

Dudley Urgent Care Centre - Integral Medical Holdings⁺

Dudley Health Economy

Visit Date: 16th September 2016

Report Date: December 2016

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INTRODUCTION

This report presents the findings of the review of the Urgent Care Centre, part of Integral Medical Holdings⁺ (IMH⁺) incorporating Malling Health⁺ that took place on 16th September 2016. The purpose of the visit was to review compliance with the following West Midlands Quality Review Service (WMQRS) Quality Standards:

- Urgent and Emergency Care Quality Standards V3 D13 05.05.2016

The aim of the standards and the review programme is to help providers and commissioners of services to improve clinical outcomes and service users' and carers' experiences by improving the quality of services. The report also gives external assurance of the care which can be used as part of organisations' Quality Accounts. For commissioners, the report gives assurance of the quality of services commissioned and identifies areas where developments may be needed.

The report reflects the situation at the time of the visit. The text of this report identifies the main issues raised during the course of the visit. Appendix 1 lists the visiting team which reviewed the Urgent Care Centre service in Dudley health economy. Appendix 2 contains the details of compliance with each of the standards and the percentage of standards met.

This report describes services provided or commissioned by the following organisations:

- Integral Medical Holdings⁺
- NHS Dudley Clinical Commissioning Group

Most of the issues identified by quality reviews can be resolved by providers' and commissioners' own governance arrangements. Many can be tackled by the use of appropriate service improvement approaches; some require commissioner input. Individual organisations are responsible for taking action and monitoring this through their usual governance mechanisms. The lead commissioner for the service concerned is responsible for ensuring action plans are in place and monitoring their implementation liaising, as appropriate, with other commissioners, including commissioners of primary care. The lead commissioner in relation to this report is NHS Dudley Clinical Commissioning Group.

ABOUT WEST MIDLANDS QUALITY REVIEW SERVICE

WMQRS is a collaborative venture between NHS organisations in the West Midlands to help improve the quality of health services by developing evidence-based Quality Standards, carrying out developmental and supportive quality reviews - often through peer review visits, producing comparative information on the quality of services and providing development and learning for all involved.

Expected outcomes are better quality, safety and clinical outcomes, better patient and carer experience, organisations with better information about the quality of clinical services, and organisations with more confidence and competence in reviewing the quality of clinical services. More detail about the work of WMQRS is available on www.wmqrs.nhs.uk

ACKNOWLEDGMENTS

West Midlands Quality Review Service would like to thank the staff and service users and carers of Dudley health economy for their hard work in preparing for the review and for their kindness and helpfulness during the course of the visit. Thanks are also due to the visiting team and their employing organisations for the time and expertise they contributed to this review.

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URGENT CARE SERVICE

URGENT CARE CENTRE, DUDLEY (INTEGRAL MEDICAL HOLDINGS⁺)

General Comments and Achievements

The Urgent Care Centre had been open since April 2015 and was situated in the middle of Russells Hall Hospital. Access for patients was via the Emergency Department. Co-location of the Urgent Care Centre and the GP out of hours service worked well. Some initial problems with the organisation of the Urgent Care Centre were being resolved and significant progress had been achieved by the medical and nursing leads in post at the time of the review. This leadership team had a supportive and nurturing approach to the development of the service. Staff were welcoming and were keen to learn and to improve the service delivered.

The service was working hard to recruit appropriately trained staff. An appointment had been made to the substantive Advanced Nurse Practitioner post but 40% of staff were temporary at the time of the review visit. Most of these were regular locums and worked regular shifts. This aspect of the service was being monitored by the Clinical Commissioning Group (CCG). Good links with practice-based pharmacists were evident.

Processes for feedback to GPs, health visitors and safeguarding leads were in place, including 'alerts' if required. Relationships with Emergency Department staff appeared to be working well with the aim of ensuring a 'smooth' patient pathway with resources used appropriately. Links with commissioners were good with clear, transparent monitoring arrangements. Quality review arrangements were robust and problems which arose were discussed and an appropriate response agreed. Both Emergency Department staff and local GPs were positive about the service provided.

Good Practice

- 1 Leadership of the service was strong with robust management of operational issues and a proactive and positive approach to building relationships with other services.
- 2 Systems for the management of training, appraisals and performance issues, including monitoring of mandatory training compliance, were being implemented by the lead nurse. These were in place for employed staff and implementation was being implemented for locum and agency staff. The systems provided a very good electronic staff record 'at a glance'.
- 3 Competency frameworks had been developed for health care support workers and for the Assistant Physician role.
- 4 The service was able to flex the workforce to meet the expected demand and there were no gaps in the rotas for the week of the review visit.

