

Bay Urgent Care

Inspection report

Queen Victoria Centre
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Morecambe
LA4 5NN
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

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

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Bay Urgent Care on 25 April 2022. This was the first inspection of this Out of Hours (OOH) under this registered provider. Overall, the service is rated good.

A summary of CQC findings on urgent and emergency care services in Lancashire and South Cumbria.

Urgent and emergency care services across England have been and continue to be under sustained pressure. In response, CQC is undertaking a series of coordinated inspections, monitoring calls and analysis of data to identify how services in a local area work together to ensure patients receive safe, effective and timely care. We have summarised our findings for Lancashire and South Cumbria below:

Lancashire and South Cumbria.

Provision of urgent and emergency care in Lancashire and South Cumbria was supported by services, stakeholders, commissioners and the local authority.

We spoke with staff in services across primary care, integrated urgent care, acute, mental health, ambulance services and adult social care. Staff felt tired and continued to work under sustained pressure across health and social care.

We found demand on urgent care services had increased. Whilst feedback on these services was mostly positive, we found patients were accessing these services instead of seeing their GP. Local stakeholders were aware that people were opting to attend urgent care services and were engaging with local communities to explore the reasons for this.

The NHS 111 service which covered the all of the North West area, including Lancashire and South Cumbria, were experiencing significant staffing challenges across the whole area. During the COVID-19 pandemic, the service had recruited people from the travel industry. As these staff members returned to their previous roles, turnover was high and recruitment was particularly challenging. Service leaders worked well with system partners to ensure the local Directory of Services was up to date and working effectively to signpost people to appropriate services. However, due to a combination of high demand and staffing issues people experienced significant delays in accessing the 111 service. Following initial assessment, and if further information or clinical advice was required, people would receive a call back by a clinician at the NHS 111 service or from the clinical assessment service, delivered by out-of-hours providers. The NHS 111 service would benefit from a wide range of clinicians to be available such as dental, GP and pharmacists to negate the need for onward referral to other service providers.

Overall summary

People who called 999 for an ambulance experienced significant delays. Ambulance crews also experienced long handover delays at most Emergency Departments. Crews also found it challenging managing different handover arrangements. Some emergency departments in Lancashire and South Cumbria struggled to manage ambulance handover delays effectively which significantly impacted on the ambulance service's ability to manage the risk in the community. The ambulance service proactively managed escalation processes which focused on a system wide response when services were under additional pressure.

We saw significant delays for people accessing care and treatment in emergency departments. Delays in triage and initial treatment put people at risk of harm. We visited mental health services delivered from the Emergency Department and found these to be well run and meeting people's needs. However, patients experienced delays in the Emergency Department as accessing mental health inpatient services remained a significant challenge. This often resulted in people being cared for in out of area placements.

We found discharge wasn't always planned from the point of admission which exacerbated in the poor patient flow seen across services. Discharge was also impacted on by capacity in social care services and the ability to meet people's needs in the community. We also found some patients were admitted from the Emergency Department because they couldn't get discharged back into their own home at night.

Increased communication is needed between leaders in both health and social care, particularly during times of escalation when Local Authorities were not always engaged in action plans.

At this inspection of Bay Urgent Care we found:

- There was an established leadership team who prioritised a safe and effective service that supported the local emergency department and other primary care services.
- The provider ensured staff were supported by accessible leadership and good communication networks, training and development. A staff "Wellbeing" agenda was in place. Team members spoken with demonstrated a commitment to deliver a quality service.
- There were clearly defined and embedded systems to minimise risks to patient safety. Incidents, complaints and patient feedback were viewed as opportunities to learn and to improve processes. A learning log was in place which offered an overview of improvements implemented in response to issues and this log also included compliments received which were also shared.
- A comprehensive cycle of continuous quality improvement with supporting business plans was underpinned by the service strategy and this reflected the provider's vision and values.
- The culture of the service was to work in partnership with local community health and social care services to deliver a person-centred responsive approach to people living in the local area.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

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

Overall summary

- Adapt the patient survey report to provide a service specific feedback report for each of the Urgent and Emergency Care services that patients are commenting on.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a paramedic specialist advisor on induction training and a second CQC inspector.

Background to Bay Urgent Care

Bay Urgent Care provides out-of-hours primary medical services to patients in the Morecambe Bay area when GP practices are closed. The service is located the Queen Victoria Centre, Thornton Road, Morecambe, Lancashire, LA4 5NN. We inspected this location on 25 April 2022. The service is registered to provide the following regulated activities:

Diagnostic and screening procedures,

Treatment of disease, disorder or injury,

Transport services, triage and medical advice provided remotely.

