assessment or redirect the patient to the correct pathway. We raised this with the managers who reviewed the SOP and discussed it with the leads for the service and communicated the process clearly to all staff. The SOP also detailed what staff should do if a patient became unwell. There was resuscitation equipment available, and assistance could be sought by calling '2222' and the hospital emergency team would attend. There were clinical pathways for managing paediatric and adult emergencies. This included arranging an ambulance transfer to another hospital within the trust for further treatment. There were several clinical pathways for staff to follow in the department. These were in line with emergency departments. For example, there was a pathway for head injuries, lower limb immobilisation following a venous thromboembolism and an acute knee injury pathway. There was a huddle at the beginning of each shift where staff followed up on any tasks that were outstanding for patients from the previous day including informing patients of their blood results and the implications of these. Staff completed clinical life support (level 2) training; 72% of EP's and 100% of assessment nurses and HCA's had completed this. Managers told us there were regular reminders emailed to staff who needed to complete this training.

### **Safe and effective staffing**

Score: 3

#### **People's experience**

Patients felt there were enough staff. There were no concerns reported.

#### **Feedback from staff and leaders**

The service mostly had enough nursing staff with the right qualifications, skills, training, and experience to provide the right care and treatment. There was a 0.5

whole time equivalent vacancy for assessment nurses. The actual rate of assessment nurse vacancies was higher but there was a trainee Band 6 EP who had suspended their training and was working as an assessment nurse. However, we were told some shifts were not covered and EP's either completed an initial assessment or they just reviewed patients when they were able. There was a low vacancy rate of 4% for the EP's across the service and a turnover of 0%. Managers calculated and reviewed EP, nurse, and HCAs needed for each shift in accordance with national guidance. There were always at least 2 EP's in the department. Additional EPs were on duty throughout the day with peak coverage between 11am and 8pm. All EP's rotated across the different sites within the trust for education, training, and development. There was a high vacancy rate for HCAs of 61%. They had a bank HCA who had been on a block booking for the past 6 months and wanted a permanent position. We were told the job had been advertised shortly after our assessment.

The service had increasing sickness levels for qualified staff; they had increased from 4.1% in January 2024, which was in line with the trust target of 4%, to 11.15% in June 2024. Staff absences were mostly covered with existing staff, staff from other emergency departments or bank staff. Between 36% and 44% of shifts for qualified staff were filled by bank staff between January and June 2024. The service used bank staff and requested staff familiar with their service. Managers made sure all bank staff had a full induction. All EP's had or were undertaking a university accredited minor injury and illness training course which included paediatric competence. We saw 100% of EP's had completed minor injury training which included paediatric competencies.

### **Observation**

During our onsite assessment, we found the number of EP's and HCA's matched the planned numbers. There was a bank assessment nurse, but they were struggling to complete assessments in line with expectations, with no initial assessments occurring within the 15 minutes national standard. We were told this often happened as there were patients queuing to be seen when the department opened at 8am. We observed the EP's assisting the assessment nurse when needed.

### **Processes**

There were processes in place for bank staff to undergo a local induction. This ensured information about the unit's specific needs and policies were discussed. The lead EP had a meeting on a Monday to discuss staffing with their EP managers for each site. Staff were moved where required to ensure safe staffing levels were met across the organisation. Managers told us that as Solihull was a nurse-led unit, it was always covered with EP's as other emergency departments run by the Trust had resilience of staffing from use of multiple disciplines.

Managers said they were currently reviewing staffing levels and whether they needed to be increased in line with patient demand. Staff were experienced,

qualified, and had the right skills and knowledge to meet the needs of patients. Managers made sure staff received specialist training for their role. EP's received university accredited training which involved minor injury, minor illness, and non-medical prescriber training. 100% of staff had completed minor injury training and 38.2% had completed the full course including illness and non-medical prescriber's course. All others were working towards being fully compliant with these; it took 4 years to complete the full training. Managers supported staff to develop through yearly, constructive appraisals of their work. Data showed 87% of EP's had an appraisal and 80% of assessment nurses and HCA's had a completed appraisal within the last 12 months. All staff who had not had their appraisals had these booked to be completed. There was a lead educator who supported the learning and development needs of staff. They did 1-to-1 teaching and supported staff who were on the EP course to complete their competencies. We found there were good opportunities for staff to develop and learn in the department.

## **Safe environments**

Score: 3

### **People's experience**

People we spoke to felt the environment was good. There was enough space in the waiting room when people were waiting and there was a small area for children to play in whilst they were waiting to be seen. This area had a projector screen onto the floor which children enjoyed.

### **Feedback from staff and leaders**

All staff told us they had access to suitable equipment to enable them to complete their role. Equipment was well maintained and regularly serviced to ensure patients were kept safe. The service had suitable facilities to meet the needs of patients. Staff were happy with the environment. There was an eye examination room that they felt was a great addition to the space and meant they could assess patients' eye injuries effectively due to the blackout blinds in the room. Staff told us they were raising money to turn cubicle 1 into a paediatric friendly cubicle and make it a more suitable environment for children.

### **Observation**

The design of the environment followed national guidance. The area was purpose built to assess patients. There were 7 cubicles which all had adequate space to assess patients, 4 assessment rooms, a plaster room, and an eye examination room. Equipment was observed to have been serviced, electrically tested, and had details of when next checks were due. They had a 'wobble' room where patients could go if they needed a private space. It was used for patients who had neurosensitivity, learning disabilities or patients and staff who needed a quiet space.