Immediate Risks: No immediate risks were identified.

Concerns

1 'Streaming' in the Emergency Department

Reviewers were seriously concerned about the arrangements in the Emergency Department of 'streaming' patients to the Urgent Care Centre. There was no space to triage patients arriving at the Emergency Department and so patients had to choose the correct receptionist with whom to register. Reviewers observed patients who were confused about this arrangement, especially because the sign was on the floor and may not be easily visible to all patients.

Patients who were considered suitable by the Advanced Nurse Practitioner were 'streamed' to the Urgent Care Centre. These were mostly patients who were deemed to have a minor illness, with injured patients being 'streamed' to the Emergency Department. The 'streaming' tool was designed to have prompts which 'popped up' but these were not working on the day of the visit. Patients were not triaged to ensure that

any life threatening conditions had been identified. Staff used a rather complex book of conditions and went to a small room down a narrow corridor if a private conversation was needed. If so, the 'streaming' process stopped until the member of staff returned.

Patients attending the Urgent Care Centre then walked to the Centre's clinical area where a health care support worker recorded some clinical observations. The support worker would trigger an assessment by a registered health professional if indicated.

The streaming process had been changed following some learning from significant events that had taken place. The pathway had been changed in order to improve the streaming process. Based on their observations on the day of the visit, reviewers were not sure that the revised process had been fully implemented.

The Streaming Operational Policy was large and not easy to follow quickly. The policy was condition-specific, rather than symptom-specific, and was not appropriate for a setting where a provisional diagnosis had not yet been made.

2 Clinical record keeping

a. Recording of allergies

Reviewers looked at 10 clinical records and talked to staff about the recording of allergies. Emergency Department staff did not appear to be familiar with the system for recording allergies on the EMIS¹ IT system and allergies were not appropriately recorded on one of the records seen. A warning box appeared when the clinical record was opened but subsequent screens included an allergy 'tab' on which 'no allergies' was recorded even if the warning box was completed.

b. Prescribing records

Three of the records seen had drugs prescribed which were not included on the agreed formulary. These appeared to be prescribed by GPs and Advanced Nurse Practitioners but it was not clear exactly who had written the prescription.

3 Facilities

The facilities for the Urgent Care Centre were not suitable for the number of patients using the service. The Urgent Care Centre was quite a long walk from the Emergency Department which made it more difficult for the two services to work together effectively. When the service was busy, children who were waiting were moved to an out-patient area adjacent to an orthopaedic outpatient clinic area. Toys and equipment to distract children were not available and the area could not be observed if the Urgent Care Centre triage room door was shut. Reviewers saw one child who was crying and who was not seen for about an hour.

Further Consideration

- 1** Staff had intermediate life support training but not competences in advanced life support as expected by the Quality Standards. Reviewers suggested that commissioners and providers should review the level of training that is expected.
- 2** Access to 'smart cards' was sometimes delayed and, at the time of the review visit, one GP did not have a 'smart card' and so could not look at summary care records of patients presenting to the Urgent Care Centre.
- 3** Relatively little patient information was available and several of the information racks were empty. Little age appropriate information was available for children and young people. Some of the information that was available was not particularly relevant to people attending the Urgent Care Centre. The service may also

¹ EMIS Health clinical software system (formerly EMIS) widely in use in primary care

want to consider implementation of a hearing loop and development of 'easy read' information for people with learning difficulties.

- 4 Clinical information was shared with GPs via the EMIS system but there was no electronic system for sharing clinical data with Emergency Department staff. As a result, for example, electrocardiograms (ECGs) were being photocopied.
- 5 Systems for review and learning did not yet involve more junior staff. There were monthly meetings between the Urgent Centre and Emergency Department leads and a quality meeting but these did not involve more junior staff.
- 6 Stock was ordered only monthly and so often had to be borrowed from the Emergency Department. More frequent stock ordering may be helpful.
- 7 Reviewers suggested that the clinical protocols shared with the Emergency Department would benefit from including clear points at which patients should be transferred between the services. Patient information to support these clinical protocols could also be shared between the two services.
- 8 The resuscitation trolley used by the Urgent Care Centre was originally a dressing trolley and equipment was not secure if the trolley was moved quickly.