Bay Urgent Care provides a GP out-of-hours (OOH) service to 165000 people living in and around the Morecambe area. The service is contracted by the NHS Morecambe Bay clinical commissioning group (CCG) to provide OOH primary medical services to registered patients and those requiring immediate and necessary treatment in Morecambe and the surrounding area when GP practices are closed. This includes overnight, during weekends and bank holidays.

Patients access the out-of-hours service by calling NHS 111. The OOH service operates a total telephone triage service and the patients receive a call back from a clinician in accordance with the triage process.

The service is open seven days a week (including bank holidays) from 6.30pm to 8am each day and at weekends when GP practices are closed.

This service is delivered by a multidisciplinary team of clinical and non-clinical staff. This team includes GPs, Advanced Nurse /Clinical Practitioners and are supported by receptionists, car drivers and a management team. The service provides approximately 2000 to 2500 appointments each month.

The registered provider for the service is FCMS (NW) Limited which is a not for profit Social Enterprise Company Limited by Guarantee. FCMS (NW) Limited provide a range of services from several registered locations: They provide:

- Twenty-four hour, 365 day call taking, prioritisation and signposting of patients for unscheduled health or social care needs.
- Primary Care clinical telephone consultations, advice and treatment.
- Face to face primary care clinical consultations, advice and treatment either in a surgery setting or in the home environment.
- Extended access services.

Bay Urgent Care in Morecambe is one of nine locations. The other locations are:

Morecambe Urgent Treatment Centre

Urgent Care Centre Blackpool

Urgent Care Centre Doncaster

Doncaster Same Day Health Centre

Rosendale Minor Injury Unit

Fleetwood Urgent Treatment Centre

West Lancs GP out of hours service

PDS Planned Care Diagnostics

Are services safe?

We rated the service as good for providing safe services.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had health and safety policies and risk assessments, which were regularly reviewed and communicated to staff. Staff had access to up to date policies on the organisation's online shared drive. Paper copies of policies and procedures were also available for agency staff.
- The sample of training records we viewed showed staff received safety information from the provider as part of their induction training and through a continuous programme of refresher training. All staff spoken with confirmed they received mandatory health and safety training.
- The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The service worked with other agencies such as GP practices, the local authority safeguarding teams and the district nursing services to support patients and protect them from neglect and abuse. The safeguarding lead or their deputy attended local safeguarding communities of practice meetings to share information, tips and best practice. (Communities of practice are groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly). A log of safeguarding referrals was available. We noted that on occasion the safeguarding element associated with for example, a complaint became 'hidden' in the provider's software recording system. We discussed this and the management team confirmed they would seek advice on how to add a secondary code to reflect the safeguarding element to the issue
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. The staff spoken with demonstrated clear understanding of safeguarding and the referral mechanisms when concerns were identified. All staff received up-to-date safeguarding and safety training appropriate to their role.
- The provider employed 750 staff who worked across all nine registered locations. To ensure recruitment systems were safe and effective there was a centralised Human Resource team to support the management teams based at each of the service locations. Comprehensive staff checks were undertaken as part of the provider's recruitment strategy and this aligned with all the requirements of Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In addition, checks were in place to ensure staff employed had the right to work in the UK.
- Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control (IPC). The service had taken appropriate measures to safeguard both patients and staff during the COVID-19 pandemic in accordance with national guidance. The IPC lead for the service attended regular community of practice meetings.
- Facilities and equipment were safe and equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The service had two cars used to facilitate the GP visiting service. Systems were in place to ensure daily checks on the emergency equipment and medicine bags used in the vehicles. Weekly maintenance checks on the vehicles were in place and the cars were mechanically maintained in accordance with legislation.

Risks to patients

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

Are services safe?

