

Barking Hospital

Inspection report

Upney Lane
Barking
IG11 9LX
Tel:
www.togetherfirst.co.uk

Date of inspection visit: From the 7 to 19 December
2023

Date of publication: 30/01/2024

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 to people's needs?

Outstanding 

Are services well-led?

Good 

Overall summary

This practice is rated as Good overall. (Previous inspection 10 October 2018 the service was rated overall Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Outstanding

Are services well-led? – Good

We carried out an announced comprehensive inspection at Barking Hospital from the 7 to 19 December 2023 as part of our inspection programme.

How we carried out the inspection.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A site visit.

Our findings

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

At this inspection we found:

We rated the service as outstanding for providing responsive services because:

- People can access services and appointments in a way and at a time that suits them.
- Technology was used innovatively to ensure people have timely access to treatment, support, and care.
- The service identified people's health inequalities and needs and provided services in response.
- The service improved on commissioned services to provide better outcomes for patients.
- People's individual needs and preferences were central to the delivery of tailored services.

We have rated safe, effective, caring and well-led as good because:

Overall summary

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The service had systems to keep people safe and safeguarded from abuse.
- Technology and equipment were used to improve treatment and to support patients' independence. The service was able to access the patients GP NHS records to ensure they had enough information when making care and treatment decisions.
- Staff worked together and worked well with other organisations to deliver effective care and treatment.
- The service had a vision and strategy to deliver quality care and promote good outcomes for patients.
- Leaders had the capacity and skills to deliver quality sustainable care.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider should make improvements are:

- Act to risk assess any Disclosure and Barring checks that are not current and from a previous employer.
- Improve the recording and guidance for the audit of clinician's patient consultations reviews.
- Review policies and procedure to check they fully reflect the services practices.
- Act to record verbal complaints to enable the identification of any reoccurring issues.
- Seek further assurance that all staff have completed the necessary training for their roles.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Health Care

Our inspection team

Our inspection team was led by a CQC lead inspector supported by a GP specialist adviser.

Background to Barking Hospital

The provider of Barking Hospital is Together First CIC, which was a GP Federation formed in 2014 and reformed as a Community Interest Company (CIC) in 2020 to partner with its GP shareholders with a focus on service development and delivery of services for their local communities.

The address is Barking Hospital

Upney Lane

Barking

Essex

IG11 9LX

The premises are a small reception area and some consultation rooms at Barking Hospital but operated by Together First CIC.

The service is operated by a Board with a chairperson and four elected members and a chief officer who are supported by directors, including a clinical director, business managers and an administration team. They support a clinical team who work across the services.

The service is commissioned by the Primary Care Network (PCN) and North East London Integrated Care Board (ICB) for the residents of Barking and Dagenham who are registered with a local GP practice. The service is commissioned for:

An extended hours service open from Monday to Friday 6.30pm to 10pm and Saturday and Sunday 10am to 10pm. This was for patients who were assessed as having an urgent primary care need. The service provided GP face to face and telephone appointments. It did not provide a service for patients who required on going treatment for long-term conditions, palliative care, and maternity care. Patients could access the service by contacting the service directly, through their NHS GP service, or NHS111 or urgent care services.

An enhanced access service, which commenced in October 2022 offered cervical screening, vaccination, and long-term health condition monitoring appointments to patients within the different PCNs. The service was subcontracted from the PCNs who were commissioned by the local Integrated Care Board (ICB). The service operated from Monday to Friday 9:30am to 6.30pm and Saturdays and Sundays 9am to 5pm.

A simple wound care service for patients, which was carried out by practice nurses. The service was open from 9am to 5pm from Monday to Friday.

A spirometer service. The service was open on Tuesday 2.30pm to 7.30pm, Friday 10am to 7:30pm and Saturday and Sunday 9am to 10pm.

The provider Together First Ltd is registered with the CQC to provide the regulated activity treatment of disease, disorder and injury.