COMMISSIONING

Commissioners are asked to note the concerns detailed in the Concerns section above.

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APPENDIX 1 MEMBERSHIP OF VISITING TEAM

Visiting Team

Bob Colclough	User Representative	
Karen Dawson	Service Manager, MICATS	Staffordshire and Stoke on Trent Partnership NHS Trust
Nighat Hussain	Programme Director- Stroke Services and Urgent & Emergency Care	NHS Sandwell and West Birmingham CCG
Dr Manir Aslam	General Practitioner / Urgent Care Lead	NHS Sandwell and West Birmingham CCG
Raza Shah	User Representative	
Clare Walsgrove	Matron, Emergency and Critical Care	The Shrewsbury and Telford Hospital NHS Trust

WMQRS Team

Sarah Broomhead	Assistant Director	West Midlands Quality Review Service
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APPENDIX 2 COMPLIANCE WITH THE QUALITY STANDARDS

Analyses of percentage compliance with the Quality Standards should be viewed with caution as they give the same weight to each of the Quality Standards. Also, the number of Quality Standards applicable to each service varies depending on the nature of the service provided. Percentage compliance also takes no account of 'working towards' a particular Quality Standard. Reviewers often comment that it is better to have a 'No, but', where there is real commitment to achieving a particular standard, than a 'Yes, but' where a 'box has been ticked' but the commitment to implementation is lacking. With these caveats, table 1 summarises the percentage compliance for each of the services reviewed.

Table 1 - Percentage of Quality Standards met

Service	Number of Applicable QS	Number of QS Met	% met
Urgent Care Centre, Dudley (Integral Medical Holdings ⁺)	38	23	61

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URGENT CARE CENTRE, DUDLEY (INTEGRAL MEDICAL HOLDINGS⁺)

Ref	Quality Standards	Met? Y/N	Reviewer Comments
AU-101	<p>'Front of Queue' Information</p> <p>Information should be clearly displayed advising patients with potentially life-threatening conditions to report immediately to the receptionist.</p>	N	See main report.
AU-102	<p>Self -Care and Service Information</p> <p>Information should be easily available about:</p> <ul style="list-style-type: none"> a. Use of 'NHS 111' and self-care options a. Opening hours (if not open 24/7) b. How to access other urgent and emergency care services c. How to register with a GP 	N	Opening hours were displayed and information on how to register with a GP was available. Other aspects of the Quality Standard were not yet in place.
AU-104	<p>Health Information</p> <p>Information for patients and carers about common conditions, health promotion and domestic abuse should be available, including local health and social care services to which they can self-refer.</p>	N	Little information was available. The information in the paediatric area was for adults rather than for children. None of the information was appropriate for people with learning disabilities.
AU-105	<p>Communication Aids</p> <p>Communication aids should be available to enable patients with communication difficulties to participate in decisions about their care.</p>	Y	Information about Language Line was displayed.
AU-106	<p>Transfer of Care Plan</p> <p>Patients being transferred to the care of another service should have a written transfer of care plan covering their diagnosis or differential diagnosis (if applicable) and expected care or management for, at least, the next four hours. The contents of the plan should be discussed with the patient.</p>	Y	This Quality Standard was met for patients transferring from the Urgent Care Centre to the Emergency Department. (The Quality Standard was not met for patients being transferred from the Emergency Department to the Urgent Care Centre.)
AU-107	<p>Episode of Care Summary</p> <p>Patients being discharged home should be given a summary of their condition, treatment given (if any) and future management plan. This should be discussed with the patient and a copy should be sent to their GP.</p>	Y	

