

Urgent Care Service Out of Hours Service

Inspection report

Parkhurst Road
Newport
Isle of Wight
PO30 5TG
Tel: 01983 822099
www.iow.nhs.uk

Date of inspection visit: 14 May to 15 May 2019
Date of publication: 04/09/2019

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. (Previous inspection – January 2018 Requires Improvement)

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 at Urgent Care Service, Out of Hours Service on 14 and 15 May 2019. This was as part of our inspection programme, to follow up on breaches of regulations. This inspection was part of the hospital's trust-wide inspection undertaken at St. Mary's Hospital, Newport on the Isle of Wight.

At this inspection we found:

Positive steps had been taken to address the previously identified issues.

The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.

The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.

Staff 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.

There was a strong focus on continuous learning and improvement at all levels of the organisation.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a CQC Inspection Manager, a GP specialist adviser, and a practice manager specialist adviser.

Background to Urgent Care Service

The provider of this service is the Isle of Wight NHS Trust. The Isle of Wight NHS Trust is the only integrated acute, community, mental health and ambulance health care provider in England. Established in April 2012 the Trust provides a full range of health services to an island population of 140,000.

The Urgent Care Service Out of Hours (UCS) is located in the fracture clinic at St Mary's Hospital, Parkhurst Road, Newport, Isle of Wight, PO30 5TG. The fracture clinic is closed during the service's hours of operation.

In October 2016 the Isle of Wight NHS Trust took over the sole running of the out of hours service and walk in centre and renamed it the Urgent Care Centre (UCS). This included the Out of Hours GP services for the Isle of Wight. On 3rd July 2017 the walk-in service closed during weekdays.

On weekdays between 8am and 6.30pm patients are advised to make an appointment with their GP practice.

The Out of Hours GP service continued to provide a Primary Care Service between 6.30pm and 8:00am weekdays and at weekends and bank holidays. The walk-in service is open from 8.00am until 8.00pm weekends and Bank holidays. The service could be accessed by calling NHS 111. Patients were encouraged to call NHS 111 before visiting St. Mary's Hospital so that patients could be directed to the appropriate service.

At the time of our inspection the out of hours service employed two GPs and an Advanced Clinical Practitioner covering the daily duties St Mary's hospital from 6.30pm to midnight.

The Trust had a third-party contract with a specialist out of hours company based on the mainland to provide GP triage telephone services for the out of hours service from 6.30pm to 8.00am daily and at weekends and bank holidays the company provided telephone consultations 24hrs of the day.

Nurses from the accident and emergency department assessed patients attending the emergency department and non-emergency cases were directed to the out of hours service where appropriate.

After midnight the Out of Hours service was supported by the mainland GPs by telephone, and face to face appointments were attended by a community practitioner. A community practitioner could be a paramedic or nurse and were supported by the Emergency Department at St Mary's Hospital.

Patients could self-refer to the walk-in service at weekends and Bank holidays. Those attending the UCS, depending on their needs, are seen by a GP subject to the outcome of the triage. The service is open from 8.00am until 8.00pm weekends and Bank holidays.

The UCS will redirect individuals to other services where the individual does not have an urgent care need and their problem can be better dealt with by another service. The weekend rotas were staffed by from a bank of 19 GPs available from the Isle of Wight and the mainland.

Are services safe?

We rated the service as good for providing safe services.

At our previous inspection in January 2018 we rated the service as Requires Improvement for providing safe services because:

There was not an effective system to manage infection prevention and control. When asked we were told that there were no local audits or risk assessments or clinical lead in infection control for the Urgent Care Service department.

There were at times gaps in the GP rota.

At this inspection we found that improvements had been made in both these areas.

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 safety policies, including Control of Substances Hazardous to Health and Health & Safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the Trust as part of their induction and refresher 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 to support patients and protect them from neglect and abuse. Clinical staff were trained to level three children safeguarding and had vulnerable adult training. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was now an infection control lead who had brought in an effective system to manage infection prevention and control. We saw evidence of infection control training and regular audits taking place. The audits were conducted by the Trust Infection prevention lead every month and the last audits showed that the service achieved 100% compliance in all areas bar one.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective system in place for dealing with surges in demand.
- 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. 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.

