London Central & West Unscheduled Care Collaborative Limited

NCL South Hub

Inspection report

North Central London (NCL) South Hub
Out of Hour's Service
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Ratings

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

Overall summary

This service is rated as Requires Improvement.

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

We carried out an announced comprehensive inspection at North Central London (NCL) South Hub Out Of Hour's service on 23 and 25 January 2018 as part of our inspection programme.

At this inspection we found that:

Summary of findings

- Although overall, governance arrangements aimed to focus on the delivery of good quality care, arrangements regarding patient safety alerts and staff pre-employment checks did not always operate effectively.
- Information available on the day of the inspection and shortly thereafter did not provide sufficient assurance that when things went wrong, reviews and investigations were thorough and included all relevant people.

- Patients' care needs were assessed and delivered in a timely way according to need.
- Commissioners spoke positively about how NCL South Hub had met expectations regarding locally agreed performance targets. They told us that they met regularly with leaders and that they were sufficiently assured regarding quality and safety.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- The service managed patients' care and treatment in a timely way.
- Patients said they were treated with compassion, dignity and respect; and that they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The service's base location had good facilities and was well equipped to treat patients and meet their needs. The fleet vehicles used for home visits were well equipped, well maintained and clean.
- There was a clear leadership structure and staff felt supported by management. The service proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- There was a strong culture of innovation evidenced by the number of pilot schemes the provider was involved in.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Continue to use clinical audits to drive improvements in patient outcomes.
- Continue to record recently commenced periodic checks of defibrillators.
- Introduce a formal governance framework for its pilot Non-Medical Prescribers project.
- Introduce appropriate systems to ensure that staff receive safeguarding training to the appropriate level and at the appropriate time.

Professor Steve Field

CBE FRCP FFPH FRCGP Chief Inspector of General Practice

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?	**Requires improvement** 
Are services effective?	**Good** 
Are services caring?	**Good** 
Are services responsive to people's needs?	**Good** 
Are services well-led?	**Requires improvement** 

NCL South Hub

Detailed findings

Background to this inspection

The North Central London (NCL) South Hub was registered with CQC in October 2016 and is the out of hour's service for the London boroughs of Camden and Islington. The service is provided for registered patients and those requiring immediately necessary care when GP practices are closed; namely overnight, during weekends, bank holidays and when GP practices are closed for training. North Central London (NCL) South Hub serves approximately two million people who are registered at general practices within the London Boroughs of Camden and Islington.

The service includes telephone clinical assessments with GPs and nurses, GP home visits, a pilot nurse home visit service; and face to face consultations from a primary care base located in St Pancras hospital near Kings Cross. The base houses patient consultation rooms, the visiting GPs dispatch function and managerial office space.

NCL South Hub shares patient reception, waiting area and some clinical space with a co-located GP surgery. The remainder of the building and the hospital external areas are the responsibility of other health care providers.

The NCL South Hub staffing team includes an operations manager, medical director, call handling staff, drivers, nurses and GPs. The service employs sessional (self-employed contractor) GPs directly and occasionally through agencies.

The opening hours are seven days a week from 6:30pm to 8:00am and 24 hours at weekends and bank holidays. Patients access the service via the NHS 111 telephone service. The service does not normally accommodate walk in patients.

The service is part of the North Central London Integrated Urgent Care (IUC) Service. Both NCL South Hub and the IUC service are operated by London Central and West Unscheduled Care Collaborative (LCWUCC).

The IUC is delivered in partnership with Barndoc Healthcare Limited who is a material subcontractor. Together the two organisations work in partnership to deliver a single IUC service across North Central London. The Medical Director of Barndoc Healthcare Limited is the appointed Medical Director for the NCL IUC contract reporting into the Medical Director of LCW who is the Registered Manager for the CQC activities at the South Hub.

As part of the North Central London Integrated Urgent Care Service, LCWUCC also operates the NHS 111 service covering the Inner North West London boroughs of Kensington & Chelsea, Westminster and Hammersmith & Fulham.

NCL South Hub is registered for the Regulated Activities of Transport services, triage and medical advice provided remotely; and Treatment of disease, disorder or injury.

Requires improvement

Are services safe?