Ref	Quality Standards	Met? Y/N	Reviewer Comments
AU-197	<p>General Support for Patients and Carers</p> <p>Patients and carers should have easy access to the following services. Information about these services should be easily available:</p> <ul style="list-style-type: none"> b. Interpreter services, including access to British Sign Language c. Chaperones d. Independent advocacy services e. Complaints procedures f. Social workers g. Benefits advice h. Spiritual support i. HealthWatch or equivalent organisation j. Relevant voluntary organisations k. Alternatives to hospital treatment 	Y	
AU-199	<p>Involving Patients and Carers</p> <p>The Urgent Care Centre should have:</p> <ul style="list-style-type: none"> a. Mechanisms for receiving feedback from patients and carers about the treatment and care they received. b. Mechanisms for involving patients and carers in decisions about the organisation of the service. c. Examples of changes made as a result of feedback from patients and carers 	Y	About 40 comments per month were received.
AU-201	<p>Lead Clinician</p> <p>The Urgent Care Centre should have a nominated lead clinician with responsibility for staffing, training, guidelines and protocols, service organisation, governance and for liaison with other services. The lead clinician should be a registered healthcare professional with appropriate competences in urgent and emergency care and should undertake regular clinical work within the service.</p>	Y	
AU-202	<p>Staffing Levels</p> <p>Sufficient staff with appropriate competences should be available for the expected number and usual case-mix of patients. At least one registered healthcare professional and one other member of staff should be available at all times. Cover for absences should be available so that the patient pathway is not unreasonably delayed and patient outcomes and experience are not adversely affected when individual members of staff are away.</p>	Y	Fifteen nurses were employed directly by the service with other posts covered by locum staff. Only three of the 15 staff were registered nurses.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
AU-203	<p>Service Competences and Training Plan</p> <p>The competences expected for each role in the service should be identified. A training and development plan for achieving and maintaining these competences should be in place. Expected competences in at least the following should be specified:</p> <p>a. Adult and paediatric history-taking, examination and formulation of a diagnosis and treatment plan b. Assessment and management of vulnerable patients including assessments for:</p> <ol style="list-style-type: none"> Frailty Falls and fragility fractures Problem alcohol use Domestic violence, sexual assault and rape Mental health problems Dementia <p>c. Recognition and management of seriously ill or high-risk patients d. Resuscitation and stabilisation of adults and children e. Primary survey including pain assessment g. Management of common presenting conditions h. Prescribing for common presenting conditions i. Imaging (if available) j. Point of care testing k. ECG reading k. Other procedures undertaken within the service (for example, wound closure, Cannulation and plaster casting) l. Handover to other health and social care professionals</p>	N	This Quality Standard was not met for the Advanced Nurse Practitioners. A good system was in place for directly employed staff and this was being replicated for agency staff and locums.
AU-204	<p>Shift Cover</p> <p>At least one registered healthcare professional should be available at all times with up to date competences in:</p> <ol style="list-style-type: none"> Advanced life support (adults) Paediatric basic life support and recognition and management of seriously ill or high risk children Prescribing for common presenting conditions Imaging (if provided) 	N	Directly employed staff had intermediate life support training but not advanced life support competences. The locum agency provided assurances on the level of training of agency staff.
AU-205	<p>Induction and Supervision</p> <p>Arrangements should be in place for:</p> <ol style="list-style-type: none"> Competence-based induction for all staff including agency, bank and locum staff Supervision of staff in training 	N	Arrangements were in place for induction to the service but this was not competence-based.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
AU-298	<p>Competences - All Staff</p> <p>All staff should have competences appropriate to their role in:</p> <ul style="list-style-type: none"> a. Safeguarding of children, young people and vulnerable adults b. Recognising and meeting the needs of vulnerable groups including young people, people with mental health problems, dementia, alcohol and substance misuse problems, learning disabilities and older people c. Dealing with challenging behaviour, violence and aggression d. Consent, Mental Capacity Act and Deprivation of Liberty Safeguards 	Y	This Quality Standard was met for directly employed staff but compliance could not be demonstrated for agency staff.
AU-299	<p>Administrative, Clerical and Data Collection Support</p> <p>Administrative, clerical and data collection support should be available.</p>	Y	
AU-301	<p>Advice and Support</p> <p>Arrangements should be in place for senior clinical staff to have immediate access to advice and support from senior decision-makers in:</p> <ul style="list-style-type: none"> a. Emergency Department b. Acute medicine c. Mental health services 	Y	
AU-302	<p>Mental Health Assessment</p> <p>Initial assessment by a competent mental health practitioner and a Mental Health Act assessment should be available within four hours of request.</p>	Y	

