Heartbeat Alliance

Inspection report

Mowbray House Surgery
Malpas Road
Northallerton
DL7 8FW
Tel:

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

Ratings

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

Overall summary

We carried out an announced comprehensive inspection of the extended access service run by Heartbeat Primary Care Community Interest Company at various sites across Hambleton, Richmondshire and Whitby from 17 to 18 May 2023. Overall, the provider is rated as requires improvement.

Safe - Requires improvement

Effective – Good

Caring – Not inspected, rating of good carried forward from previous inspection

Responsive - Good

Well-led – Requires improvement

Why we carried out this inspection

We carried out an announced focused inspection at Heartbeat Alliance to follow up on breaches of regulation identified at our previous inspection. At the last comprehensive inspection in May 2022, we rated the practice as requires improvement overall, requires improvement for safe and effective, good for caring and responsive and inadequate for well-led. This was because the provider:

- did not ensure that care and treatment was always delivered in a safe way for patients
- did not ensure persons employed in the provision of the regulated activity received the appropriate support, training, professional development, supervision, and appraisal necessary to enable them to carry out their duties
- did not ensure effective systems and processes were in place to ensure good governance in accordance with the fundamental standards of care

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- conducting staff interviews via face to face, video conferencing and requesting feedback from staff electronically
- requesting evidence from the provider
- reviewing patient records to identify issues and clarify actions taken by the provider
- a site visit to the head office and two sites where the service is delivered from

Our findings

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

- what we found when we inspected.

Overall summary

- information from our ongoing monitoring of data about services; and
- information from the provider, staff, and other organisations.

We have rated this provider as requires improvement overall.

We found that

- At our last inspection in May 2022, we rated the provider as requires improvement for providing a safe service. This was because there was a lack of oversight in respect of recruitment, training, equipment and premises, significant events, patient safety and alerts, prescription security, business continuity planning; and the ability to respond to a medical emergency. At this inspection we found improvement in some but not all of the above areas. Some areas had been addressed such as access to emergency equipment, prescription security and security alerts for example. However, many of the changes had only recently been introduced and not fully embedded/implemented.
- At our last inspection in May 2022, we rated the provider as requires improvement for providing an effective service. This was because we identified concerns relating to quality improvement, including clinical and prescribing audit and the arrangements for ensuring staff had the skills, knowledge, and experience to carry out their roles. At this inspection we found improvement in all areas.
- We rated the service as good for providing responsive services at the last inspection. We continued to rate the service as good for providing responsive services.
- At our last inspection in May 2022, we rated the provider as inadequate for providing a well-led service as systems and processes to demonstrate effective oversight and good governance were not in place. At this inspection we found improvement in terms of the day-to-day management of the enhanced service. However. we found the continued lack of capacity at management and executive level to be able to fully embed and support the changes that were being introduced/needed.

The area where the provider must make improvement is:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and a CQC operations manager.

Background to Heartbeat Alliance

Heartbeat Primary Care Community Interest Company works with GP Practices in the Hambleton Richmondshire and Whitby areas to offer a wider range of appointments between 6:30pm - 8pm Monday to Friday and 9am – 5pm on Saturdays and 9am – 1pm on Sundays. This is part of the enhanced access service required to be provided by Primary Care Networks as part of the NHSE Network Contract Directed Enhanced service (DES). They serve a population of approximately 145,575 patients. From the 1 October 2022 Heartbeat Alliance has been sub-contracted to deliver the enhanced access service on behalf of the Primary Care Network.

The focus of this inspection was the delivery of the enhanced access service, which has been operational since November 2017. Enhanced access (also referred to as extended access) was rolled out as a national target for all primary care to improve access to General Practice routine appointments.

The enhanced access service is provided from 13 sites:

Great Ayton Surgery, Rosehill, Great Ayton, Middlesbrough, TS9 6BL

Monday 6.30pm to 8pm and one Saturday per month 9am – 12pm

Mowbray House Surgery, Malpas Road, Northallerton, North Yorkshire, DL7 8FW

Tuesday 6.30pm – 8pm

Tuesday and Thursday (1:3 per month) 6.30pm – 8pm

Stokesley Health Centre, North Road, Stokesley, TS9 5DY
Tuesday 6.30pm – 8pm

Mayford House Surgery, Boroughbridge Road, Northallerton, North Yorkshire, DL7 8AW