- There were arrangements for planning and monitoring the number and mix of staff needed. The service manager described the challenges they faced in recruiting staff both clinical and non-clinical and were implementing strategies to encourage people to join the organisation. These included offering training pathways and mentoring. The recruitment strategy for the service was to recruit 20% above the required staffing level.
- The service manager monitored patient demand for the service and reviewed capacity to ensure they could meet anticipated demand. The service had an escalation policy in place so that staff could request additional support should demand exceed anticipated levels. Leaders at the service also worked on the front line so they could maintain working knowledge and experience of the challenges being encountered by the front facing staff.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. Annual clinical audits of the management of sepsis in accordance with the National Institute for Health and Care Excellence (NICE) guidance were undertaken for both adults and paediatrics.
- In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need. Systems were in place to manage people who experienced long waits.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. The patient records we viewed contained comprehensive information regarding the patient's health care need and treatment plan.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Appropriate and safe use of medicines

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

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, and controlled drugs and vaccines, minimised risks. The service kept prescription stationery securely and monitored its use. Most prescriptions were sent electronically via the electronic prescribing service (EPS).
- The OOH service held stocks of controlled drugs and carried this type of medicine when visiting patients in their own home. There was a rigorous system of checking stock of this type of medicine in accordance with the Misuse of drugs Act and regulations. The service had recently been inspected by the Home Office and a new licence (United Kingdom Controlled Drug Licence) was issued at the end of March 2022.
- The service had established systems to review a sample of each clinician's consultation records each month. As part of this process prescribing practice was also reviewed. The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.

Are services safe?

- Processes were in place for checking medicines in a regular basis and staff kept accurate records of medicines. The electronic medicine logging system recorded stock levels, batch numbers and expiry dates.
- Patients' health was monitored in relation to the use of medicines and information was sent in a timely manner to the person's GP for follow up.
- Palliative care patients were able to receive prompt access to pain relief and other medication required to control their symptoms. The patient's GP were notified when the OOH service had prescribed this type of medicine.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity, implementing cycles of monitoring and review as part of their quality and improvement strategy. This helped to understand risks and gave a clear, accurate and current picture that led to safety improvements
- There was a system for receiving and acting on safety alerts.
- Joint reviews of incidents were carried out with partner organisations, including the local emergency department, GP practices, NHS 111 service and care homes.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. The organisation's culture was one of 'no blame' and staff spoken with confirmed they felt comfortable raising concerns.
- There were comprehensive systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. Governance arrangements underpinned all quality improvement activity and incidents, complaints, patient feedback and systems of internal monitoring were used to identify gaps and address in service quality and safety. An incident log was maintained which detailed the incident, the action undertaken, and the learning shared both with individual staff members, with the local team and with the wider organisation.
- The provider sent out a monthly Clinician's Update newsletter to all its services. The February 2022 newsletter included reminders about the priority of the "red triage", updates such as, "Bruising in non-mobile infants – learning from national review" and a copy of the safeguarding newsletter written by one of the other registered locations.
- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.
- The provider took part in end to end reviews with other organisations. Learning was used to make improvements to the service. The governance lead described an ongoing investigation regarding a patient journey throughout a care and treatment pathway and described the working relationship with a range of other organisations who had been involved in the patient's journey.

Are services effective?

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

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

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed.
- Patients could access the OOH service by calling NHS 111. The service operated a Pathway triage service and patients were routed to the most appropriate service and booked an appointment into the OOH service if appropriate. The Pathways assessment process used by the NHS 11 service stratified and prioritised the level of risk, which assisted clinicians in identifying the urgency required for contacting the patient. Where patients needs could not be met by the service, they were redirected to the appropriate service for their needs.
- In response to the pandemic the service changed its approach to a clinician led total telephone triage service and this model had remained in place as the COVID-19 restrictions were lifted. The service offered face to face, telephone or video appointments and home visits.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- Arrangements were in place to deal with patients who used the service frequently. The service's IT system enabled clinicians to see if a patient had attended other urgent care service across the Fylde coast. The patients GPs were made aware of the frequent attendance directly or through the use of special notes. For example, the service told us they had good working relationships with the local GP providers and were able to notify and share concerns regarding patients who used their service regularly. Patients who were not registered with a GP were encouraged and supported to register with a local GP practice.
- We saw no evidence of discrimination when making care and treatment decisions.
- When staff were not able to make a direct appointment on behalf of the patient clear referral processes were in place. These were agreed with senior staff and clear explanation was given to the patient or person calling on their behalf.
- Technology and equipment were used to improve treatment and to support patients' independence. The provider had a data analysis team who worked with all the provider's locations to provide one comprehensive reporting information platform which was being used to understand and respond to patient care needs. The provider was also changing their telephony system to a cloud based service and was looking to introduce a virtual desktop infrastructure (VDI) to support safer effective remote working for the staff teams. The service had commissioned and was piloting a new electronic patient treatment and information management system which was hoped would better fit the needs of the diverse services they provided and communicate effectively with different health care providers.