### **Processes**



There was a resuscitation policy which required staff to check the emergency equipment daily. We saw staff carried out daily checks of specialist equipment. There was a monthly environmental audit. Results were consistently 99% and above in 2024. Auditors made recommendations to increase compliance such as “recommend repair of wall panel”.

## **Infection prevention and control**

Score: 3

### **People’s experience**

Patients told us the environment was clean and tidy. They told us staff washed their hands before and after contact.

### **Feedback from staff and leaders**

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves, and others from infection. They kept equipment and the premises visibly clean. Data provided showed 97% of staff were trained in infection prevention level 1. Cleaning records were up-to-date and demonstrated all areas were cleaned regularly.

### **Observation**

During our onsite assessment, we found the unit was clean and had suitable furnishings which were clean and well-maintained. We observed staff cleaning equipment after patient contact, and we saw ‘I am clean’ stickers dated for 2 July 2024. We observed staff performing hand hygiene before and after contact with patients.

### **Processes**

There was an infection prevention and control policy in place for staff to follow.

The service generally performed well for cleanliness. The unit had not had a formal infection prevention and control (IPC) audit completed since it had opened in June 2023. The IPC nurse had arranged training for the matrons so IPC assurance audits could take place. We saw hand hygiene audits were undertaken. Compliance between April to June 2024 ranged between 87.95% and 91.04%. The area of cleaning hands after touching a patient environment scored the lowest in each audit. However, there was no action plan to improve compliance. Managers told us results were displays on notice boards, so staff were aware of where practices needed to be improved. There was a housekeeper between 9am and 10pm who helped to maintain a clean environment.

## **Medicines optimisation**

Score: 3

### **People's experience**

We did not gather enough evidence to rate this, but no concerns were raised.

### **Feedback from staff and leaders**

Staff told us that they knew how to contact pharmacy for advice and processes were in place for the supply of medicines. Staff told and showed us how they had access to relevant medicine policies, procedures, and guidelines. Staff had access to a medicines online learning programme. Staff said that there was a good relationship with the pharmacy team which was helped by a pharmacy link nurse in the department. Pharmacy was available to support them with managing medicine processes such as feedback from audits on medicine management, ordering and receiving medicines. However, staff also told us that a pharmacy assistant was hopefully going to be appointed to work in the UTC to provide further medicines support.

### **Observation**

We observed that medicines were locked and secure. However, we also saw medicines were not always stored safely in line with recommended practice. Whilst, medicine storage and security checks were undertaken and recorded regularly, we found some medicines requiring refrigeration had gone past their expiry date. This increased the potential risk of a medicine being given that may not be effective. These were removed and destroyed immediately. Controlled drugs (CDs) were stored safely and securely with access restricted to authorised staff. Checks were undertaken and recorded by 2 staff daily. Checks of CDs showed that they were within date and stock balances were accurate. Resuscitation medicines required in an emergency were stored safely in tamper-evident boxes which followed Resuscitation Council (UK) guidance. We observed that staff recorded safety checks to ensure the medicines were safe to use. Medicines for refrigeration were stored securely with records available of maximum and minimum temperatures to ensure the medicines were stored safely. Staff knew how to escalate any temperature breaches and what action to take to ensure safe medicine storage. We observed the destruction and removal of waste medicines from the unit.

### **Processes**

Processes were in place to ensure people received their medicines. Medicine administration records were well documented. The pharmacy department conducted medicines management and medicines optimisation audits including controlled drugs. Results had improved from 77% in September 2023 to 84% in June 2024. We did not see an action plan associated with the audit. There was a safe and secure handling of medicines audit which was completed every 6 months. Compliance was above the trust target of 85%. There were no associated action plans, but we were

told results were shared with staff via group messages. We did not see these results shared in staff meetings from the minutes we reviewed. We reviewed multiple people's medicines administration records. They were well documented with route and time of administration. The information showed people were receiving their medicines as prescribed. Allergy status of patients was routinely recorded on all medicine records seen. Processes were in place to record pain assessments and that appropriate pain relief was prescribed, administered, and recorded. There was a clear process in place for managing and reporting any incidents involving medicines. Staff were able to talk through the process that would be followed if this occurred. There was a good safety culture that encouraged staff to report these. An example was given where action was taken from an incident which was shared across the team.

There was a process to ensure that Patient Group Directions (PGD) were current, but they were not all up to date due to the high amount of PGDs that required review and approval. Pharmacy had highlighted the issue, which was on the risk register. The managers had to always ensure there was a nurse prescriber on site whilst there PGDs were in development. There was no PGD specific pharmacist allocated to provide support for PGD development. The PGD's were discussed in the directorate meeting and the need to review and progress them further.

## **Effective**

**Rating: Good**

**Percentage Score: 71%**

### **Key question commentary**

The service completed assessments and followed patient pathways which were nationally recognised and evidence-based. Managers used information from audits to improve care and treatment for patients. Staff followed national guidance to gain patients consent for treatment.

### **Assessing Needs**

Score: 2

#### **People's experience**

Patients told us they felt their needs were being assessed and they understood their care and treatment. There were no concerns reported.