Thursday 6.30pm – 8pm

Friarage Hospital, Northallerton DL6 1JG

Thursday (1 per month) and Friday 6.30pm – 8pm, Saturday 9am – 5pm and Sunday 9am – 1pm

Lambert Medical Centre, 2 Chapel Street, Thirsk, YO7 1LU

Monday and Thursday (1:3 per month) 6.30pm – 8pm

Glebe Medical Practice, 19 Firby Road, Bedale, North Yorkshire, DL8 2AT

Tuesday 6.30pm – 8pm

Thirsk Doctors Surgery, The Health Centre, Chapel Street, Thirsk, YO7 1LG

Wednesday and Thursday (1:3 per month) 6.30pm to 8pm and alternate Saturdays 9am – 12pm

Doctors Lane Surgery, Aldbrough St John, Richmond, DL11 7TH

Monday 6.30pm – 8pm

Quakers Lane Surgery, Quakers Lane, Richmond, DL10 4BB

Tuesday 6.30pm – 8pm

Harewood Medical Practice, The Health Centre, 42 Richmond Road, Catterick Garrison, North Yorkshire, DL9 3JD

Wednesday and Thursday 6.30pm – 8pm

Saturday 9am – 5pm and Sunday 9am – 1pm

Central Dales Practice, Aysgarth Surgery, Aysgarth, Leyburn, North Yorkshire, DL8 3AA

Friday 6.30pm – 8pm

Saturday (1:4 per month) 9am – 5pm

Whitby Hospital, Springhill, Whitby, YO21 1DP

Monday to Friday 6.30pm – 8pm

Saturday 9am – 5pm

We visited two of these locations; Thirsk Medical Centre and Harewood Medical Practice. We also visited the head office of Heartbeat Primary Care Community Interest Company.

The extended access service delivers remote and face-to-face consultations dependent on patient choice.

Heartbeat Primary Care Community Interest Company operates from Suite 26, Evolution Business Centre, County Business Park, Darlington Road, Northallerton, DL6 2NQ. There is an organisation Board structure. All work on a part-time basis. Day to day operational management for enhanced access is provided by a Clinical Operations Manager. The majority of staff are employed by Heartbeat on a sessional basis.

Heartbeat Primary Care Community Interest Company – Heartbeat Alliance is registered with the Care Quality Commission to provide the regulated activities diagnostic and screening procedures, treatment of disease, disorder or injury and family planning.

Requires Improvement

Are services safe?

At our last inspection in May 2022, we rated the provider as requires improvement for providing a safe service. This was because there was a lack of oversight in respect of recruitment, training, equipment and premises, significant events, patient safety and alerts, prescription security, business continuity planning; and the ability to respond to a medical emergency.

At this inspection we found improvement in some but not all areas. Many of the changes introduced were in their infancy and had not been fully embedded/implemented.

Safety systems and processes

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

- There was a lead member of staff for safeguarding who was trained to the required level. They attended safeguarding meetings in their substantive role in a GP practice and where appropriate shared information from these meetings to Heartbeat Alliance staff.
- Safeguarding had been added as a standing agenda item to the clinical governance meeting. The first of these meetings had taken place recently with future planned dates seen.
- Policies covering adult and child safeguarding were in place and accessible to staff.
- Staff we received feedback from confirmed they had completed safeguarding training. The provider's training record showed gaps in the completion of training at all levels. The provider informed us they were in the process of gathering this information from existing staff. All new staff were required to provide evidence that they had completed this training as part of their induction. The provider had arranged face to face training for staff to attend in June 2023.
- Staff we received feedback from knew how to identify and report safeguarding concerns. Almost all staff were aware of who the safeguarding lead was.
- There were systems to identify vulnerable patients on the clinical record system. An audit had been carried out by the provider for the period April 2021 to March 2022 to review compliance with their own policy in terms of vulnerable patients, including children who were not brought to appointments in extended access. No further audit had been completed.
- All staff we received feedback from confirmed that action would be taken to contact a vulnerable patient that did not attend and if unsuccessful that a task would be sent to the patient's own GP to make them aware.
- No safeguarding children or adult referrals had been made in the past 12 months.
- The provider informed us that an extensive amount of work had been undertaken to 'onboard' all members of staff who worked in the enhanced access service. Essentially this meant that almost all staff members were re-recruited on a sessional basis. This included gathering as much personal evidence for staff records to demonstrate they could assure themselves of staffs' fitness and suitability to work. This included carrying out identity checks, professional registration checks, immunisation status, DBS checks and training records. We reviewed three recent personnel recruitment records. We found a clearer system in place for the provider to follow and could see from the most recent recruit who was new to the service that references, and a DBS check had been carried out. There remained some gaps in the personnel information held on the recruitment files seen. For example, signed contracts of employment and references. There were also gaps in the records for all staff such as DBS checks. The provider informed us that as part of the 'onboarding process' of all staff that worked for them that they were working to ensure all the information was collected. They acknowledged this was work in progress.
- A chaperone policy was in place. Staff we received feedback from confirmed they had completed chaperone training. The provider's training record showed gaps in the completion of training. The provider informed us they were in the process of updating all staff records as part of the 'onboarding' process to ensure this information was recorded.