Our findings

We rated the service as requires improvement for providing safe services.

Safety systems and processes

We looked at the systems in place designed to keep people safe and safeguarded from abuse.

- Policies for safeguarding children and vulnerable adults from abuse were regularly reviewed and accessible to both clinical and non clinical staff. They outlined who to go to for further guidance.Staff knew how to identify and report concerns.
- We saw evidence that the provider carried out staff checks at the time of recruitment and on an ongoing basis. For example, Disclosure and Barring Service (DBS) checks were undertaken to 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.

  However, some of the checks were inconsistent with the provider's Recruitment Policy. For example, the policy stated that drivers were required to have an enhanced DBS check (due to potential contact with children and vulnerable adults) but five files we reviewed only confirmed that standard DBS checks had taken place. We also noted that the provider was failing to act in accordance with its own policies (for example by not undertaking six monthly driving licence endorsement checks for drivers).
- Staff training data showed that doctors received safeguarding training appropriate to their role. However, this data also included doctors for whom training had lapsed by up to three months. We noted that the provider's GP Recruitment and Compliance Policy allowed for this three month period but records appeared to indicate that vulnerable adult or child safeguarding training of six doctors had lapsed by six or more months. Shortly after our inspection we received confirmation that for five doctors the training had actually taken place but not been logged and for the sixth doctor that training was booked for May 2018.
- We looked at infection prevention and control (IPC) systems. An IPC lead had been identified and undertook quarterly site and vehicle based IPC audits. When we discussed the management of vehicle based IPC risks, staff told us that equipment such as nebulisers were regularly cleaned but that this was not logged. We also noted that the provider's vehicle IPC audits did not assess whether cleaning schedules were in place for equipment kept in vehicles
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. The provider's NHS landlord had systems in place 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.
- 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.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The 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.

Requires improvement

Are services safe?

Safe and appropriate use of medicines

We looked at systems for appropriately and safely handling medicines.

- Arrangements for managing medicines were checked at the service. Medicines were provided in boxes and cassettes by an external pharmacy provider and we noted that a Service Level Agreement was in place to cover this arrangement.
- The provider had a Medicines Management Policy in place. The policy included a medicines formulary. We saw that local and national guidance had been considered when developing this formulary (for example the North Central London Joint Formulary and Public Health England Antibiotic Guidance). We checked medicines stocks at the South Hub base and found medicines included in the formulary were available. At the South Hub base we also saw staff following the Medicines Management Policy in terms of the storage and security of medicines. A clear system was in place to track and record the various medicines cassettes and boxes and access to medicines was restricted to relevant staff.
- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment minimised risks.
- The service kept blank prescription forms and pads securely and there was a suitable system in place to track their use in accordance with national guidance. A new project in collaboration with NHS Digital had just been started to pilot the use of the Electronic Prescription Service (EPS) in out of hours. The provider was the first pilot site for the project and staff spoke positively about how the new system reduced the need for paper prescriptions.
- 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.
- Arrangements were in place to ensure medicines carried in vehicles were stored appropriately.
- There were adequate stocks of emergency equipment and medicines, including oxygen available at the base location. Base staff knew how to access emergency medicines and equipment. Emergency medicines were also taken in cars on home visits however oxygen was not taken. Staff told us that this decision had been risk assessed but a copy was not available. Shortly after our inspection a copy of a November 2017 email was sent to us, highlighting the provider's decision to remove oxygen after a usage analysis had highlighted low utilisation rates.
- However, we noted that the risk assessment did not consider home visit situations whereby a patient's condition might rapidly deteriorate and where therefore, administering oxygen would be beneficial whilst awaiting an emergency ambulance.
- We also noted that the service was not recording periodic checks of its base defibrillator (a defibrillator is a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). When this was highlighted the service told us that they would commence logging weekly checks with immediate effect.
- The provider had recently introduced a Non-Medical Prescribers pilot project. Non-medical prescribing is undertaken by a health professional who is not a doctor and the pilot project entailed appropriately trained nurses going on home visits with the ability to prescribe. We noted that the provider ensured that staff worked within their scope of practice (for example consultations did not take place with children and we noted that nurses had access to direct clinical support provided by the Medical Director). In addition, the provider reviewed all clinical decision making so as to be assured regarding the competence of nurses employed in these advanced roles. However, we also noted the absence of a formal, written protocol governing the project.