Ref	Quality Standards	Met? Y/N	Reviewer Comments
AU-303	<p>Referral to Other Services</p> <p>Staff should be able to refer patients directly to the following services:</p> <ul style="list-style-type: none"> a. Daily acute medicine and acute surgery clinics (or equivalent) b. Community nursing support, including admission avoidance and supported early discharge teams (or equivalent) c. Health promotion and disease prevention programmes, including smoking cessation, contraception and sexual health services, brief intervention and other support services for those with alcohol and substance misuse problems d. Staff with specialist expertise in: <ul style="list-style-type: none"> i. Holistic frailty assessment ii. Falls and fragility fracture prevention and management iii. Continence advice iv. Tissue viability e. Community physiotherapy and occupational therapy services f. Mental health services (non-urgent) g. Social services 	N	b', 'c', 'd' and 'e' were not available. Other aspects of the Quality Standard were met.
AU-401	<p>Facilities and Equipment</p> <p>Facilities available should be appropriate for the assessments, therapeutic and/or rehabilitation interventions offered by the service for the usual number and case mix of patients.</p>	N	The 'streaming' area did not provide the opportunity for confidential discussion. The paediatric area was isolated and did not have toys or other distractions for younger children. Rooms used for examinations were appropriate and well equipped.
AU-402	<p>Resuscitation Drugs and Equipment</p> <p>The following should be immediately available and checked in accordance with the local policy:</p> <ul style="list-style-type: none"> a. Resuscitation drugs and equipment b. Defibrillator c. Oxygen d. Suction 	Y	Audit checks were seen and equipment manuals were completed.
AU-403	<p>Other Equipment</p> <p>The following equipment should be available :</p> <ul style="list-style-type: none"> a. ECG machine with ability to print or electronically transfer the ECG trace b. Point of care testing c. Plain x-ray facility (if available) 	Y	The Urgent Care Centre was not commissioned to undertake 'b' or 'c'.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
AU-404	<p>Home Visits</p> <p>Appropriate drugs and equipment should be available for home visits.</p>	Y	
AU-499	<p>IT System</p> <p>An IT system should be in use which is capable of:</p> <ol style="list-style-type: none"> Collecting data on activity levels and response times Supporting appropriate clinical audits Secure transmission of information to GP surgeries 	Y	See main report.
AU-502	<p>Guidelines - 'Front of the Queue'</p> <p>Guidelines for reception staff on action for 'front of the queue' patients (QS AU-101) should be in use.</p>	Y	See main report.
AU-504	<p>Guidelines - Emergency Transfer</p> <p>Guidelines on appropriate care prior to emergency transfer of adults and children should be in use covering at least:</p> <ol style="list-style-type: none"> Identification of seriously ill or high risk patients Resuscitation and stabilisation Calling and handover over to the ambulance service or to the care of Emergency Department staff 	N	Guidelines were not yet in place, except for a resuscitation policy, but processes were in place in practice.
AU-509	<p>Common Presenting Conditions: Pathways of Care</p> <p>Clinical guidelines should be in use covering the assessment and management of common presenting conditions (Appendix 3). Guidelines should be specific about:</p> <ol style="list-style-type: none"> Indications for immediate referral to an Emergency Department, Acute Medical and Surgical Admissions Units, mental health service or other specialist facilities Indications for referral to acute medicine and acute surgery clinics (QS AU-303) Notifying the service to which patients are referred and providing details of assessments undertaken Ensuring patients are given information about their condition 	N	The 'streaming' guidance listed conditions for initial streaming but did not appear to cover the pathway of care after streaming.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
AU-515	<p>Guidelines: Holistic Care</p> <p>Guidelines on referral of patients to the following services should be in use:</p> <ul style="list-style-type: none"> a. Community nursing support, including admission avoidance and supported early discharge teams (or equivalent) b. Health promotion and disease prevention programmes, including smoking cessation, contraception and sexual health services, brief intervention and other support services for those with alcohol and substance misuse problems c. Staff with specialist expertise in: <ul style="list-style-type: none"> i. Holistic frailty assessment ii. Falls and fragility fracture prevention and management iii. Continence advice iv. Tissue viability d. Community physiotherapy and occupational therapy services e. Mental health services f. Social services <p>Guidelines should cover criteria and arrangements for referral and should ensure patients are given appropriate information.</p>	Y	
AU-516	<p>Medicines Management</p> <p>A Medicines Management Policy should be in use covering at least:</p> <ul style="list-style-type: none"> a. Links to national or local formularies b. Arrangements for monitoring individual clinicians' prescribing c. Patient Group Directives to support the treatment of common presenting conditions (if required) d. Arrangements for access to pharmacist advice e. Medicines reconciliation f. Record keeping g. Disposal and movement of drugs h. Access to palliative care drugs i. A complete, documented audit trail for controlled drugs, including those administered in the patient's home and drugs returned for destruction 	Y	Both a medicines management policy and a non-medical prescribing policy were in place.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
AU-599	<p>Care of Vulnerable People</p> <p>Guidelines for the care of vulnerable children, young people and adults should be in use, in particular:</p> <ul style="list-style-type: none"> a. Identification of vulnerable people b. Individualised care plans for people identified as being particularly vulnerable c. Restraint and sedation d. Missing patients e. Consent, Mental Capacity Act and the Deprivation of Liberty Safeguards f. Safeguarding g. Information sharing h. Palliative care i. End of life care 	N	a', 'b', 'c', 'd' and 'h' were not seen by reviewers. Others were in place. Guidelines on the use of advanced directives were also in place.
AU-601	<p>Urgent Care Centre Operational Policy</p> <p>An operational policy for the Urgent Care Centre should be in use covering at least:</p> <ul style="list-style-type: none"> a. Opening hours b. Arrangements for identifying patients with: <ul style="list-style-type: none"> a. Advance Care Plans b. Emergency Care Plans c. Clinical handover at changes of staff on duty d. Communicating the 'episode of care' summary (QS AU-107) to the patient's GP the same day or by 8 am the next working day e. For attendances by children, communicating the 'episode of care' summary (QS AU-107) to their health visitor or school nurse (where known) within two working days 	N	'a' and 'b' were seen. Others may be covered by the service specification but were not evident to reviewers.
AU-602	<p>Ambulance Response</p> <p>The service should have an agreement with the ambulance service covering:</p> <ul style="list-style-type: none"> a. Response to '999' category A calls within 8 minutes b. Categories of patients who will and will not be brought to the Urgent Care Centre c. Agreed response time for patients needing transfer to another health or care facility 	N/A	
AU-604	<p>Local Urgent and Emergency Care Operational Group</p> <p>Representatives of the service should meet at least annually with other local and urgent and emergency care services (QS AZ-604) to consider liaison arrangements and address any problems identified.</p>	Y	