Requires Improvement

Are services safe?

- The provider told us they had recently started to gather information from sites in respect of health and safety and work had begun to collect this on an initial 6 month and then an annual basis. We saw evidence of this for half of the sites. For the two new sites that had recently been set up we saw an extensive range of health and safety information that was in place. The provider acknowledged this was work in progress to gather this information from the other sites.
- We visited two sites where enhanced access was delivered from. We observed the premises to be clean and tidy. We observed a trolley in use at the Catterick Hub where the equipment had passed their expiry date for use. We were assured that these were items that were not used, and the types of items further supported this. Items stored elsewhere at this site were in date and regularly checked but no record was kept of this.
- The provider had recently nominated an IPC lead who had been trained for this role. Part of their role would be to attend all the sites to carry out IPC audits. We saw evidence of this work starting to take progress. Sporadic IPC audits had been carried out at some of the sites prior to this. No arrangement was previously in place to obtain assurance that IPC audits were completed by the enhanced service sites.
- Fire safety was included for staff in their induction and fire awareness training was included as part of the mandatory training schedule. The provider's training record showed gaps in the completion of training. The provider informed us they were in the process of updating all staff records as part of the 'onboarding' process to ensure this information was recorded.
- The provider confirmed they had not completed a fire evacuation since we identified this as a concern at the May 2022 inspection at any of the host GP practices.
- The medical equipment we reviewed on the day had been maintained according to manufacturer's instructions. However, the provider did not have an inventory of equipment.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff required for the service. Arrangements were in place for ensuring that this requirement was fulfilled and took account of holidays, sickness, and busy periods. We saw evidence that rotas were planned.
- The number and times of consultations were fixed, in line with the provider's contract. There were no walk-in appointments. Consequently, there was no requirement for any system for dealing with surges in demand.
- The provider had placed 'emergency grab bags' in all sites where enhanced access was delivered from. This included oxygen, defibrillator and emergency medicines. They had put in place systems for staff who worked from the sites to carry out emergency equipment checks when they arrived on shift to deliver the extended access service. For example, checks to ensure emergency medicines were in place, oxygen levels were appropriate, and that the defibrillator was working. At the one site we saw this had taken place and at the other it had not. The provider had not yet put systems in place to ensure such checks were being actioned. They were in the process of recruiting a new member of staff who would take on this monitoring role.
- The provider's training record showed gaps in the completion of training for child and adult basic life support and anaphylaxis. Staff who provided us with feedback confirmed they had completed this training. The provider informed us they were in the process of updating all staff records as part of the 'onboarding' process to ensure this information was recorded. Staff we received feedback from were aware of actions to take if they encountered a deteriorating or acutely unwell patient. We saw that sepsis had now been added to the mandatory training requirements.
- A business continuity plan (BCP) was now in place.
- The provider held a risk register which covered the enhanced access service. Records showed the register was discussed and staff encouraged to update it.

Information to deliver safe care and treatment

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

Requires Improvement

Are services safe?

- We reviewed some records of individual patient consultations and found they were written and managed securely and in line with current guidance and relevant legislation.
- Clinicians had access to patient information to enable them to deliver safe care and treatment.
- There were systems for sharing information with a patient's GP and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to send a notification to a patient's GP through the clinical system when an urgent two-week wait referral had been undertaken. There was now a system in place to ensure these were followed-up with the patient's GP practice.
- The provider had Information Commissioner's Office (ICO) registration in place.
- The provider did not have a system in place for ensuring that patients requiring blood tests in the enhanced service had the appropriate forms completed by their own GP practice. This resulted in some patients being refused the test or some staff completing the form themselves. The provider was aware of this issue and was working to resolve it.