#### **Feedback from staff and leaders**

Staff completed an initial triage assessment for each patient. This was not always within the 15-minute national standard. At times, especially when the department was busy, there were delays. However, all patients we saw were fully assessed by an EP within 60 minutes of arrival to the department; this was in line with national guidelines. We were told on average it took 57-59 minutes for the EP's to review the patients after arrival to the department.

#### **Observation**

Staff triaged patients on arrival and assessed their care needs. We observed 4 patients being triaged and a plan put in place for their care. We saw patients were mostly triaged well but not all patients' pain was assessed using a pain score. The departments standard operating procedure stated that all patients should have a pain score in the initial triage assessment. However, all patients had been given analgesia where required and often by the triage nurse. All patients' records we reviewed had a pain score completed by an EP if it was not completed during triage and an up-to-date treatment plan.

#### **Processes**

Patients were assessed in line with national standards for initial assessment in an emergency department. There was a standard operation procedure (SOP) which described how patients were streamed within the service. They arrived at reception and the team directed them to minor injuries or minor illness depending on their condition. However, we found, at times, patients were turned away from the department without review if the patient was deemed as inappropriate by the reception team or following advice from a nurse or EP. This was not in line with national standards or their SOP. The SOP stated that a nurse should complete an initial triage assessment for all walk-in minor injury patients prior to redirecting them elsewhere. The nurses and EP's gave advice to the reception team if they were unsure of where a patient should be seen. There was an online system to complete observations and further assessments if required. There were 2 different systems for adults and another system for children. The service was working to streamline this into 1 system and this was on their risk register.

Patient notes were not audited. We were told it was a new service and these audits were planned but had not yet been carried out. They were planning on auditing documentation quarterly once implemented.

## **Delivering evidence-based care and treatment**

Score: 3

### **People's experience**

Patients we spoke to were given advice about their treatment which was up-to-date and in line with guidance.

### **Feedback from staff and leaders**

Staff followed up-to-date policies to plan and delivered high quality care according to best practice and national guidance. They used Royal College of Emergency Medicine (RCEM) and National Institute for Health and Care Excellence (NICE) guidance to ensure they were delivering evidence-based care.

Staff told us they used pathways based on the RCEM guidance such as treatment for patients who had a head injury.

### **Processes**

The service used NICE guidelines to ensure care was evidence-based. Policies, processes, and other supporting documentation were based upon national guidance and standards. There were specific pathways and guidelines such as a fracture pathway, foreign body guidelines and acute knee injury referral pathway.

The clinical lead consultant was a clinical guidelines reviewer. This meant they were sent all of the up-to-date NICE guidelines and ensured policies were updated. They looked at RCEM and NICE guidelines in conjunction with the other clinical leads across the trust in emergency medicine to ensure they had combined policies and

pathways. There was an education group for all urgent and emergency care services and any updated pathways or policies were fed through this and disseminated down to staff. The Urgent Treatment Centre (UTC) was compliant with the NHS England UTC principles and standards (2023).

## **How staff, teams and services work together**

Score: 3

### **People's experience**

There was not enough evidence gathered to rate this, but no concerns were reported.

### **Feedback from staff and leaders**

Staff worked well together and with other teams. They had good links with the other hospitals within the trust and called the consultants for advice and referrals when required. Most patients were in the department for less than 4 hours and did not require further input. However, some patients needed further support at home if their circumstances had changed, such as a broken leg. There was a team from 8am until 4pm, Monday to Friday, consisting of an occupational therapist and physiotherapist who arranged further support, respite, and equipment. They completed a full assessment of the patient and if they were not safe for discharge home, they arranged an admission and liaised with their consultant to do so.

Patients were referred to other services such as fracture clinic and were given appointments to attend. The unit closed at 10pm and reopened at 8am. Staff created a communication book which was reviewed each morning at 7am to ensure tasks were handed over and actioned promptly.

### **Feedback from partners**

We spoke to the minor illness staff who told us they worked well together with the minor injuries staff. They were able to refer patients between the services if they were more appropriate for the EP's to see them.

### **Processes**

There were pathways that staff followed to ensure patients received the care they required. Some of these pathways involved transitioning between different services. Staff were aware of how to appropriately hand patients over and refer to different services.

## **Supporting people to live healthier lives**

Score: 3

### **People's experience**

There was not enough evidence gathered to rate this, but no concerns were reported.

### **Feedback from staff and leaders**

Staff told us they gave patients advice regarding healthy lifestyles depending on the nature of their injury. For example, we were told if a patient came in with acute knee pain who was overweight, they would discuss this with them and offer advice about healthier lifestyle choices to reduce their weight which would potentially help reduce the knee pain.

### **Processes**

There were leaflets available which offered a guide to help with health and wellbeing. It gave information about support for stopping smoking, living well, moving more, managing weight, supporting mental health and better sleep. There were links to the support services available in the Solihull area to support this.

## **Monitoring and improving outcomes**

Score: 3

### **People's experience**

Patients told us they had a positive experience. They achieved good outcomes, and their care was prompt and efficient.

### **Feedback from staff and leaders**

Managers and staff carried out a programme of repeated audits to check improvement over time. There were a few audits they had not started in the department since it had opened such as documentation audits and infection prevention and control assurance audits. Managers told us they used information from the audits to improve care and treatment and they shared and made sure staff understood information from the audits. However, we did not see any action plans associated with the audits and we did not see audits discussed with staff at team meetings. We were told they were often shared in the encrypted messaging groups.