Ref	Quality Standards	Met? Y/N	Reviewer Comments
AU-605	<p>Urgent and Emergency Care Network</p> <p>The service should have arrangements for two-way communication with the:</p> <ul style="list-style-type: none"> a. Local System Resilience Group (or sub-group) b. Urgent and Emergency Care Network 	N	Arrangements for two-way communication with the Urgent and Emergency Care Network were not yet in place.
AU-701	<p>Data Collection</p> <p>Regular collection and monitoring of data should be in place, including:</p> <ul style="list-style-type: none"> a. Activity levels b. Time to treatment c. Total time within the Urgent Care Centre d. Unplanned re-attendance rate e. Percentage of patients leaving without being seen f. Referrals to other services, including local Emergency Department/s 	Y	
AU-702	<p>Audit and Quality Improvement</p> <p>The service should have a rolling programme of clinical and non-clinical audit, including compliance with:</p> <ul style="list-style-type: none"> a. Agreed pathways of care (QS AU-509) b. Standards of record-keeping 	Y	
AU-703	<p>Key Performance Indicators</p> <p>Key performance indicators (QS AU-701) should be reviewed regularly with Trust (or equivalent) management and with commissioners including at least:</p> <ul style="list-style-type: none"> a. Treatment within two hours of presentation 	Y	
AU-704	<p>Policy for Providing Urgent and Emergency Care</p> <p>The service should have an agreed 'policy for providing urgent and emergency care' which should specify the type of service provided and have been agreed by the relevant Urgent and Emergency Care Network (QS AY-607) within the previous 15 months.</p>	Y	
AU-798	<p>Multi-disciplinary Review and Learning</p> <p>The service should have multi-disciplinary arrangements for</p> <ul style="list-style-type: none"> a. Review of and implementing learning from positive feedback, complaints, outcomes, incidents and 'near misses' b. Review of and implementing learning from published scientific research and guidance c. Ongoing review and improvement of service quality, safety and efficiency 	N	Multi-disciplinary arrangements for review and learning were not yet in place. Incidents were logged. Examples of incidents were used in mandatory training and an incident management policy was being written. There was some cascading of learning from incidents but this did not cover all aspects of the Quality Standard.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
AU-799	<p>Document Control</p> <p>All policies, procedures and guidelines should comply with Trust (or equivalent) document control procedures.</p>	N	Policies were appropriately document-controlled but some of the information on notice boards was out of date.

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