Appropriate and safe use of medicines

The service had systems and processes in place for appropriate and safe handling of medicines.

- Clinical staff we spoke with prescribed medicines to patients and gave advice on medicines in line with current national guidance.
- The provider was monitoring medicine prescribing in the form of audits. Three audits specifically relating to benzodiazepine, opioids and antibiotic prescribing were now taking place on a regular basis. The findings of the audits showed prescribing in line with guidance. Where any issues were identified there was a system for following this up with the prescribing clinician. The provider did not have a programme of audit in place to allow them to monitor at provider level that such audits were being carried out. The audits were completed by one individual.
- The provider now had a system in place to monitor the prescribing of its clinicians through clinical notes reviews. Independent prescribers were not aware that their prescribing was reviewed.
- The service did not hold or administer any medicines which required refrigeration.
- The service did not dispense any medicines and did not hold any controlled drugs.
- Prescriptions were sent electronically to a pharmacy of the patient's choice for dispensing.

Track record on safety

- This was the provider's second inspection.
- The provider had made the necessary changes to the CQC registration to ensure they were registered to deliver the regulated activity of family planning.
- The provider had taken action to address some of the issues identified at the previous inspection. However, many of the changes had only recently been introduced and not fully embedded/implemented.

Lessons learned and improvements made

The provider demonstrated improvement in the management of significant events and the systems to report, share, investigate, record and respond to incidents or near misses.

- The provider had a significant event policy in place and a recently established system for recording and reviewing such events. The recording system included actions to achieve improvement but did not include further information to monitor whether the actions had been completed and by whom.
- Most staff reported knowing how to raise a significant event. The provider informed us that there had been an increase in the reporting of significant events.

Requires Improvement

Are services safe?

- There was mixed feedback from staff in respect of being made aware of significant events. Some staff said they were and some not.
- The leadership team demonstrated their awareness of notifiable incidents under the duty of candour (a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

Good

Are services effective?

At our last inspection in May 2022, we rated the provider as requires improvement for providing an effective service. This was because we identified concerns relating to quality improvement, including clinical and prescribing audit and the arrangements for ensuring staff had the skills, knowledge, and experience to carry out their roles.

At this inspection we found improvement in all areas.

Effective needs assessment, care and treatment

The provider had systems in place to keep clinicians up to date with current evidence-based practice.

- Staff we received feedback from 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. This was primarily accessed in other roles they worked in. A new 'app' was available to staff where they could access relevant documents and guidance.
- A newly established structure for clinical meetings had been put in place. The first of the clinical meetings had taken place shortly before the inspection with a programme of planned meetings going forward. There was evidence of other meetings that had taken place regarding the menopause service offered by the provider and a whole staff meeting where clinical matters had been discussed.
- We spoke with clinicians and reviewed some clinical records. We found from those reviewed that clinicians assessed needs and delivered care and treatment in line with current legislation, standards, and guidance.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The provider carried out quality improvement activity to monitor outcomes of care and treatment.

- There was evidence of audits undertaken of clinical consultations which included history, examination, and management. Feedback was shared with the individual staff members if concerns were identified. Staff reported they were aware of such audits but had not received any feedback. We saw evidence that a new system of issuing staff with feedback regarding their performance was now in place. We were told that clinical staff would be issued with a statement from the provider in the next 6 weeks regarding their performance.
- Regular audit of prescribing was now in place.
- A menopause service was offered by the provider, advice and guidance provided by a specialist in this area and overseen by a member of the management team.

Effective staffing

The provider had new systems and processes in place to enable them to ensure that staff had the skills, knowledge, and experience to carry out their roles. This work had not yet been concluded.

- As part of the 'onboarding' project the provider was working to ensure that training records relating to staff who previously worked for the provider were up to date. New starters were required to provide details of completed mandatory training before they commenced employment. We saw evidence of this in both instances. The provider acknowledged this as work in progress.
- The provider now had a formal induction programme for new staff. An induction policy and programme was in place. Feedback from staff in respect of induction was varied, positive and negative in terms of the quality.
- A new policy 'Better Access staff reviews' had recently been put in place. This set out the approach for reviewing staff who worked for the enhanced access service. They had deemed due to the nature of the service that a full appraisal