Monitoring care and treatment

The service had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The service used a recognised quality monitoring tool that reviewed a minimum of 2% of each of the clinician's consultations every month. Feedback regarding the quality of these records was provided directly to the clinician and they were encouraged to review and reflect on their performance. A clinical performance summary was shared monthly at the leadership team meeting. The service governance team reviewed all incidents, complaints, patient and other healthcare professional feedback to inform overall clinical performance, safety and effectiveness and to identify improvements and share learning.

Are services effective?

The service was committed to help support the local urgent and emergency care pathway and worked closely with commissioners to set up new services. For example, the service had set up and was providing a clinical assessment service (CAS) for across Morecambe Bay and the Fylde Coast Integrated Care System (ICS). This service provided support to patients by directing them to the most appropriate health care support service.

The CCG had not yet updated its performance monitoring tool to the 'Integrated urgent care

Key performance indicators and quality standards' so the OOH service performance was measured using the National Quality Requirements (NQR).

(All providers of out-of-hours services were required to comply with the National Quality Requirements for out-of-hours providers since January 2005). The NQR are used to show the service is safe, clinically effective and responsive. Providers are required to report monthly to their CCG on their performance against the standards which includes audits; response times to phone calls: whether telephone and face to face assessments happened within the required timescales: seeking patient feedback: and, actions taken to improve quality.

We looked at the monthly performance reports for the six months to March 2022.

The performance reports showed that a range of data was monitored, and this included the number of attendances for the month, the average daily attendance, the type of presentations and the average length of waiting times. The supplied data for October 2021 to March 2022 showed:

- Access to the service was primarily through NHS 111 whereby patients were assessed using the NHS Pathways algorithm. Data for the six months showed that on occasion the NHS 111 triage process had categorised patients as a top priority (red) but when assessed by a clinician the priority was incorrect. Where this occurred, this was fed back to the NHS provider to review how the mismatch had occurred. On occasion this led to changes in the Pathways algorithm and an example regarding nose bleeds was provided.
- Monthly patient appointment rates at the OOH fluctuated from between 688 in October 2021 to 387 in February 2022.
- Key performance indicators in relation to prioritisation of risk alongside timescales of one, two and six hours wait for consultation or home visit were monitored. Data showed the service performed well, achieving the performance indicators most of the time. Where indicators were not achieved the provider reviewed the causes for this.
- The service monitored the types of presentation patients contacted the OOH about and this identified a high number of patients contacting them for repeat prescriptions. In these cases the information was passed to the patient's GP as this should not occur.
- Details of the patient's attendance at the OOH were sent to the patient's GP before 8am the following day. Information sent to GPs after 8am was for those patients who lived out of area. In these cases the information was sent manually by team to the patient's GP.

Feedback from the primary care commissioning team provided wholly complimentary information, referencing the provider's ability to support initiatives to reduce the burden on emergency departments and secondary care whilst maintaining the core services they provide.

Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. The provider had a clinical audit plan in place, audits included prescribing audits for antibiotics for urinary tract infections and benzodiazepines.

Are services effective?

Clinical governance systems were well established and meetings were undertaken to review service quality and performance. A “lesson learned” log was available and this identified areas of learning and included positive feedback received and shared with the different teams.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. This covered a wide range of subjects, including corporate and health and safety topics, mandatory and role specific training.
- Healthcare assistants had a structured induction training schedule that supported them with the role and responsibilities and this included caring for patients with minor injuries and simple wound dressings.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required. All staff spoken with confirmed they received training and access to both clinical and operational support.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The service supported staff with their professional career development.
- The provider gave staff ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing. The provider implemented a recognised system to monitor clinical competence of all the clinicians employed. Newly employed clinicians had their first 30 clinical records audited and then 50% of the next 30 records. If the records audited met a set standard the clinician moved to a 2% monthly sampling of them. Clinicians received feedback regarding the quality and content of their clinical records, and we saw that this provided opportunities for them to reflect on their performance. This in turn supported the clinician with their revalidation with their professional registration.
- Regular team meetings were undertaken and minutes from these shared with staff by email.
- Issues with the Directory of Services were resolved in a timely manner. (The Directory of Services (DoS) is a central directory of information, maintained by NHS Digital, which provides NHS 111 call handlers and other urgent and emergency care services with real-time information about services available to support patients).
- There was a clear approach for supporting and managing staff when their performance was poor or variable

Coordinating care and treatment

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

- We saw records that showed that all staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. Care and treatment for patients in vulnerable circumstances was coordinated with other services.
- An electronic record of all consultations was sent to patients’ own GPs. Staff communicated promptly with registered GP’s so that they were aware of the need for further action and continuity of care for their patients.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

Are services effective?