Requires improvement

Are services safe?

Track record on safety

Systems, processes and practices were not always reliable or appropriate to keep people safe. For example, we did not see evidence of an effective system for receiving and acting on patient safety alerts. We were shown a patient safety alerts central spreadsheet but the provider could not demonstrate how the two oldest alerts (which had been logged as "actioned") had been disseminated to relevant staff members or evidence actions taken to maintain or improve patient safety. At the time of our inspection, staff were also unable to show us a protocol governing how patient safety alerts should be disseminated.

We looked at how the service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents and we noted that staff understood their duty to raise concerns and report incidents and near misses. We noted that 48 incidents had been reported since October 2016. Leaders told us that staff were encouraged to raise concerns and that the service operated a "no blame culture". Base staff were able to demonstrate how to log incidents.

  We saw some evidence of systems in place for sharing lessons to improve safety. For example, a base receptionist showed us recent minutes of team meetings where non clinical staff across the North and South Hubs had met to share learning from significant events.

However, we also saw evidence that when things went wrong, reviews and investigations were not always sufficiently thorough and did not include all relevant people. For example, records showed that in 2017 a significant incident had been logged concerning two vials of a Schedule 3 Controlled Drug which had gone missing.

Records further showed that although the investigation entailed interviewing doctors, we noted that interviews did not extend to other staff members and that no consideration appeared to have been given to other staff members who may have had access.

In addition, the provider's incident log recorded that an email requesting information had been sent to the service's external pharmacy provider (which had initially identified and reported the missing drugs) but we noted that the log did not state the information requested. We were later advised that this was due to human error.

We further noted that the incident was closed without a response having been received. We were later advised that this was also due to human error.

During our inspection NCL South Hub staff were initially unable to provide a clear time line regarding the investigation. This was provided from a range of sources shortly before our inspection concluded and we were later provided with confirmation of steps taken to minimise the chance of reoccurrence.

We were advised that significant events were collectively discussed at the service's senior level, weekly Complaints and Incidents meetings. However, when we looked at the minutes of one of these meetings we noted their brevity and the absence of reference to how improvements to patient safety had been made.

We were later advised that the purpose of these meetings was to review internal progress on individual complaints and incidents and that significant events themes and risks were identified and discussed at various operational meetings. However, when we were sent minutes of these meetings they did not evidence discussion of learning from significant events.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

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

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed.
- Quarterly "Hot Topics" clinical seminars took place allowing doctors to share learning in areas such as Sepsis, fever in children under five and diabetic emergencies.
- Telephone assessments were carried out using a defined operating model. Staff were aware of the operating model which included use of a structured assessment tool.
- 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, the service had developed a specialist referral pathway which aimed to ensure that callers experiencing poor mental health received a specialist intervention from mental health crisis services rather than being signposted to a hospital emergency department where they might have to wait a long time for further assessment or might fail to attend at all.

Monitoring care and treatment

- 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.
- We were advised that NQR data was not collected because the service was commissioned as a part of a wider Integrated Urgent Care (IUC) service. This was confirmed during discussions with commissioners. We noted that the provider was generally meeting locally agreed average response times set by its commissioners. For example:
- Between November 2016 and October 2017, the service was generally meeting commissioners' 20 minute monthly average target for undertaking urgent clinical assessments (priority 1- complex cases) although June 2017 average performance was 28 mins 19 seconds.
- Between November 2016 and October 2017, the service was generally meeting commissioners' 30 minute monthly average target for urgent call back (priority 3 urgent calls).
- Between November 2016 and October 2017, the service did not meet commissioners' 1 hour monthly average target for speaking with a clinician (priority 5 routine cases) for April 2017, June 2017, July 2017 and September 2017.
- Between November 2016 and October 2017, the service only met its monthly 1 hour home visit target in January, February, September and October 2017.

We discussed the service's performance with commissioners. They told us that the locally agreed targets had been introduced as an interim measure because, at the time of the service going live in October 2016, as the first IUC service to go live in London, national IUC service specifications had yet to be established.