### **Processes**

The service participated in relevant clinical audits. They shared the outcomes with staff but they did not always create actions to make improvements. The service operated in line with NHS England Urgent Treatment Centre standards (2023). They had an informatics dashboard which sat alongside the type 1 emergency departments for time metrics. These included time to assessment, time to clinical review and time to complete treatment. The service mostly met these metrics. They did not always triage patients within 15 minutes of arrival due to low assessment nurse numbers and increased attendance at certain times creating a bottleneck of patients to be seen. The unit was walk-in and the only urgent treatment centre in Birmingham and Solihull minor injury service that included X-ray facilities. They were

also the only provider that offered a walk-in service, along with a 111 booked appointment offer. The lead consultant had looked at the national specifications for Urgent Treatment Centres and wanted to expand certain pathways such as deep vein thrombosis. We saw this was discussed in governance meetings.

## **Outcomes**

The service measured outcomes using the Friends and Family Test (FFT) metrics. They found in June 2024 88% recommended the service and the most recent results for July 2024 showed 100% of patients had recommended the service.

There was a pain dashboard for urgent and emergency care units based on the RCEM guidance on assessment and management of pain for adults and children. The dashboard showed that for 2024, on average 50.2% of patients had their pain score assessed during their attendance. Staff were not recording it properly on the system and often wrote it in the notes rather than completing it online. Managers were working to improve the pain score recording by sharing the dashboard data with the team, including drilling down to specific days to provide individual feedback. Data was poor for administering analgesia. This was because the data was pulled through via the online prescribing system and did not consider the Patient Group Directives used within the department for administering medication; this is how most analgesia was administered. They had submitted a request to clinical audit registration management system in March 2024 to request a paper-based audit of analgesic administration to enable them to have a true reflection of the data. They had discussed this issue within their quality and safety meetings and looked at the FFT feedback which did not suggest there were any issues with pain relief.

## **Consent to care and treatment**

Score: 3

### **People's experience**

Patients told us staff gained consent to provide treatment. They told us the EP's explained their condition and the plan of care well. All patients we spoke to knew what they were waiting for. We observed treatment being delivered and found the staff to be engaging, informative and always asked for consent prior to treatment commencing.

### **Feedback from staff and leaders**

Staff supported patients to make informed decisions about their treatment. They followed national guidance to gain patients' consent. Staff made sure patients verbally consented to treatment based on all information available.

Staff received and kept up to date with training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). This was included within their safeguarding level 3 training. Staff were 100% compliant with this. Staff could describe and knew how to access the policy and get advice on MCA and DoLS. Staff gained consent from children's parents or guardians in line with guidance. They were



aware of Gillick Competence and explained when this was appropriate to use. All consent was verbal for the treatments used within the unit.

### **Processes**

There was an up-to-date consent policy which staff followed when gaining consent from patients. Staff clearly recorded consent in all the 9 patient records we looked at which was in line with the policy.

## **Caring**

**Rating: Good**

**Percentage Score: 75%**

### **Key question commentary**

Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their injury.

### **Kindness, compassion and dignity**

Score: 3

#### **People's experience**

All patients told us they were treated with kindness, compassion, and dignity. They felt staff listened to them and communicated with them appropriately in a way they could understand. We saw thank you cards from patients expressing thanks for the care they had received. For example, "Thank you for all the kindness shown to me at the clinic. Making appointments for me to be seen. I am so grateful, after a scan, all was well."

#### **Feedback from staff and leaders**

There was mostly a culture of kindness and respect between the staff. Most staff felt supported by their colleagues as well as managers. Staff understood and respected the personal, cultural, social, and religious needs of patients and how they may relate to care needs.

#### **Feedback from partners**

We spoke to the minor illness staff who said the minor injuries team were very kind and caring and always did the best for the patients. There were no reported concerns.

#### **Observation**

We observed staff treating patients with kindness and maintaining their dignity. All patients were examined either in a consulting room or in a cubicle with the curtain pulled. We overheard staff speaking to patients with compassion and ensuring patients felt comfortable.

### **Treating people as individuals**

Score: 3

#### **People's experience**

Patients told us they were treated as individuals and their preferences were understood. We saw feedback from a patient who had said “your kindness and prompt actions in ensuring I had the best treatment possible will never be forgotten.”

### **Feedback from staff and leaders**

Staff made sure patients and those close to them understood their treatment. Staff talked to patients in a way they could understand, using communication aids where necessary. Staff told us they had different ways to communicate with patients who had different communication needs. They used a language line or an online translation service for patients who did not speak English as well as pictorial prompts. They had an EP who had learned sign language to be able to effectively communicate with patients from the deaf community.

### **Observation**

We observed staff treating patients as individuals and informing them about their injury and plan of care. Staff ensured patients felt comfortable and were given options to make choices about the care they received.

### **Processes**

The service did the friends and family test (FFT) which enabled them to gain feedback from patients. They also logged complaints and compliments received.

## **Independence, choice and control**

Score: 3

### **People’s experience**

People were given enough information about their injury. If there was a choice of care, the staff ensured patients were aware of this. No concerns were reported.