Are services safe?

- 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. Arrangements were also in place to ensure medicines and medical gas cylinders carried in vehicles were stored appropriately.
- The service carried out regular medicines audits 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.
- Processes were in place for checking medicines and staff kept accurate records of medicines.
- Palliative care patients were able to receive prompt access to pain relief and other medication required to control their symptoms.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.

- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system for receiving and acting on safety alerts.
- Joint reviews of incidents were carried out with partner organisations, including the local A&E department, NHS 111 service and the third-party specialist out of hours company based on the mainland.

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.
- There were adequate 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. The Trust told us that since the reorganisation and introduction of a new governance structure, there had been no serious incidents and few complaints.
- 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. For example, the Trust used the specialist out of hours company based on the mainland to conduct quarterly documentation audits and provide feedback to clinicians.

Are services effective?

We rated the service as good for providing effective services.

At our previous inspection in January 2018 We rated the service as Requires Improvement for providing effective services because:

There was not a comprehensive programme of quality improvement activity. It was not evidenced by the Trust how they ensured all GPs had ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.

Not all staff had received an appraisal within the last 12 months. However, the managers informed us that they did have up to date records of skills, qualifications but that not all records were in place for training completed. Data provided by the Trust showed that 49% of training had been completed by GPs.

At this inspection we found that improvements had been made in these areas.

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 Trust monitored that these guidelines were followed.
- Telephone assessments were carried out using a defined operating model. Staff were aware of the operating model which included transfer of calls from call handler to clinician, use of a structured assessment tool and monitoring by a co-ordinator within the UCS.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. For example, there were signposting leaflets that assisted patients to access primary care mental health services and information leaflets for overseas visitor patients.

- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. There was a system in place to identify frequent callers and patients with particular needs, for example palliative care patients, and care plans/guidance/protocols were in place to provide the appropriate support. We saw no evidence of discrimination when making care and treatment decisions.
- Technology and equipment were used to improve treatment and to support patients' independence.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service had a comprehensive programme of quality improvement activity and routinely received the effectiveness and appropriateness of the care provided.

- From 1 January 2005, all providers of out-of-hours services were required to comply with the National Quality Requirements (NQR) for out-of-hours providers. The NQR are used to show the service is safe, clinically effective and responsive. Providers are required to report monthly to their clinical commissioning group (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.
- The service was meeting its locally agreed targets as set by its CCG. The percentage of urgent patients who were seen within the two-hour agreed target was within targets. The percentage of routine patients who were seen within the six-hour agreed target was also within targets. In 2018-2019 the UCS handled 809 advice calls, 9,297 face to face visits to the hospital and 2,505 home visits.
- The service used key performance indicators (KPIs) that had been agreed with its CCG to monitor their performance and improve outcomes for people. The service shared with us the performance data from June 2018 to March 2019.
- For example, March 2019 figures that showed:
 - 100% of people classed as urgent who arrived at the service completed their treatment within one hour.

Are services effective?

- 98.4% of people classed as less urgent who arrived at the service completed their treatment within two hours.
- 100% of people who required an urgent home visit were visited within one hour.
- 100% of all walk-in patients were seen within four hours.
- Where the service was not meeting the target, the provider had put actions in place to improve performance in this area. For example, the UCS worked with a third party which acted as a critical friend and undertook quarterly documentation audits to provide feedback for clinicians. The service used information about care and treatment to make improvements.
- The service made improvements through the use of completed audits. 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. For example, in August 2018 the service audited the number of prescriptions that were issued for Sodium Valproate. The National Patient Safety Agency had published an alert to highlight the risks and that this medicine must no longer be used in women or girls of childbearing potential unless a pregnancy prevention programme was in place and that patients were fully informed of the risks attached. The UCS consulted with 550 patients, women and girls of childbearing potential and 238 prescriptions were issued. There were no prescriptions for Sodium Valproate issued.
- The service was actively involved in quality improvement activity. The service coordinators telephoned all patients who were on the directed to attend an appointment at the location list but whom have not attended to establish the reasons why they did not attend and check that the patient was safe. Where appropriate, clinicians took part in local and national improvement initiatives. In 2019, the service introduced Advanced Clinical Practitioners (ACP's). All ACP's are audited alongside the GP's to ensure quality of care.
- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. This covered such topics as Safeguarding and infection control.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- 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 provider provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The UCS had completed 100% of appraisals in 2018-2019.
- The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment. All GP practices on the Isle of Wight used the same computer systems (System one) so that, with the consent of patients, there was direct access to patient records. All primary care practices use System one but the Urgent Care Service currently uses the Adastra system.
- 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. Staff communicated promptly with patient's registered GP's so that the GP was aware of the need for further action. Staff also referred patients back to their own GP