Are services safe?

We rated the service as good for providing safe services.

Safety systems and processes

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

- The service had systems to safeguard children and vulnerable adults from abuse. This included providing staff with the necessary information to ensure safeguarding protocols were followed. In addition, any safeguarding incidents were logged and followed up to ensure the patients NHS GP and safeguarding teams were notified.
- The staff had access to patients GP NHS records which provided information and assurance that an adult accompanying a child had parental authority.
- On the first day of the inspection, the service demonstrated clinical staff had completed children's and adults safeguarding level 3, and non-clinical staff had completed level 1 training. As many of the non-clinical staff were patient facing the service was advised to review the safeguarding intercollegiate guidance which recommends level 2 training for all non-clinical patient facing staff. During the inspection process non-clinical staff completed level 2.
- The provider had a human resource manager who was responsible for staff recruitment and training. The recruitment policy was last reviewed in December 2022. The provider employed permanent staff and staff who worked out of normal hours that were described as locums.
- The human resource manager explained all staff had an enhanced Disclosure and Barring Service check (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). A review of a sample of staff files found that for some staff the service had accepted DBS checks carried out by a previous employer but had not carried out a risk assessment regarding the length of time between their employment with the service and the DBS check.
- Documents reviewed demonstrated proof of identity, address, a curriculum vitae, a DBS check, immunisation status and an induction form for locum clinical staff. The human resource manager explained they normally did not conduct an interview because most of the clinical staff worked within the local area. However, this was not reflected in the recruitment policy last reviewed in 2022. The non-clinical staff had evidence of identity, address, a curriculum vitae, a DBS check, immunisation status, an induction form and references, the human resource manager explained interviews were held for these staff.
- The premises were part of Barking Hospital, which was operated by NHS property services. The site managers had an overview of their premises and infection prevention and control risk assessments. The infection control lead carried out an infection prevention and control risk assessment every three months and the site was checked monthly by the site managers. The service used Barking Hospitals waste management system. All call handlers and administration and most clinical staff had completed annual infection control training.
- Barking Hospitals NHS services were responsible for the fire safety equipment. The fire risk assessment was last carried out in April 2023, the equipment was checked in August 2023, and the most recent fire drill was in October 2023. We saw there was fire information on the notice boards. The health and safety compliance audit was last carried out by the provider in November 2023 with a review date of November 2024.
- The provider had evidence of health and safety and fire training for all staff except for out of hours GPs who were already working in a GP NHS service and where they believed they would have completed this training already.
- The provider had carried out annual equipment calibration checks on the 12 November 2023. Clinical staff were not allowed to use their own equipment.
- The staff carrying out the spirometry service provided evidence of their weekly calibration checks.

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. There was an effective system in place for dealing with surges in demand. Senior staff were easily identifiable and available for staff to escalate their concerns.
- There was an effective induction system for temporary staff tailored to their role.
- The leaders explained staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention and sepsis had been discussed at various meetings.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. These were checked daily by staff and monthly by the site managers.
- Following patients booking an appointment the service's staff would call the patient to check what type of appointment they would like, whether the appointment was appropriate and 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.

- Clinical staff had access to the patients NHS clinical records. All clinical consultations were documented directly into the patients records during the consultation. In addition, the patients GP was provided with a discharge letter within 24 hours of the consultation.
- We reviewed a sample of patients care records and we saw that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- At the time of the inspection, the service did not carry out direct referrals to secondary care, the clinician would complete a proforma making a recommendation of a referral to the patients GP practice. The administrative staff would follow up the referrals to ensure the NHS GP practice had reviewed them.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

Safe and appropriate use of medicines.