was not required for staff who worked on a sessional basis, but their performance would be monitored through audit where applicable and feedback given in the form of a letter or email. We saw that all staff had the opportunity to provide feedback on their feedback via the staff portal as part of this process. The directors were not appraised. The one permanently employed member of staff had received an appraisal.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- Staff working at the service had access to each patient's full clinical record. Staff were able to view correspondence and test results within the record, and order further tests or make referrals when appropriate.
- Information was relayed to patients' own GPs via the clinical system.
- Patients with vulnerability factors were identified via a 'flagging' system on the patient record and could be viewed by staff.
- We saw that details were entered into patients' electronic records at the time of the consultation.
- There were arrangements in place for booking appointments. All appointments were pre-booked by the patient's own GP practice. There were no walk-in patients.

Helping patients to live healthier lives

As an enhanced access service, the provider was not always able to provide continuity of care to support patients to live healthier lives in the way that a GP practice may. However, patients benefited from a level of continuity in terms of staffing and being seen in a familiar setting as in some areas staff worked in their regular GP practice as part of the enhanced service.

Staff we received feedback from demonstrated a knowledge of local and wider health needs of patient groups who may attend the extended access services. Clinicians told us they offered patients general health advice within the consultation and if required they referred patients to their own GP for further information.

Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance but there were no systems in place to monitor this process.

- Clinicians we spoke with understood the requirements of legislation and guidance when considering consent and decision making.
- Staff acting as chaperones told us that consent and details of who had been the chaperone was recorded in the patient's clinical notes.

Good

Are services responsive to people's needs?

We rated the service as good for providing responsive services at the last inspection. We continued to rate 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. Patient needs and preferences were considered.

- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when patients found it hard to access services. Working with the PCN they had increased the number of sites where enhanced access was delivered from. This increased from 6 to 13 since the last inspection. Initial difficulties in terms of meeting the delivery requirements at one of the new sites had been overcome and was now on track to deliver the correct number of appointments. Recruitment of a bank of staff to deliver the enhanced access service was evident which had helped improve capacity to deliver the required sessions the provider was contracted to deliver.

Timely access to the service

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

- Appointments were available from 13 sites. Standard operating days and hours were Monday to Friday 6.30pm to 8pm, Saturday and Sunday 8.30am to 12pm/12.30pm and Bank Holidays.
- The provider delivered remote and face-to-face consultations dependent on patient choice.
- Waiting times, delays and cancellations were minimal and managed appropriately. Catch up and break times were incorporated into session times.
- Appointments were 15 minutes long.
- Access to the extended access service was via the patient's own GP practice who could book appointments on behalf of patients.

Listening and learning from concerns and complaints

The service had systems in place to respond to complaints and improve the quality of care.

- There was a complaints policy. Complaints were recorded and appropriate action taken and recorded.

There was a link on the providers website for patients to access called 'Your views matter to us'.

Requires Improvement

Are services well-led?

At our last inspection in May 2022, we rated the provider as inadequate for providing a well-led service as systems and processes to demonstrate effective oversight and good governance were not in place.

At this inspection we found improvement in terms of the day-to-day management of the enhanced service. However, we found the continued lack of capacity at management and executive level to fully embed and support the changes that were being introduced. Lack of management capacity to deliver improvement was noted as a risk on the provider's risk register.

Leadership capacity and capability

Leaders were open and transparent about the financial challenges and the need to deliver improvement in a financially challenging and changing landscape. There was some evidence that they were engaging with partners such as the PCN to achieve this. Changes to the management Board were planned but not yet in place. Leaders at executive level continued to work a significantly reduced part-time basis. The provider acknowledged that the provision of support and oversight of leaders and members of staff was lacking in areas with capacity being an issue cited which formed part of the providers action plan.

The role of clinical services manager had been increased to full-time, they had recruited administration staff to assist with areas such as HR and governance and were in the process of recruiting a compliance manager to assist with the management of the enhanced service.

Staff at all levels provided varying levels of satisfaction in terms of accessing leaders. The clinical services manager was reported as accessible and supportive when contacted. Others reported staff as being nice but some difficulty in accessing senior leaders. Almost all reported lack of visibility from leaders. The provider acknowledged that visibility was difficult and hoped this would be improved with the additional role of compliance manager being recruited to.

Vision and strategy

The provider had a vision, values, and a strategy to achieve its priorities. The providers website stated 'We are Heartbeat, and our mission is to improve health. We meet everyday health and care needs by supporting the communities we serve with innovation and quality services.' The provider demonstrated they were reviewing their current strategy with a view to needing to achieve growth. This remained as a significant risk on the providers risk register.