- The service had formalised systems with the NHS 111 service with specific referral protocols for patients referred to the service.
- The service ensured that care was delivered in a coordinated way and took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- The service identified patients who may be in need of extra support.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given.
- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

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

Are services caring?

We rated the service as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information. People who called the service or who arrived at the service without an appointment were supported with clear information and guidance. There were arrangements and systems in place to support staff to respond to people with specific health care needs such as end of life care and those who had mental health needs.
- The service had encouraged patient feedback by providing paper questionnaires. However more recently the provider used Survey Monkey text messaging service to obtain patient feedback. This was much more successful. Feedback data was available from the ongoing patient survey. This did however combine the feedback from for a number of urgent care and emergency services within the FCMS footprint in Morecambe Bay. We discussed how service specific feedback could be used to identify trends and themes for each of the FCMS services and could also be used to explore possible causes of negative feedback.
- The data between April 2021 and March 2022 showed that 1506 patients responded and provided feedback about the service they received. This showed that 61% of respondents were female and 39% male; that almost 44% of respondents were in the age group 31-60 years and 30% of respondents were over the age of 60.
- 84% of respondents said they would recommend the service to friends and family and 8% said they would not.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language, this included those with a hearing impairment.
- The text messaging feedback service showed respondents were asked seven questions about the quality of their experience with the clinician. The results showed that people described the service they received as either good or very good over 84% of the time for each question. For example, almost 87% of people stated the clinician took their problem seriously, 88% stated they had enough time and 84% said the clinician explained the examination and treatment. In contrast 8% said that the clinician was poor or very poor at taking their problem seriously, 5% felt they did not have enough time and 8% said the clinician's explanation of treatments was poor.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff respected confidentiality at all times.
- Data collected through the in-house patient feedback text service showed that 89% of respondents between April 2021 and March 2022 said they were treated with privacy and dignity.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.

Are services caring?

- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services responsive to people's needs?

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

The provider organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of its population and tailored services in response to those needs. The provider engaged with commissioners to secure improvements to services where these were identified. The OOH service worked collaboratively with other community services to deliver patient centred care to avoid hospital admission and attendance at emergency departments. Examples of this included the setting up and operation of the Clinical Assessment Unit (CAS).
- The provider improved services where possible in response to unmet needs. The lead manager for the OOH service also managed the urgent care centre located close by and this provided a clear oversight of demand and capacity enabling redirection of appointments to meet needs.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. Care pathways were appropriate for patients with specific needs, For example, those at the end of their life, babies, children and young people.
- The OOH service was located within a community health centre that provided a range of other service during daytime hours. The rooms available to the OOH service were small but sufficient for the service provided. The front door was locked at night and any patients trying to walk into the building gained access by using the intercom.
- The service was responsive to the needs of people in vulnerable circumstances and made reasonable adjustments when people found it hard to access the service.

Timely access to the service

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

- The service was opened from 6.30pm to 8am every day of the year and patients were able to get an appointment to access care and treatment by contacting the NHS 111 service. Appointments included face to face, telephone or video consultations and home visits. The type of appointment offered was in response to clinical presentation.
- Patients who arrived at the OOH without an appointment were offered clinical triage if a clinician was available and not out undertaking home visits. An appointment would be offered in line with the clinical triage and prioritisation. When a clinician was not available the reception team asked that the patient call the NHS 111 service to mitigate any potential serious healthcare risk.
- All staff were aware of the policy and understood their role with regards to it, including ensuring that patient safety was a priority.
- The service had a system in place to facilitate prioritisation according to clinical need where more serious cases or young children could be prioritised as they arrived. The reception staff had a list of emergency criteria they used to alert the clinical staff if a patient had an urgent need. The criteria included guidance on sepsis and the symptoms that would prompt an urgent response.
- The service monitored its performance across key indicators and where performance was below the expected target attempts were made to address this.
- Waiting times, delays and cancellations were minimal and managed appropriately. If the service struggled to meet demand they had the option to seek support from another service provided by FCMS or request a clinician to log in and work from home to increase capacity and response times.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Are services responsive to people's needs?