The service had 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 in place to ensure medicines and medical gas cylinders carried in vehicles were stored appropriately.
- Staff prescribed, administered, and gave advice to patients on medicines in line with legal requirements and current national guidance.
- We were provided with an audit of co-amoxiclav carried from October to end of November 2023. The conclusion found that clinicians needed to update their knowledge on the appropriate use of broad-spectrum antibiotics previous audits. A second audit was planned in six months.
- Processes were in place for checking medicines and staff kept accurate records of medicines.

Track record on safety.

The service had a good safety record.

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

Are services safe?

- Service level agreements were in place which detailed the provider and hub site responsibilities in relation to premises, health and safety and infection prevention and control.
- 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.
- The staff explained that most clinical staff received safety alerts in their main place of work. In addition, the service emailed out safety alerts to clinicians and were implementing a new computer management system which would enable them to record that staff had read them.

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 provider took part in end-to-end reviews with other organisations. Learning was used to make improvements to the service.
- The provider was aware of and complied with the requirements of the Duty of Candour.

Are services effective?

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

- Technology and equipment were used to improve treatment and to support patients' independence. The service was able to access the patients GP NHS records to ensure they had enough information when making care and treatment decisions.
- 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.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- The extended hours service provided same-day general practitioner appointments for the local primary care network patients, operating in the evenings and weekends every day of the year, including public holidays. Patients could access appointments through the call centre or their GP or 111 or the urgent treatment centre. When an appointment was made, patients were contacted to ensure the appointment was suitable for their needs. For example, whether they preferred face to face or a telephone appointment. The service was for patients who were assessed as having an urgent primary care need. The service did not see patients with severe mental illness or patients who required palliative care.
- The service had an enhanced access service commenced in October 2022; this was subcontracted from the primary care networks, who were commissioned by the local Integrated Care Board (ICB). The service offered cervical screening, vaccination, and long-term health condition monitoring appointments to patients with in the different PCNs. The enhanced service staff included advanced nurse practitioners (ANP), practice nurses, nurse prescribers and health care assistants. The service acted on behalf of GPs to recall patients for their long-term health condition reviews.
- The service had a spirometry service to help diagnose and monitor certain lung conditions commissioned by the local integrated care board, which was provided at Barking hospital patients were referred to the service by their NHS GP.
- The service offered simple wound care for patients operated by practice nurses, commissioned by the local ICB.

Monitoring care and treatment

- For the extended hours service the provider reported monthly to the local integrated care board the number of appointments completed for each practice and the age range of the patients. The provider also submitted the number of complaints each month.
- The provider submitted October 2023 figures which demonstrated they had completed a total of 2,085 appointments. The providers quality report for 2022 to 2023 stated they had provided 25,000 appointments. For quarter 2 of 23/24 year the practice had exceeded all the commissioners' targets for the minimum number of hours. This demonstrated they were meeting and sometimes exceeding their local targets
- The clinical lead explained for the extended hours service they carried out annual consultation reviews of three patient records consultations for each GP partly against the Royal College of General Practitioners guidance and if they had any concerns the GP would be informed by email or by telephone, contact.
- However, we found the audit system and data was inconsistent, because although GPs were informed of any failings, their records were not audited again until the following year. In addition, the guidelines for clinical auditors stated that audits of new GPs should be completed as soon as possible after they started shifts, however we were not provided with any written evidence that this was followed. The clinical lead GP explained that they did audit new doctors when they started working in the service, but this was not reflected clearly in the data. During the inspection, the clinical lead clinical GP agreed to review the system and guidance.

Are services effective?