Commissioners further told us that the service had overall met expectations and provided sufficient assurances regarding quality and safety. They also spoke positively about how, in its first year, the service had supported the NHS response to specific incidents such as the Grenfell Tower fire and the Westminster Bridge terror attack. We were advised that locally agreed targets were currently being revised to reflect the national IUC specification.

Good

Are services effective?

(for example, treatment is effective)

- We saw evidence that the service had started using clinical audit to drive improvements in patient outcomes.
- For example, in January 2017, the provider commenced a clinical audit assessing whether consultations were compliant with NICE guidelines. The top three conditions for the period October 2016 - December 2016 were identified (Urinary Tract Infections (UTIs), Fever, and Upper Respiratory Tract Infection (URTI)) and consultations were subsequently reviewed to assess compliance.
- The audit sampled 43 cases (0.7%) from 6146 cases identified during the period and highlighted respectively that 14/16, 12/16 and 10/11 consultations for UTI, fever and URTI were fully or partially compliant with NICE guidance. We noted that a follow up audit had been planned for July 2017 but had not yet started.
- We saw evidence of additional audits such as a November 2016 audit of home visit patterns and a May 2017 audit of the appropriateness of consultation codes used by call handlers.
- The service was also actively involved in quality improvement activity and routinely took part in benchmarking activity with similar out of hours services.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. This covered such topics as safeguarding and infection prevention and control.
- 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.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. For example, records showed how concerns regarding a clinician's audit performance had resulted in enhanced auditing and one to one support from the service's Medical Director.

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.
- 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 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.
- There were clear and effective arrangements for booking appointments, transfers to other services, and dispatching ambulances for people that require them. Staff were empowered to make direct referrals or appointments for patients with other services.

Helping patients to live healthier lives

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

- The service identified patients who may be in need of extra support.
- Where appropriate, staff gave people advice so they could 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.

Good

Are services effective?

(for example, treatment is effective)

- The provider monitored the process for seeking consent appropriately.

Good

Are services caring?

Our findings

We rated the service as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information. Call handlers gave people who phoned into the service clear information. There were arrangements in place to respond to those with specific health care needs such as end of life care and those who had mental health needs.
- We received five Care Quality Commission patient comment cards which were positive about the service experienced. This was is in line with other feedback received by the service. For example, the latest web based patient survey (December 2017) noted that 53 of the 71 patients surveyed (75%) were "likely to recommend the service".
- When we spoke with a base receptionist they stressed the importance of compassion and of treating each patient as an individual.

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. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Comment cards we received were positive regarding how patients 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.
- We looked at the latest web based patient survey (December 2017) and noted that 53 of the 71 patients surveyed (75%) were "likely to recommend the service".
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- 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.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- 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.
- Signs were on display advising patients that chaperones were available. Reception staff who acted as chaperones had been trained and demonstrated an understanding of their role.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

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

- The provider understood the needs of its population and tailored services in response to those needs; for example having recently introduced a Non-Medical Prescribers pilot project to safely improve its home visiting capacity.
- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when people found it hard to access the service.
- The service was responsive to the needs of people in vulnerable circumstances having, for example, wait a long time for further assessment.

Timely access to the service

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

- Patients could access the Integrated Urgent Care (IUC) service via NHS 111. The service did not see walk-in patients and a 'Walk-in' policy was in place which clearly outlined what approach should be taken when patients arrived without having first made an appointment. All staff were aware of the policy and understood their role with regards to it, including ensuring that patient safety was a priority.
- Although the service was not required by commissioners to report on NQR key performance indicators, latest available NQR performance data (October 2017) showed that the service was meeting 95% NQR performance targets in areas such as timely access to initial assessment, diagnosis and treatment. For example:
- 100% of face-to-face emergency consultations (whether in a centre or in the patient's place of residence) were started within 1 hour of the definitive clinical assessment having been completed:
- 96% of face-to-face urgent consultations (whether in a centre or in the patient's place of residence) were started within 1 hour of the definitive clinical assessment having been completed:
- 100% of patients unable to communicate effectively in English were provided with an interpretation service within 15 minutes of initial contact.
- 98% of OOH consultations (including appropriate clinical information) were sent to the practice where the patient was registered by 8.00 a.m the next morning.