- Systems of communication were established and effective with the local emergency department. This enabled a two way flow to ensure patients were seen and treated in the most appropriate location and within reasonable timescales.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- A log of complaints was available and this showed that verbal complaints were logged and responded to in line with the complaints policy.
- The complaint policy and procedures were in line with recognised guidance. The complaints log was a combined record of concerns received by the UTC and the Out of Hours service. The log showed that there were eight complaints received between the end of June 2021 and March 2022. The sample of records we reviewed showed these were responded to appropriately.
- When issues were identified and these included multiple providers the service manager opted to take the leadership role in collating information from the relevant services and responding to the complainant. This approach allowed the patient journey and care pathways to be reviewed and where gaps were identified this was shared with relevant stakeholders.
- The service learned lessons from individual concerns and complaints and action was taken as a result to improve the quality of care and service provided. Evidence showed that where complaints were about specific issues the staff involved reflected on their own practice and offered apologies where appropriate.
- A lessons learned spreadsheet logged positive feedback from patients and this showed that feedback was provided to service team members directly.

Are services well-led?

We rated the service as good for leadership.

Leadership capacity and capability

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

- Leaders at all levels demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care. There was an embedded system of leadership development and succession planning, which aimed to ensure the continuing resilience of the organisation to deliver high quality services.
- The provider's leadership team were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges affecting the local area's patient population.
- The service leaders attended meetings to contribute to wider service developments and frequently participated in a range of pilots to bring services closer to people living in the local area.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff reported a positive, inclusive atmosphere and easy access to advice and support.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use.
- Leaders at the service worked regularly in forward facing patient roles to ensure their understanding of the demands and challenges being experienced by the staff team was current.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy. A range of management and governance meetings were held regularly where performance against a range of indicators was reviewed, evaluated and action planned to improve as required.

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service. There were positive relationships between staff and teams.
- The service focused on the needs of patients. Staff were committed to evaluating and developing the quality of the service provided and worked in partnership with other local organisations to deliver its strategy.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. A "lessons learned" log was maintained and this identified the issue, either a complaint or incidents, the actions taken and the lessons learned and shared.

Are services well-led?

- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- All staff were considered valued members of the team. Staff were encouraged and supported to undertake mandatory training and development.
- Clinicians received protected time to support their professional development and time to reflect and evaluate their clinical work and performance.
- There was a strong emphasis on the safety and well-being of all staff. The staff wellbeing agenda had been prioritised following the restrictions and demands of working during the pandemic. A training day on resilience and managing conflict had been provided and this provided staff with a forum to share feelings and offer mutual support.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities. The leadership team included a range of supportive lead roles including a governance, quality and risk and human resources. The management team were proactive in seeking ways to increase service resilience and were in the process of renewing or refreshing the skills of buddies who could step into the shoes of absent colleagues at short notice.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- Regular governance meetings were held and minutes from one of these meetings showed that safeguarding, complaints, incidents, health and safety and compliments were discussed at these meetings. A rolling action log was in place which identified when actions had been addressed.

Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider had processes to manage current and future performance of the service. Performance of clinical staff was monitored supportively within a culture of learning and development and this was demonstrated through audit of their consultations, prescribing and clinical decisions.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- Leaders had oversight of patient safety alerts, incidents, and complaints. Systems were established to identify trends, which in turn was used to improve.

Are services well-led?

- Leaders also had a good understanding of service performance against the national and local key performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local CCG as part of contract monitoring arrangements. Minutes from the “Heads of” meeting included reviews of clinical governance and achievement in meeting performance indicators.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. A clinical audit plan was in place and this included medicine audits and other audits such as treatment for animal bites.
- The provider had plans in place and had trained staff for major incidents.
- The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information, which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service used information technology systems to monitor and improve the quality of care.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients’ staff and external partners’ views and concerns were encouraged, heard and acted on to shape services and culture.
- A staff survey had been undertaken and in response to staff feedback a training day on resilience and managing conflict was provided.
- Feedback from commissioners of the service was wholly positive.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the service.

Are services well-led?

- There was recognition of the challenges the service faced and strategies to combat these challenges were being implemented or considered. For example, the retention of advanced clinical practitioners (ACP) was an issue and the service was now considering a range of alternative clinical staff to help fill these gaps. These included identifying funding to attract trainee ACPs, encouraging GP registrars to work for the service once their training was completed and looking at how other clinical roles could be used effectively.
- A learning log enabled the service to make use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There was a strong culture of innovation evidenced by the number of pilot schemes the provider was involved in. The provider was reviewing the range of available new technology and equipment to ensure a safer and more effective service. Cloud based telephony systems and a new virtual desktop infrastructure were being considered and the service was piloting a new electronic patient treatment and information management system which was hoped would better fit the needs of the diverse services they provided and communicate effectively with different health care providers information platforms