- The enhanced service, which commenced in October 2022 offered cervical screening, vaccination, and long-term health condition monitoring appointments to patients within the different PCNs. The service was subcontracted from the PCNs who were commissioned by the local Integrated Care Board (ICB). The service provided unverified data of the PCNs submissions to the ICB to demonstrate for quarter two in 2023/2024 they had carried out slightly more appointments than required.
- The enhanced service staff included advanced nurse practitioners (ANP), practice nurses, nurse prescribers and health care assistants. The clinical lead supported an ANP to carry out the clinical audits for the nursing staff. We saw audits were carried out in April, May and June 2023, but these did not cover all the staff and it was unclear what processes were followed. Also, the service did not have guidance for the staff to follow. During the inspection, the clinical lead clinical GP agreed to review the system and guidance.
- The service provided information to demonstrate that audits had been carried out for staff working in the respiratory hubs.
- The service carried out medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. We were provided with an audit of co-amoxiclav carried from October to November 2023. The conclusion found that clinicians needed to update their knowledge on the appropriate use of broad-spectrum antibiotics previous audits. A repeat audit was planned for six months' time.
- The service monitored the frequency of attenders to report back to the patients GP services.

Effective staffing

- The provider had a learning and development policy for staff which was last reviewed in October 2022, this did not reflect the information the provider held regarding the mandatory training for all staff. For example, the policy stated staff should complete regarding Autism awareness, mental health, DOLS, moving and handling and prevent training but the provider did not have evidence of this training.
- All the staff worked in other NHS services and completed their training as part of their full-time work. The provider would seek some assurances from the staff that training had been completed.
- The provider had evidence staff working in the enhanced service and the spirometer service had completed mandatory training.
- For non-clinical staff, the service had evidence of mandatory training and a site admin competency framework check list that they had to complete prior to commencing work.
- The service had evidence the GPs working in the extended hours service had completed safeguarding and basic life support training, however at the start of the inspection, it did not require staff to provide evidence of other mandatory training, such as infection control training, health and safety and information governance. During the inspection process the provider sought assurance from staff that this training had been completed.
- The provider had an induction programme for all newly appointed staff.
- The registered manager recognised the need for review of their clinical supervision process so that they clearly documented how they ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- The provider explained that all of the Directors had received a full Institute of Directors training to Certificate level, which they intended to expand to diploma levels.

Coordinating care and treatment

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

- The chief executive represented the service within the Integrated Care Board (ICB) to ensure the improvement of services to the local population of Barking and Dagenham.

Are services effective?

- We saw a sample of 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.
- The services had access to the patients NHS GP records and recorded their consultation within them which enabled coordinated and person-centred care.
- The services also provided discharge letters to the patients GPs following each consultation.
- There were clear and effective arrangements for booking appointments, all referrals to other services were made through the patients NHS GP and the services had plans in place to commence direct referrals to secondary care.

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 need extra support. Staff had access to the patients NHS records which enabled them to see alerts which identifying any patients' specific needs.
- 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.
- The services website included information about self-care.

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.

Are services caring?

We rated the service as good for caring.

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. Call handlers gave people who phoned into the service clear information.
- The service sought patient feedback following each consultation and collated them monthly and provide this feedback to the commissioners. For 2022 to 2023, 823 patients responded to the satisfaction survey, this asked the patients to rate the courtesy of the reception staff 79.4% stated they were very helpful and 20.3% stated they were helpful and 99.9% stated they would recommend the service to their family or friends.

Involvement in decisions about care and treatment

- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The service sought patient feedback following each consultation, collated them monthly and provided this feedback to the commissioners. For 2022 to 2023, 823 patients responded to the satisfaction survey, this asked patients to rate the explanation given by the GP. 49.3% of respondents stated it was outstanding and 49.2% stated it was good and when asked how well did the healthcare professional include you in making the decision about your care 43.5% stated it was outstanding and 51.3% stated it was good.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff respected confidentiality.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions.
- Patients had access to a chaperone.

Are services responsive to people's needs?

We rated the service as outstanding for providing responsive services because:

- People could access services and appointments in a way and at a time that suits them.
- Technology was used innovatively to ensure people had timely access to treatment, support, and care. For example, in response to Core20 Plus5 reducing healthcare inequalities for children and young people. The service had developed a data snapshot of the children 0 to 17 years, which enabled them to carry out targeted prevention and interventions at an early age to improve health outcomes, which was shared with the ICB.
- The service identified people's health inequalities and needs and provided services in response. For people with long-term conditions the service identified patients across the primary care networks who had not had their reviews and targeted their enhanced service to meet the unmet need.
- The service improved on commissioned services to provide better outcomes for patients.
- People's individual needs and preferences were central to the delivery of tailored services.