### **Feedback from staff and leaders**

Patients were supported to have choice and control over their own care and make decisions about their treatment and wellbeing. There was a range of appropriate equipment to support and maximise people’s independence and outcomes from care and treatment. For example, staff provided crutches so patients with a lower limb injury could mobilise safely. They were referred to fracture clinic and the physiotherapy and occupational therapy team if further support was needed to maintain independence.

### **Processes**

Patients could give feedback about the service and care using the Friends and Family Test (FFT). We saw that between 01 January and 30 June 2024, there had been 2,196 responses received, with a 91% positive rating.

## **Responding to people's immediate needs**

Score: 3

### **People's experience**

Patients were treated with dignity and respect. Patients felt staff were attentive to their needs. We saw a patient was offered a drink and biscuits whilst they were waiting. We saw thank you cards displayed which included messages such as "thank you to all the wonderful staff who took charge when I arrived with a deep cut on my head." Following feedback from patients and staff, a drinks station and a snack vending machine were installed in the urgent treatment centre on 15 July 2024.

### **Feedback from staff and leaders**

The service sought feedback from patients using the Friends and Family Test. This was either completed via an online scanning code or on paper. Staff told us they mostly had positive results. The results were shared with the staff and actions taken to improve where needed. Patients who were experiencing mental health problems often attended the department. They were not suitable to be seen within the MIU. The staff took their details and redirected them to a suitable hospital within the trust. They called the hospital to check they had attended to ensure they were safe.

### **Observation**

We observed staff treating patients and answering buzzers promptly.

## **Workforce wellbeing and enablement**

Score: 3

### **Feedback from staff and leaders**

Managers ensured staff well-being was important within their culture. Staff had regular breaks and there were appropriate rest areas. There was also a 'wobble' room which was a separate room that staff or patients could use if they needed space or a quiet environment. We observed good team working within the MIU and the urgent treatment centre. Most staff told us they worked well as a team and helped each other. Managers were approachable although we were told at times, the unit felt isolated, and managers were not always visible. Most staff rotated around the other MIU's within the emergency departments within the trust and felt teams mostly worked well together. We were told about a member of staff who had passed away the week prior to our assessment and the support had been fantastic. Other teams had come across to Solihull to cover the staff who felt unable to work, the chaplaincy team, imam, counselling team and wellbeing team all came to the unit to support the staff. Staff told us their manager was supportive if they needed adjustments to their work for their wellbeing. For example, a staff member who needed routine shifts was set up with a regular shift pattern.

## **Processes**

Managers had team meetings to feedback to staff and hear their suggestions for improvements. All managers sent minutes to staff following meetings to ensure all staff knew the information. Feedback was also disseminated via a closed social media group.

## **Responsive**

**Rating: Good**

**Percentage Score: 75%**

### **Key question commentary**

The service mostly ensured people could access treatment in a timely manner when they needed it. The service provided person-centred care and made adjustments to help people access services.

### **Person-centred care**

Score: 3

#### **People's experience**

During our onsite assessment, we spoke with patients who told us they had been involved in their treatment and involved in decision making. No concerns were reported.

#### **Feedback from staff and leaders**

The service was inclusive and took account of patients' individual needs and preferences. They coordinated care with other services and providers. The unit was designed to meet the needs of patients. Staff understood communication needs of patients with a disability or sensory loss. There was a vulnerability policy which set out the principles and framework for the management of patients with a learning disability, autism, mental health needs, dementia, and those with a hearing/visual impairment or loss. Staff made sure patients, and carers could get help from interpreters or signers when needed. One staff member had trained in sign language to ensure they could communicate with patients from the deaf community. There was a 'wobble' room which was used for patients who had neurosensitivity, autism, learning disabilities or someone who needed a quiet space. It was a quiet room with comfortable chairs. Staff also used this room if they needed a quiet space. People were supported during transfers between services and discharge. Ambulances were arranged for people who were not well enough to make their own way to another hospital. There were reasonable adjustments made so that people with a disability could access and use services on an equal basis to others.

#### **Observation**

We observed staff treating patients as individuals and ensuring person-centred care. Staff included them in the decisions and provided advice about the care and treatment they needed.

## **Care provision, integration and continuity**

Score: 3

### **People's experience**

We did not gather enough evidence to rate this, but no concerns were raised.

### **Feedback from staff and leaders**

Staff did not always do an initial assessment on patients before sending them away to another service. We found that if a patient exceeded the services scope, they were turned away without a medical check despite having an injury or illness which could have been life threatening. We raised this with the managers who told us they were reviewing the current policy in place to ensure there was a clear process for these patients who were not suitable but still needed medical attention. However, the staff mostly understood the needs of the local community and patients were seen promptly. They made appropriate referrals between services. Managers told us they had targeted recruitment programmes within the Solihull location to try and entice staff to work with them who were from the local community and therefore had a good understanding of the people they were treating.

### **Feedback from partners**

We spoke with an advanced nurse practitioner in the minor illness department who said the services were mainly well co-ordinated. They each had their own receptionist who streamed the patients into the right service. All patients who attended with a minor illness required an appointment but patients with a minor injury could walk into the service. This meant if a patient attended with a minor illness without an appointment and was registered by the minor injury team, there could be delays with transferring their care over to the minor illness team due to a lack of appointments. Managers told us they had had recent discussions about this, and a policy was being brought in which allowed patients to be seen by the minor illness team without an appointment if needed.