Commissioners told us that the service met performance expectations regarding timely access to initial assessment, diagnosis and treatment. We noted that patients with the most urgent needs had their care and treatment prioritised.

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.
- The complaint policy and procedures were in line with recognised guidance. We noted that 25 complaints were received in the last year.

The service learned lessons from individual concerns and complaints and also from analysis of trends. For example, records showed that learning from complaints and complaints trends were routinely discussed at quarterly operational team meetings .

Are services well-led?

Requires improvement

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

We rated the service as requires improvement for leadership.

Leadership capacity and capability

- 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 to deliver urgent & unscheduled patient care that was timely, consistent, safe and seamless.

- There was a clear vision and set of values, developed 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 integrated urgent care priorities across the region. The provider worked with commissioners to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy.
- When we spoke with base staff they told us that they felt engaged in the delivery of the provider's vision and values.

Culture

We looked at the culture of the service:

- The service focused on the needs of patients.
- Staff felt respected, supported and valued. They were proud to work for the service.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There 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 felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

Although there were designated roles and responsibilities to support good governance, we noted that the arrangements for governance and performance management were not always reliable or appropriate to keep people safe. For example:

- We did not see evidence of an effective system for receiving and acting on patient safety alerts.
- When things went wrong, reviews and investigations were not always sufficiently thorough and did not include all relevant people.
- We saw evidence of how the provider was failing to act in accordance with its own policies (for example by not undertaking six monthly driving licence endorsement checks for drivers).
- A non-medical prescriber's pilot had recently started but a documented governance framework was not in place. For example, although we were told that nurses only dealt with particular patient groups, we saw no documentation or policy governing this arrangement.
- The provider lacked robust systems for monitoring staff safeguarding training performance.

We noted that in October 2016, LCW assumed operational responsibility for North Central London Integrated Urgent Care service; comprised of three newly amalgamated out of hours services and the Inner North London NHS 111 service. We were also advised that for much of 2017, leaders' time had been taken up with managing an independent external review into an incident whereby an undercover national newspaper journalist had posed as a 111 call handler.

Are services well-led?

Requires improvement

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Managing risks, issues and performance

We looked at 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 a good understanding of service performance against locally agreed performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local CCG as part of contract monitoring arrangements.
- Clinical audit had begun to have a positive impact on quality of care and outcomes for patients.
- The providers had plans in place and had trained staff for major incidents. We noted that these plans had been activated within the last 12 months.

Appropriate and accurate information

We looked at how the service acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture
- Staff were able to describe the range of electronic and paper based surveys used to enable patient feedback. We looked at the latest web based patient survey (December 2017) and noted that 53 of the 71 patients surveyed (75%) were "likely to recommend the service".
- Staff who worked remotely were engaged and able to provide feedback through team meetings.
- 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, monthly "Ask the Medical Director" teleconferences for doctors and quarterly "hot topics" seminars covering clinical areas such as Sepsis and fever in under five year olds.
- 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.
- There was a strong culture of innovation evidenced by the number of pilot schemes in which the provider was involved. These included a Non Medical Prescribers pilot project, an initiative improving care for people living with Multiple Sclerosis and who its is suspected have a Urinary Tract Infection, an initiative improving pathways for people experiencing poor mental health and a project with NHS Digital which was piloting the use of the Electronic Prescription Service (EPS) in out of hours).

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 HSCA (RA) Regulations 2014 Good Governance How the regulation was not being met: The registered person did not have systems in place to ensure that adequate governance and monitoring systems were in place. This was because: • The provider did not have appropriate systems in place to ensure that learning from significant events was sufficiently thorough and included relevant people. • The provider did not have an appropriate safety alert system in place, which could be used to maintain or improve patient safety. This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met:

This section is primarily information for the provider

Requirement notices

Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular:

- The provider did not ensure that (in accordance with its Recruitment Policy) drivers were DBS checked to the appropriate level.
- The provider did not sufficiently risk assess its decision not to carry oxygen in home visit fleet vehicles.

This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.