Responding to and meeting people's needs

- Together First CIC was a GP Federation formed in 2014 and reformed as a Community Interest Company (CIC) in 2020 to partner with its GP shareholders with a focus on service development and delivery of services for their local communities. 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. Examples where the provider improved services where possible in response to unmet needs were: -
- An extended hours service open from Monday to Friday 6.30pm to 10pm and Saturday and Sunday 10am to 10pm. The service was commissioned by the local primary care networks (PCN) for the residents of Barking and Dagenham who were registered with a local GP practice in the networks. It was commissioned for patients who were assessed as having an urgent primary care need. The service provided GP face to face and telephone appointments. To support NHS 111, A&E, GP practices and urgent care centres. It did not provide a service for patients who required on going treatment for long-term conditions, palliative care, and maternity care. Patients could access the service by contacting the service directly, through their NHS GP service, or NHS111 or urgent care services.
- The provider explained they ensured the full take up of all appointments by contacting each patient by telephone to check the type of appointment they required (face to face or telephone appointment) and to make sure the appointment was appropriate for their needs. This helped them to ensure the service was effective and efficient. The provider explained that by ensuring the service was efficient they had been able to extend the service above the contracted hours of 8pm up to 10pm each evening within the existing budget increasing access for local patients.
- The service provided appointments for working people and children who could not attend during normal working hours and was available at Barking Hospital and a second location.
- The provider stated in their 2022/23 quality report that they provided 25,000 appointments.
- In addition, to meet patient need during the winter period they had structured the service to provide more appointments towards the winter months, where they typically offer 40-60% more appointments per day than in the quieter summer months. They had also provided 778 extra appointments on commissioner request to assist 111 during the January to March 2023. Throughout the year the practice had met the commissioners' targets and the patient survey carried out by the provider demonstrated this had prevented patients from attending accident and emergency and urgent care services. The unverified patient survey demonstrated for 2022 to 2023 where they had 823 responses that if the service was not available 297 would have contacted NHS 111, 222 patient would have gone to accident and emergency services and 77 would have used other out of hours services such as urgent care and 146 would have waited to see their own GP.
- The enhanced service, which commenced in October 2022 offered cervical screening, vaccination, and long-term health condition monitoring appointments to patients with in the different PCNs. The service was subcontracted from the PCNs who were commissioned by the local Integrated Care Board (ICB). The service operated from Monday to Friday 9:30am to 6.30pm and Saturdays and Sundays 9am to 5pm.

Are services responsive to people's needs?

- The provider explained how they would meet regularly with the primary care networks to establish which practices would benefit from their support to increase the number of patients long-term health reviews were completed. With the agreement of the practice, they would review the patient record system and invite patients who were due an annual review to the enhanced access appointments. From October 2022 to October 2023, the quality report states that they had provided 243 asthma, 865 diabetes and 57 chronic obstructive pulmonary diseases annual patient reviews.
- The provider reviewed this service following the first six months and improved by changing offering specific clinics to generic patient condition clinics which meant patients had more choice about appointment times.
- Alongside the enhanced service the provider offered childhood immunisations and stated in their quality report they had completed 264 childhood immunisations of patients from hard-to-reach groups. As part of this service, they had been involved in pop up clinics where they advised and encouraged immunisation to patient guardians.
- The service offered simple wound care for patients at Barking Hospital, which was carried out by practice nurses. Unverified feedback from the provider where 772 patients provided feedback found 94% found it very good or good service.
- A spirometer service from Barking Hospital which the quality report stated had provided 639 appointments from 2022 to 2023. The service was open on Tuesday from 2.30 to 7.30pm, Friday 10am to 7.30pm and Saturday and Sunday 9am to 10pm. Unverified feedback from the provider, which demonstrated out of 144 patients 133 had confidence in the service and trust in the nurses treating them. 134 were satisfied with the outcome of the service.
- During the winter months from 5 January to 31 March 2023 the service was commissioned to promptly set up acute respiratory infection hubs for 12 weeks to help relieve the pressure on urgent care and GP practice. The annual quality report stated they offered 6,632 appointments using different staff skills. The service provided same-day independent prescriber appointments for the borough, running in the daytime core hours every day of the contracted period, including public holidays.