Effective staffing

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

Are services effective?

to ensure continuity of care, where necessary. There were established pathways for staff to follow to ensure callers were referred to other services for support as required.

- Systems were put into place to ensure patients were transferred to the community practitioner before the GP's and UCS coordinators complete their shift.
- 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.
- The service had formalised systems with the NHS 111 service with specific referral protocols for patients referred to the service. An electronic record of all consultations was sent to patients' own GPs.
- 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.

- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this.
- Where patients need could not be met by the service, staff redirected them to the appropriate service for their needs. For example, a patient that had been visited and given treatment for a head wound. The advice was that if the wound started to bleed again to go to the out of hours service. This had happened and as the out of hours was not the best place to deal with the wound, the patient was taken directly to the emergency department for treatment.

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 providing caring services.

At the previous inspection in January 2018 we rated this service as good.

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.
- All but two of the 30 Care Quality Commission comment cards we received from patients were positive about the service experienced. This was in line with the results of other feedback received by the service. The two negative comments were in relation to having to wait to see a clinician.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices

in the reception areas, including in languages other than English, informing patients this service was available. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.

- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

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

At our inspection in January 2018 we rated the service as Requires Improvement for

providing responsive services because:

We were given details of the GP rotas for the Out of Hours. This showed numerous gaps in the rota where GPs were not available. We were told that it was not uncommon for the Emergency Department to help out the Out of Hours on Friday evenings.

Patients were not given an appointment time to attend the service by the NHS 111 service. They were advised to attend and wait to be seen. This meant that some patients were kept waiting for long periods of time in the waiting areas.

There were 35 occasions during January 2018 where the Trust was outside of the target range for an indicator.

At this inspection we found that improvements had been made in these areas.

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. This was explained in the Trust's vision of working with Island Partners and others to be national leaders in delivery of safe, high quality and compassionate integrated care, putting those who use the service at the centre of all they did.
- 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 facilities and premises were appropriate for the services delivered. The Out of Hours had been moved to an exclusive area which was better suited to the needs of patients. Previously the service was located at the same location of the emergency department waiting area and there had been some confusion for patients as to which service was located there.

- The service 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 operated from 6.30pm to 8:00am weekdays and at weekends and bank holidays. The service could be accessed by calling NHS 111. Patients were encouraged to call NHS 111 before visiting St. Mary's Hospital so that patients could be directed to the appropriate service.
- Patients could access the service as a walk-in-patient on Bank Holidays and Saturdays and Sundays. Patients were encouraged to call the NHS 111 service first to make an appointment but walk in patients who had not done this were not turned away and were treated. The walk-in service was open from 8.00am until 8.00pm weekends and Bank holidays'
- 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 receptionists informed patients about anticipated waiting times.
- Waiting times, delays and cancellations were minimal and managed appropriately. Where people were waiting a long time for an assessment or treatment there were arrangements in place to manage the waiting list and to support people while they waited. There was a dedicated coordinator present in the reception and waiting area for the out of hours service, who monitored waiting times and updated patients as to any delays. During our time in the department, patients were seen in a timely manner.
- The service engaged with people who were in vulnerable circumstances and took actions to remove barriers when people found it hard to access or use services. For example, we saw information supplied for patients in easy to read formats and different languages.
- Patients with the most urgent needs had their care and treatment prioritised.
- The GP rotas had no gaps in them and the service had employed Advanced Clinical Practitioners (ACP's).

Are services responsive to people's needs?