### **Processes**

There was a draft policy which was awaiting ratification to ensure that all patients who attended the department had a chosen pathway which was appropriate. We saw this was discussed in the joint meeting with the ICB, minor illness managers and the minor injuries team.

## **Providing information**

Score: 3

### **People's experience**

Patients told us they were informed about their care. They all knew what the next steps were. Patients raised no concerns about the information they were provided.

## **Feedback from staff and leaders**

Staff ensured people who used the service were provided with information that was accessible and supported their choices. Information was tailored to the individual need. There were reasonable adjustments for people who did not speak English as a first language and for deaf people who used British Sign Language. Information that was collected about people met data protection legislation requirements. There were 3 different computer systems used within the unit. There were 2 computer systems for adult patients and a different system for paediatric patients. All paediatric notes were handwritten and scanned onto the system. All notes were locked away at the end of the day. The trust was working towards 1 system for paediatric and adult patients. It was on their risk register.

## **Processes**

The service gathered information from the child protection information sharing service for each child who attended the department and acted appropriately on the information they received. There was a Data Protection, Confidentiality and Disclosure Policy which staff followed whilst we were on site. Information governance training was included in the mandatory training programme; 88% of staff had completed this. All staff had completed accessible information standard training. Whilst this was not mandated, it was essential for all clinical staff within the MIU. Compliance for this was poor; 66.66% of HCAs, 40% of EP's and 0% of assessments nurses had completed this training. The matron and lead EP have allocated time for the staff to complete this training after our assessment.

## **Listening to and involving people**

Score: 3

### **People's experience**

All 5 patients we spoke to felt listened to by staff. Information was displayed in the waiting room about how to make a complaint but patients had not noticed this whilst they were waiting. However, all patients we spoke to were happy and did not want to raise any concerns. We saw within governance meetings that patient feedback was discussed. Patients had raised there was a lack of food and drink while in the waiting room. In July 2024, a vending machine had been installed and drinks were available in the waiting room.

## **Feedback from staff and leaders**

It was easy for patients to give feedback about the service. There was a Friends and Family Test and patients were encouraged to fill this in. Information was displayed about how to make a complaint in the waiting room. Managers told us their main complaint theme was lack of communication regarding waiting time and the differentiation between the 2 services provided in the urgent treatment centre. The minor illness patients required an appointment, and the injury service was mostly a



walk-in service. This meant minor illness patients could be seen before the minor injury service. This, on occasion, caused aggravation from patients as they did not understand that there were 2 different services running from the unit. Managers told us they were going to install a display screen in the waiting room and add intermittent messages about this and waiting times. The reception staff informed patients about the different services and waiting times.

### **Processes**

The trust had a clear policy for complaints management and staff followed this. There was a monthly governance meeting where complaints were discussed as well as a quality and safety meeting and directorate meeting. There had been 2 formal complaints since the service had opened in June 2023. Managers investigated complaints. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Managers shared feedback from complaints with staff and learning was used to improve the service. We saw clear actions implemented following the complaints received in the service. Staff could give examples of how they used patient feedback to improve daily practice. For example, there was a complaint where a patient overheard a staff member questioning how to give a medication. The managers had retrained all staff members and ensured all staff had re-read the policy on the administration of this medication.

### **Equity in access**

Score: 3

#### **People's experience**

Patients told us their needs were met and most patients we spoke to were waiting for an x-ray to confirm their treatment plan.

#### **Feedback from staff and leaders**

People were able to access the service when they needed it and received the right care mostly in line with national standards. Where treatment within the unit was not suitable, they asked patients to attend an appropriate service. Managers monitored waiting times and made sure patients could access services when needed and mostly received treatment within agreed timeframes and national standards. The trust had a target that 95% of patients were seen, treated and discharged within 4 hours of their time of arrival; 98.62% of patients between January and June 2024 were discharged by 4 hours after arrival. There was a national standard for all walk-in patients to receive an initial triage assessment within 15 minutes of arrival to the department. Patients who attend via 111 did not require a nurse assessment within 15 minutes. Compliance between January and June 2024 was 41.91%. We were told this was difficult to achieve as they had low staffing levels for assessment nurses and only had 1 on duty at any time. They often had a queue of patients waiting to be

seen when they opened at 8am and this meant from the beginning of the day, there was a delay to the triage. We were told on average it took between 27 and 29 minutes until patients were triaged. All patients we looked at were seen by an EP within 60 minutes of arrival which was in line with national guidelines. We saw that these time metrics and outcomes were discussed in the March 2024 team meeting with staff so they were aware of their compliance to the standards. Actions were created to make improvements.

## **Processes**

The MIU was open 8am until 8pm and operated an open access policy. Their standard operating procedure stated that every patient deserved to have an assessment. However, we did find that some patients were turned away without assessment which was against policy. We discussed this with the manager who was looking at the standard operating procedure to make it clear what was expected regarding assessing patients regardless of whether they were in the right location. The unit remained open until 10pm but did not admit patients after 8pm. They had plans in place to ensure patients who were still in the department at 9pm had a plan and they could mostly close and discharge all patients by 10pm. They saw patients over the age of 1 year. If a child's injury required further assistance from a medical team, they were transferred to another hospital. There was a process where 3 patients per hour could be given an appointment via '111'. We were told these were underutilised.

## **Equity in experiences and outcomes**

core: 3

### **People's experience**

We did not gather enough evidence to rate this, but no concerns were raised.