Most staff who provided feedback were aware of the provider's vision.

Culture

There were gaps in systems and processes which impacted on the ability for the provider to drive and effectively support a culture of high-quality sustainable care.

- Staff we received feedback from stated they felt respected, and they were happy to work in the service. Some staff said they sometimes felt as if they were left to get on with the job with little support from anyone apart from colleagues they worked with.
- Most of the feedback from staff cited communication as poor.
- The provider had held a few whole team meetings but acknowledged this was difficult with so many staff dispersed over such a wide area. They were exploring different ways of engaging with the whole staff group.
- Staff continued to report clinical leaders were accessible but not visible.

Requires Improvement

Are services well-led?

- A newsletter was available for staff.
- Staff told us that in the main if they raised a concern, it would be investigated, and a resolution sought.
- The provider had a whistleblowing policy and a Freedom to Speak up Guardian,
- The management team were aware of the requirements of the duty of candour. There was a duty of candour policy in place.

Governance arrangements

There was some evidence of improvement in the governance arrangements. For example, executive leaders and management met on a regular basis, recruitment arrangements were more robust. More audits were being completed and two week-wait referrals were being checked. However, other improvements we saw had been introduced in the weeks prior to the inspection. For example, clinical meetings where safeguarding and significant events were reviewed had been established in April 2023. Future meetings were planned. However, this reflected the position we found at the last inspection in May 2022. Arrangements in their infancy at that time had not been sustained.

We saw evidence that new arrangements that had been put in place following the last inspection did not have the governance arrangements in place to underpin these changes to ensure improvement was delivered and sustained. Capacity was cited as the reason for this. A clinical governance policy had been put in place, but this did not detail specifically how the provider would deliver clinical governance in terms of 'how, what, when and by whom'. For example, checks of emergency equipment that had been put in place were not checked by the provider to ensure they had been completed. IPC audits had not always been completed and clinical notes audits continued to be completed but there was no schedule of these should the one person leading this be unavailable. The provider acknowledged from their own action plan that there remained a significant number of areas they had identified as 'amber' and therefore not complete.

Changes to the Board arrangements and plans for improvement in respect of accountability to the Board were discussed. A Governance Committee and Finance Committee were planned to be created in Summer 2023. We were not provided with any further evidence in respect of these plans. Changes to the Board arrangements were in progress.

Whilst there had been operational changes to the management of the enhanced service and we recognise that a role of 'compliance manager was being recruited to, we remained concerned that capacity and support from executive level to deliver and embed operational changes that were needed were not sufficient. We also failed to see systems and processes for scrutiny and reporting at board level.

Managing risks, issues, and performance

- We found some improvement in respect of the management of risks and issues. For example, action had been taken to address a risk in respect of data security at one of the new enhanced service sites and a further reduction in some executive leaders working hours had been tried but deemed not appropriate.
- Senior leadership meetings and the first of planned clinical meetings had taken place and a risk register was in use. We remain concerned that risks and issues that had been identified either as part of the CQC action plan or on the provider's risk register were slow to reach a status where the level of risk had been removed.

Appropriate and accurate information

- Arrangements for data security, patient confidentiality and data management systems were appropriate.
- Clinicians had access to patient information to enable them to deliver safe care and treatment.

Engagement with patients, the public, staff, and external partners

Requires Improvement

Are services well-led?

- The provider continued to contribute to the local health agenda and work in partnership with stakeholders to deliver patient care.
- The provider engaged with the local Integrated Care Board and provided delivery and performance reports as required. A link to a survey was available to staff and patients. We saw evidence of 'you said – we did' information that had been shared with staff and patients.
- Feedback from staff was positive in terms of the verbal feedback they received from patients.

Continuous improvement and innovation

There was evidence of the providers continued commitment to develop new initiatives and enhance primary care services to provide support for local GP practices and patients. For example, the provider had established regular enhanced access hours clinics to provide expert diagnosis, advice, support, and evidence-based treatment for NHS patients experiencing menopausal symptoms who may otherwise have limited access to such a service at their NHS GP surgery.

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
Diagnostic and screening procedures Family planning services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular: The provider failed to address all issues identified at the previous CQC inspection in May 2022, and their own action plan submitted following the inspection.