- The service managers and coordinator monitored and checked the staff rotas to ensure no gaps. Rotas were made available several months in advance so that GPs could fill the available sessions and management could better organise cover and have time to ensure no gaps in the rota.
- The service had a number of bank staff to call upon in the case of unplanned absence for example sickness.

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. Complaints were handled by the Isle of Wight NHS Trust as part of its service provisions for the urgent care service and they were not handled directly by the staff. Any patient complaint was passed to the Patient Quality Department at the Trust. They would acknowledge receipt of the complaint and then pass the information to the urgent care services operation manager to investigate.
- We saw that information was available to help patients understand the complaints system. The Trust recorded the complaint to ensure that it was properly and appropriately dealt with. A schedule was kept of complaints with details of actions taken and lessons learnt as a result of the investigation.
- The complaint policy and procedures were in line with recognised guidance. Three complaints were received in the last year for the Out of Hours service. We reviewed all these complaints and found that they were satisfactorily handled in a timely way.
- Issues were investigated across relevant providers, and staff were able to feedback to other parts of the patient pathway where relevant. For example, a patient and relative felt that a clinician's attitude was dismissive. The complaint was fully investigated and the provider accepted that the clinician was quick in their examination of the patient and could have significantly improved their communication. However, the clinician was correct in their diagnosis and did provide their opinion on whether medication could still be taken. The provider apologised for the family's experience with the clinician, it assured the family that the clinician had reflected on and had recognised and apologised for their behaviour.

Are services well-led?

We rated the service as good for providing well-led services.

At our previous inspection in January 2018 we rated the service as Inadequate for providing well-led services because:

- There was some confusion in the staffing structure and staff were not completely clear of their own roles and responsibilities. For example, at the time of this inspection there was no lead GP or Clinical lead in place for the Out of Hours Service.
- There was a clinical advisor and we encountered some confusion of the responsibilities of that role amongst senior managers.
- The programme of continuous clinical audit was minimal and internal audits that could be used to monitor quality and to make improvements had only just been commenced.
- We were told that leaders at all levels were not always visible and approachable. Staff told us they had the opportunity to raise any issues at team meetings but did not feel confident and supported in doing so. They felt disconnected from managers who were not visible during the Out of Hours Service and morale was low.

At this inspection we found that significant improvements had been made in these areas and had been embedded to ensure that staff and patients could be confident in a managerial structure and leadership that provided well led services.

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- Since our last inspection a new governance structure had been put in place with new clinical leadership being supplied by the third party contracted on the mainland. The out of hours department was now included in the Isle of Wight NHS Trust governance structure with direct lines of responsibility.
- Leaders were now knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The provider had introduced a culture and leadership improvement journey with a new set of trust values

around "CARE; compassionate, team working, improving and valued". These values had become embedded in the improvements made in the Out of Hours service since our last inspection.

- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

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 Trust planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy.
- The provider ensured that staff who worked away from the main base felt engaged in the delivery of the Isle of Wight NHS Trust's vision and values.

Culture

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

- Staff told us that they felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The Trust was aware of and had systems to ensure compliance with the requirements of the duty of candour.

Are services well-led?

- 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 had received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- 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.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were 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 including in respect of safeguarding and infection prevention and control.
- Leaders had established specific policies for the Out of Hours service, procedures and activities to ensure safety and assured themselves that they were operating as intended.

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 employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of MHRA alerts, incidents, and complaints. 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 clinical commissioning group as part of contract monitoring arrangements.

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 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. The service had developed monthly quality reports which were discussed at monthly clinical governance meetings.

Are services well-led?

- 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.

- Staff were able to describe to us the systems in place to give feedback.
- Patients were asked for feedback and a comments book was supplied for patients to make comments. Most comments were positive with patients thanking staff for being caring, efficient and listening to them. Some negative comments mainly relating to having to wait to see a clinician or appearance that service was under staffed.

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. For example, the service had re-introduced advanced clinical practitioners and there were plans to move the locating of the service to a dedicated area of the hospital.
- Staff knew about improvement methods and had the skills to use them.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- We were told that the urgent care service aimed to ensure patients had reliable and timely access to out of hours services. The service was delivered by a range of health professionals best suited to meet the needs of patients and was accessed through NHS111 or streaming from the emergency department.