### **Feedback from staff and leaders**

Staff told us they did not discriminate against anyone. It was a walk-in service and all patients were given the same treatment. Their standard operating procedure stated they endeavoured to make an honest speedy assessment of any minor injury with no discrimination with regards to gender, race or religion.

Staff told us their EP team was a diverse team and people with different protected characteristics had equity within the workplace. Managers did not discriminate against gender, race or religion when they recruited. Staff told us that their diverse workforce meant they understood patients' rights and listened to their views and did not discriminate. The service gathered data on reattendance rates. Between June 2023 and June 2024, 1.96% of patients had reattended the department within 7 days with the same diagnosis as their previous attendance. Data showed 0.14% of patients had attended an emergency department within 7 days of discharge from the MIU with the same diagnosis.

## **Planning for the future**

Score: 3

### **People's experience**

We did not gather enough evidence to rate this as all patients we spoke to were discharged before 4 hours and were independent, but no concerns were raised.

### **Feedback from staff and leaders**

Staff worked well as an effective multidisciplinary team to discuss patients and improve their care. There was therapy available for patients who required support to return home after acute injury. Patients could be seen whilst they were in hospital or have support from the community team who did home visits if the patients were suitable for discharge prior to therapy.

## **Well-led**

**Rating: Good**

**Percentage Score: 75%**

### **Key question commentary**

Leaders ran services well and supported staff to develop their skills. Staff mostly felt respected, supported, and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and all staff were committed to improving services continually.

### **Shared direction and culture**

Score: 3

#### **Feedback from staff and leaders**

Staff mostly felt respected, supported, and valued. They were focused on the needs of patients receiving treatment and worked well together to ensure they achieved good outcomes for patients. Staff were positive and proud to work in the organisation. The culture was centred on the needs and experience of people who used services. There was mostly a positive, compassionate, and listening culture within the service. Almost all staff we spoke to told us this. Most staff had a good relationship with each other and were not afraid to raise concerns. Staff rotated across 3 urgent treatment centres and worked with staff across the different hospitals. However, some staff told us that they felt there were strained relationships at times within the EP team. There was a shared vision and a 3-year strategy for the department which all staff were aware of and were working towards. This was an item on the agenda and discussed in monthly specialty meetings.

#### **Processes**

There was a 3-year strategy. The main ambition was to deliver a minor injury, nurse led service, provided by the trust in an interface with community providers for minor illness services. They had set goals for people, patients, progress, and place and had core strategies to achieve this. They were on track to achieve their priorities for year 1 with actions created to ensure they did. At the time of the assessment, they were not a fully nurse led service. There was still consultant input required for governance and processes as the managers were not trained to tier 4 or 5 master's level in advanced practice. This was needed to run the unit and not all staff had completed all elements of the EP training.

There was a quarterly staff survey titled "How does it feel to work at Solihull". Results from April 2024 showed 8 staff had responded. Managers were acting on the

comments made within the survey to make improvements. For example, there were comments about flexible working patterns being inconsistent. Managers held flexible working clinics to gather both positive and challenges of flexible working. These clinics were held in June 2024 and results will be shared with staff once recommendations and actions have been determined. Webinars were also held in June for managers of staff around flexible working.

## **Capable, compassionate and inclusive leaders**

Score: 3

### **Feedback from staff and leaders**

Leaders had the experience, capabilities, and skills to run the service and ensure risks were well managed. Leaders were mostly visible, however, some staff felt that at the MIU, they were left to their own devices and leaders did not often attend site. Leaders understood and managed the priorities and issues the service faced. They supported staff to develop their skills and attend courses to further their role. Staff told us how they had progressed through the service and were supported by their managers to do this.

### **Processes**

Managers wanted more of their leaders to attend leadership courses. They had booked their senior EPs onto a governance and policy course. There was a development programme for the EPs which was in line with the vision of a nurse-led unit. However, there were no managers who were trained or currently having the required level of management training to allow the consultants to step away for it to become a nurse-led unit.

## **Freedom to speak up**

Score: 3

### **Feedback from staff and leaders**

Leaders fostered a positive culture where most people felt they could speak up and their voice would be heard. Staff and leaders mostly acted with openness, honesty, and transparency. Staff were encouraged to raise concerns with their managers. We were told the lead EP was very approachable and a problem solver. There was a Freedom to Speak Up Guardian, although most staff we spoke to were not aware of them. Leaders encouraged staff to raise concerns. Most staff we spoke to were confident their voices were being heard and felt able to raise any issues. However, a few staff told us they were not confident to speak up due to fear of detriment. Mostly, when concerns were raised, leaders investigated sensitively, and lessons were shared and acted upon.

### **Processes**

There was a Freedom to Speak Up policy but staff we spoke to were not aware of it or who the guardian was. There was a whistleblowing policy and staff were aware of this. The service had a quarterly staff survey where comments were anonymous. This allowed staff to voice any concerns. We saw where comments were made, managers created actions to make improvements. For example, there was a comment about how difficult it was to park at the hospital which was affecting the staff, and they were considering leaving due to the time and stress taken to park. The managers recognised this and had created an additional 62 car parking spaces by the end of July 2024. They had also secured 300 spaces at a local car park which was a 3-minute walk away at a reduced daily rate.