Appointments were booked in GP practices directly from Monday to Friday and 111 or the urgent treatment centre booked directly on a Saturday and Sunday; also, the practices had access to any unused appointments on Monday to Friday. This service was not operating at the time of the inspection.
- The practice followed and leaders were focused on delivering plans aligned to Core20 Plus5 reducing healthcare inequalities for children and young people. The service had developed a data snapshot of the children 0 to 17 years, reviewed ethnicity by indices of multiple deprivation, the number of children by ward and the number of patients with asthma, epilepsy, obesity, diabetes and severe mental illness. This enabled them to carry out targeted prevention and interventions at an early age to improve health outcomes. For example, the enhanced access service. Following the initial success of this service the commissioners have commended funding it.
- The data was shared with all of the ICB partners and voluntary sector organisations and was being used to develop the targeted commissioning for 2024/5.
- The service was also collating data for adults over the age of 18 years. The provider was aiming for this to be used to identify health inequalities, treat unmet need, and provide targeted prevention and intervention within the ICB.
- Previous examples of the service response to patient needs were: -

From the 1 April to 21 May 2022, the provider was commissioned to provide COVID vaccinations to residential home patients and those who were unable due to illness to leave their homes and children aged 5 to 15 years. The quality report states that the service delivered 3080 doses in total, including 481 at home and in care homes settings.

Are services responsive to people's needs?

Following the pandemic, the service was awarded the safeguarding star for the Covid vaccination programme they provided. This included running post-dusk Ramadan clinics and using local engagement campaigns to target specific groups, such as Eastern European younger people and school-age children.

In addition, the provider recognised that people with a learning disability or severe mental illness were not presenting for their vaccinations and in response made reasonable adjustments to the service. For example, reduced noise and stimulus in the location had fewer appointments, increased the length of the appointment to approximately 30 minutes and added quiet areas for patients to relax and de-stress. This resulted in 341 patients with a learning disability or severe mental illness receiving their first Covid dose and 280 receiving their second doses. In addition, their carers were offered the vaccine at the same time which resulted in 184 doses.

- The provider recognised that different community groups were affected more by health inequalities, in response they provided the data to secure funding from the commissioners to provide 3706 health checks for patients aged 40 to 74 years for these groups.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service.
- The facilities and premises were appropriate for the services delivered.

Timely access to the service

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

- Patients access to appointments was dependent upon the service the needed.
- The extended hours service were booked by the patient GP practice, through NHS111 or by the urgent care center.
- The enhanced access service offered all appointments to the GP practices two weeks in advance and in the last week would use their own generated patient lists and offer appointments directly by direct text message to the patient. Patients could then book in via an online one-time booking link. The appointments were based on identified needs, usually quality outcomes framework or investment and impact fund targets.
- Patients accessed the spirometry service by their GP referral.
- Patients were given a link to the self-booking service for the wound care service.
- The service had revised their appointment booking system to be more reflective of patient's needs. They had invested in secure technology to allow patients to remotely choose their appointment, book it, cancel it, and choose their preferred site and time. Patients could also securely book through their GP practice or 111 for many services. The system allowed a choice of appointment for many services, for example health checks and vaccinations.
- Patients were able to access care and treatment at a time to suit them. The extended hours service was open from Monday to Friday 6.30pm to 10pm and Saturday and Sunday 10am to 10pm. The enhanced access service operated from Monday to Friday 9:30am to 6.30pm and Saturdays and Sundays 9am to 5pm.
- The wound care service was open from 9am to 5pm from Monday to Friday.
- The spirometry service was open on Tuesday 2.30 to 7.30pm, Friday 10am to 7:30pm and Saturday and Sunday 9am to 10pm.
- The extended hours service was run by the provider from 8pm to 10pm each day of the week outside of the commissioning agreement in response to patient's needs.
- Patients could access the service by directly calling the service or via the NHS 111 service or their NHS GP and from urgent care centres. The patients were called by the administration team to check that the appointment was appropriate and met their needs.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- We were provided with data submitted to the commissioners that demonstrated the targets were met and sometimes exceeded for all of the services.