## **Workforce equality, diversity and inclusion**

Score: 3

### **Feedback from staff and leaders**

Leaders acted to continually review and improve the culture of the organisation in the context of equality, diversity, and inclusion. The service promoted equality and diversity in daily work and provided opportunities for career development. Inclusion and diversity training was part of staff's mandatory training programme; 100% of staff had completed this. Managers told us they encouraged recruitment within the local area to mirror the population of the people they were treating.

### **Processes**

There were policies and processes in place to ensure the service was inclusive and valued diversity in their workforce. Leaders took action to improve any disparities in the experience of staff with protected characteristics. We spoke to several staff with protected characteristics, and they felt supported and included by their team and managers. The manager told us one of their transgender members of staff had told them they had never felt so much at home in a workplace. There was a civility study day which focused on bullying, behaviours, and equality. There was a 'wise' council which had been formed and anyone could join. They had fortnightly meetings and were focused on improving work for staff. Topics they had discussed included "how can we make induction better?". Managers had sought international nurses from specific areas which they knew would be beneficial to their service and the people that they treated. The trust had staff networks available which they encouraged staff to join. They offered advice and support and the opportunity to be part of changes within the trust. Where staff needed adjustments at work, managers completed risk assessments to ensure they were able to complete their role.

## **Governance, management and sustainability**

Score: 3

### **Feedback from staff and leaders**

All levels of governance and management functioned effectively and interacted with each other. Staff at all levels were clear about their roles and understood what they were accountable for, and to whom. Staff told us there were governance, management, and accountability arrangements in place, and that they understood their role and responsibilities, what they were accountable for, and to whom. There was a monthly governance meeting and monthly quality and safety site meetings where leaders reviewed incidents, complaints, audits, and risks. There was also a meeting with partners to ensure shared learning and policies and a monthly directorate meeting. We saw risks, actions, and audits were all discussed and there was shared learning across the directorate. Staff told us they received feedback from audits that were undertaken.

### **Processes**

The unit had a clear management structure. Leaders monitored quality and operational processes and had systems to identify where action should be taken. However, we did not always see action plans for audits where improvements were needed. The service had a clear governance structure with various committees. There was a monthly specialty performance review meeting. We reviewed 3 sets of minutes which showed action plans were discussed and improvements were made. There were monthly meetings in collaboration with the minor illness service. We reviewed 2 sets of meeting minutes which showed there were effective processes in place to review risk and create improvements and share the learning between the partnerships. Learning was shared with staff using several avenues. We reviewed ward meeting minutes which showed staff were kept informed. There were arrangements for identifying, recording, and managing risks, issues, and mitigating actions. There were 2 risks on the risk register, 1 was the management of acutely ill patients at Solihull hospital and the other was the use of multiple clinical information systems. The management of acutely ill patients was a site wide risk but related to the unit as acutely unwell patients occasionally presented at the MIU as a medical emergency. There were mitigations in place including further training for clinical site practitioners to provide 24/7 cover and applying for additional funding for out of hours medical cover at the hospital. There was alignment between recorded risks and what staff said was 'on their worry list'.

### **Partnerships and communities**

Score: 3

#### **People's experience**

We did not gather enough evidence to rate this but there were no concerns raised.

#### **Feedback from staff and leaders**

The staff worked well with the other services within the urgent treatment centre and across the trust. They shared good practice and learning. Staff gathered feedback from patients via the Friends and Family Test and any complaints made. They used this information to make changes in the department.

### **Processes**

There was collaboration between the departments within the urgent treatment centre as they were commissioned by different providers. The MIU was run by the trust and the minor illness unit was commissioned by the ICB. They held monthly meetings to discuss risks, workforce, patient feedback and performance. They discussed actions at the meetings and we saw these were closed when complete.

## **Learning, improvement and innovation**

Score: 3

### **Feedback from staff and leaders**

All staff were committed to continually learning and improving services. They had a good understanding of how to make improvements happen. Leaders encouraged staff to speak up with ideas for improvement and actively invested time to listen and engage. The service had a strong external relationship with the ICB and meant there was a foundation to support any improvements needed together. For example, they had found there were not clear pathways for some patients in the department if they turned up without an appointment for the Minor Illness Unit. They were not able to be seen by Minor Injuries and this could cause issues. The services discussed this at their governance meeting and created a policy to ensure that there was a clear pathway for these patients to be seen. Staff told us they were encouraged to develop and were proud of the service. Feedback was gathered from staff via the quarterly staff survey. In April 2024, a comment within the survey was "I am proud of the service we provide for our patients and as a team we are always encouraged to improve the service and develop within my role and within the unit".

### **Processes**

There was a focus on continuously learning in the department. There was an education lead who supported staff to develop their skills. The unit was a training unit for the local university. This meant they supported trainee EPs to complete their training in minor injuries. EPs also rotated across the different sites so they could maintain competency in minor illness. All staff were training to be prescribers. They had a 4-year development programme where they took on band 6 paramedics and nurses and at the end of the programme they were band 7 level. There was a monthly trust newsletter called "risky business" developed by a consultant to share learning and reflections. One EP told us about a reflection they shared regarding a paediatric patient who presented with injuries that looked non-accidental and could be due to safeguarding issues. However, following further assessment, it was found that the patient's mother had a history of brittle bone disease, and it was likely the child did also. They felt this was an interesting reflection and learning for staff.