Are services responsive to people's needs?

- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- The appointment system was easy to use.

Listening and learning from concerns and complaints

- The service had a complaints policy which was last reviewed in October 2023 and information about how to complain was available on the services website.
- The service had received one complaint since October in 2023. We reviewed the complaint and found it had been responded to by the member of staff the complaint was about. The registered manager agreed that they would consider the response being sent from a person who was not involved in the complaint in future.
- The staff explained that some complaints were verbal, resolved at the time and not recorded.

Are services well-led?

We rated the service as good for leadership.

Leadership capacity and capability

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

- Leaders had the experience, capacity, and skills to deliver the service strategy and address risks to it. The directors had completed the Chartered Institute of directors training to enable them to continue to carry out their role as the Federation developed.
- The service had increased the management team with a business manager, to support leadership and governance.
- The Chief Operating Officer and Executive Director were clear about the challenges to the organisation and the community it served.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Although staff were home based, we saw that the administration staff held monthly meetings, the senior leaders and the management team held weekly meetings.
- Senior management were accessible throughout the operational period, and staff said there was an effective on-call system that they were able to use. The service had an escalation system in place for staff who worked out of hours where staff could escalate any concerns to the senior leaders.

Vision and strategy

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

- There was a clear vision and set of values. The provider's vision was to support the general practice members, work in partnership with the primary care networks, act in strategic partnership with their health and social care partners, be innovative and make working life better for all staff. Their values included that they act in the best interests of their patients. The values were evidenced in their commitment to improving primary health care in Barking and Dagenham.
- The service developed its vision, values and strategy jointly with patients, staff and external partners. The provider explained how they worked with the primary care networks and the Integrated Care Board to develop service for patients in Barking and Dagenham.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. Staff we spoke with were aware of the visions and values of the service and their roles in achieving them.
- The strategy was in line with health and social care priorities across the region. The provider regularly reviewed the information about the practice population and planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy. The provider reported their delivery regularly to the commissioners.
- The provider ensured that staff who worked away from the main base felt engaged in the delivery of the provider's vision and values.

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. The staff we spoke with and three whom completed staff questionnaires all confirmed they felt they worked with a supportive team.
- The service focused on the needs of patients. The service had access to the patients NHS records this enabled them to review the data to identify and respond to health inequalities.
- The provider 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.
- The provider stated that all staff had received regular annual appraisals in the last year.
- Clinical staff, including nurses, were considered valued members of the team.
- There was a strong emphasis on the safety and well-being of all staff.
- Staff had received equality and diversity training. Staff felt they were treated equally.
- Staff reported positive and supportive relationships between staff and teams.

Governance arrangements

- The provider of Barking Hospital is Together First CIC, which was a GP Federation formed in 2014 and reformed as a Community Interest Company (CIC) in 2020 to partner with its GP shareholders with a focus on service development and delivery of services for their local communities. This is operated by a Board with a chairperson and four elected members and a chief officer who are supported by directors, including a clinical director and business managers. The managers had regular meetings and all issues were discussed and escalated to the Board.
- There were clear responsibilities, roles and systems of accountability to support good governance and management. Together First was a non-profit organisation, with a board of trustees and a chief executive who was responsible for the day-to-day management of the service. They were supported by human resources and improvement, two operational, nursing and corporate and finance and information directors. Who were responsible for the management of the service team leaders. The service worked with the GP members to meet unmet need and improve patient care. Structures, processes, and systems to support good governance and management were mostly, understood, and effective.
- Staff were clear on their roles and accountabilities regarding safeguarding and infection prevention and control.
- Leaders had established policies, procedures and activities to ensure safety. However, we found some policies did not reflect working practices. Such as recruitment, learning and development and audit guidance.

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- The providers had plans in place and had trained staff for major incidents. The service had a business continuity plan in place which was last reviewed in October 2023 and included escalation, identifying the problem and the alerting process and the contact numbers of staff and local contacts.
- The leaders had business continuity exercise review for four days in March 2023 where the entire executive team were removed from management and the organisation was left to operate without them. This found that prior training and development had equipped the second tier of management with the necessary skills, competencies, and confidence to handle even the most senior tasks of the federation.
- The provider had processes to manage current and future performance of the service.
- The recording system regarding the performance of employed clinical staff through audit was not fully effective at the time of the inspection. The registered manager reviewed the system after this inspection.
- Leaders had oversight of incidents, and complaints.
- Performance of the organisation was regularly discussed at senior management and board level. Performance was shared with staff and the local commissioners as part of contract monitoring arrangements.
- The provider implemented service developments and where efficiency changes were made this was with input from clinicians from the local primary care networks to understand their impact on the quality of care.

Appropriate and accurate information

- The service collated patient data monthly to ensure they were meeting patient demands.

Are services well-led?

- The service used information technology systems to monitor and improve the quality of care. The provider had access to the primary care networks patients' medical records this enabled them to review patient data and respond to patients needs and improve their own performance.
- 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 offered all patients the opportunity to provide feedback following their consultation. They collated and reviewed this information monthly and annually. For 2022 to 2023 823 patients responded to the survey and 99.6% of respondents were satisfied with the outcome of their consultations and 99.8% would recommend the service to family and friends.
- The service reviewed their friends and family feedback, we were provided with the feedback for October and November 2023 where most of the patients said they would be likely to recommend the service.
- The provider reported regularly to the commissioners about the service. The Chief Operating Officer represented the organisation at ICB meeting and other meetings with external partners to feedback their health inequality findings.
- The service worked alongside the primary care networks to identify and meet patient needs.
- Staff said they were able to provide feedback and the management team held regular meetings at all levels to discuss changes to the service.
- 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. For example, the directors had completed Chartered Institute of Directors training to enable them to continue to carry out their role as the federation developed.
- Staff knew about improvement methods and had the skills to use them. The management team reviewed patient data to identify patient needs and service gaps.
- There was a strong culture of innovation evidenced by:
- The service was contracted to facilitate the development the new PCN Health Inequalities GP Leads, by providing programme direction, learning sets and delivery to equip them for their roles.
- The service worked with the community sector locality leads to develop an understanding of and relationships with their community to support community engagement in decision-making about the development of services.
- The service held GP practice managers meetings, providing speakers for fortnightly remote meetings.
- The service provided administration support for when ICB staff undertook protected training.
- Monthly updates were provided to GP practices on Investment and Impact Fund(IIF) measures and the best way to maximise performance to achieve their targets. The Investment and Impact Fund (IIF) was an incentive scheme focussed on supporting PCNs to deliver high quality care to their population, and the delivery of the priority objectives articulated in the NHS Long Term Plan and in Investment and Evolution, a five-year GP contract framework.
- The service held sub-contracts to support the local primary care networks. For example, to aid recruitment, assist with data analysis and business intelligence
- The service reported updates on changes of national policy to ensure PCNs were always ahead of the information curve.