

# Queen Elizabeth Hospital Urgent Care Centre

## Inspection report

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

## Ratings

### Overall rating for this location

Good



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?

Good



# Overall summary

**This practice is rated as Good overall.**

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? – Good

We carried out an announced comprehensive inspection of Queen Elizabeth Hospital Urgent Care Centre on 6, 7, 8 and 9 December 2022. The service had previously been inspected in January 2017 where it had been rated as good overall, and in all five key questions.

The registered manager is the Head of Quality and Governance at the location. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are ‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

## **Our key findings were:**

- The service had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The service was not meeting targets for the time in which patients were clinically assessed as required by its commissioners, and standards set by NHS England. The targets were not being met at any of the four sites, and were particularly outlying at Princess Royal University Hospital Urgent Treatment Centre (UTC) and Kings College Hospital UTC.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the service easy to access and reported that they were able to access care when they needed it. However, the service was not ensuring a throughput of patients in line with its four-hour target.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- Ensure that care and treatment is provided in a safe way to patients.

The areas where the provider should make improvements are:

- Improve throughput times such that it meets targets for discharging patients in four hours.
- Review systems for monitoring prescription stationery.

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# Overall summary

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 second CQC inspector.

## Background to Queen Elizabeth Hospital Urgent Care Centre

Queen Elizabeth Hospital Urgent Care Centre is a registered location that consists of four urgent treatment centres (UTC) at Queen Elizabeth Hospital, Kings College Hospital, Princess Royal University Hospital and Beckenham Beacon community health centre. The service provides urgent and emergency care for patients across a number of boroughs in South and South East London

The service utilises a hub and spoke approach. The main location is at Queen Elizabeth hospital, Stadium Road, Woolwich, SW18 4QH. This service, further to the urgent treatment centre, also provides a home visiting out of hours service for the Greenwich area, which operates from 6:30pm until 8am on weekdays and 24 hours a day at weekends. The first of three satellites is Beckenham Beacon UTC, 379-397 Croydon Rd, Beckenham BR3 3QL. The second satellite site is Princess Royal University Hospital UTC, Farnborough Common, Orpington, Kent, BR6 8ND. The third satellite site is Kings College University Hospital UTC, Denmark Hill, London, SE5 9RS.

All four services provide treatment of minor injuries and illnesses, and provide a streaming service in order that patients are transferred to the right service either within the UTC or elsewhere. At all sites except Beckenham Beacon, the streaming service is also the first point of contact for patients attending the emergency department of the respective hospitals which are co-located with the urgent treatment centre. Beckenham Beacon UTC does not have an emergency department. At present, the Kings College Hospital UTC does not see paediatric patients, who are taken directly to the paediatrics or emergency departments instead, although this is likely to change in the future.

The service is delivered by Greenbrook Healthcare (Hounslow) Ltd (Greenbrook). Greenbrook is a wholly owned subsidiary of Totally PLC, and currently manages 10 Urgent Care Centres in North West London, South East London and Watford. The organisation also manages another Urgent Treatment Centre on behalf of Vocare, which is another wholly owned subsidiary of Totally PLC.

The urgent treatment centres with the exception of the Beckenham Beacon UTC are a 24/7 NHS service for patients who walk-in, or are referred by the NHS 111 service. Greenbrook provides doctors, nurses and streaming staff to the service, as well as administrative staff. Streaming staff consist mostly of advanced and emergency nurse practitioners. Some of the staff who work at the service are employed directly by Greenbrook. However, most of the clinical staff and some of the administrative staff at the service are either bank staff (those who are retained on a list by the provider) or agency staff.

The service at Beckenham Beacon UTC is open from 8am until 8pm, seven days per week. The combined service sees approximately 7,000 patients a week in the UTCs, with a further 20 patients per week seen by the home visiting service.

CQC registered the provider to carry out the following regulated services at the service:

- Treatment of disease, disorder or injury
- Diagnostic and screening procedures
- Transport services, triage and medical advice provided remotely

The service's website address is <http://www.greenbrook.nhs.uk>.

# Are services safe?

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

At the time of the inspection visit between 6 and 9 December 2022, we identified the following breach of regulations:

- The service was not meeting the target of initially clinically assessing all patients within 15 minutes at any of the four sites.

## **Safety systems and processes**

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

- The provider conducted safety risk assessments. It had safety policies, including Control of Substances Hazardous to Health and Health & Safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training. The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The premises at all four sites were clinically suitable for the assessment and treatment of patients. Facilities and equipment were safe, and equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The vehicles and equipment utilised by the out of hours visiting service were fit for purpose. Vehicles were leased, and servicing of the vehicles was covered in the lease agreement.

## **Risks to patients**

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

- The first members of staff that were seen by patients on arrival at any of the four UTC sites for initial clinical assessment were streamers. NHS England currently has a target that 100% of patients ought to receive a clinical assessment within 15 minutes of arrival at the service.
- From July 2022, the organisation had instigated a streaming escalation process when it was taking more than 15 minutes for patients to receive a clinical assessment, such that all clinical staff at the service could stream patients until any backlog was cleared.
- None of the four sites were meeting the target that 100% per cent of patients were clinically assessed in 15 minutes, although performance had improved since the streaming escalation process was implemented, particularly at Kings College Hospital UTC. The performance was as follows:
- Prior to the implementation of the streaming escalation protocol, at Kings College Hospital UTC between 29% and 63% of patients had received a clinical assessment in 15 minutes. Since the implementation, this had risen to above 75% for the last three months.

# Are services safe?

- At the Princess Royal University Hospital, in the last 12 months between 53% and 80% of patients were being assessed within 15 minutes, month on month.
- At Queen Elizabeth Hospital UTC, in the last 12 months between 68% and 94% of patients were being assessed within 15 minutes, month on month.
- At Beckenham Beacon UTC, in the last 12 months between 76% and 95% of patients were being assessed within 15 minutes, month on month.
- The service reviewed the time each patient took to be seen. In the two months prior to the inspection, more than 95% of patients at all sites were seen inside 30 minutes.
- The organisation had a comprehensive work force plan in place. Staff told us that at Princess Royal University Hospital, at busy times there were insufficient rooms to host the number of clinicians required to meet the demands of the service. The organisation had tried to address this, but rooms could not be divided, and no further rooms were available.
- The service was in the process of implementing eConsult and remote/virtual streaming services with a view to addressing surge attendances.
- There were arrangements for planning and monitoring the number and mix of staff needed, although the service stated that recruitment to all posts was difficult given a shortage of appropriately trained staff. We were told that this had particularly been the case at Kings College UTC, where having taken over the service in October 2021, a number of nursing staff had left the service, which had impacted on the time to clinically assess patients. The provider told us that this had largely been addressed, but that there were still rota gaps at all four of the UTC services. Staff at the service told us that senior managers had been proactive in addressing staffing shortages and that they were confident that this would be addressed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need. Systems were in place to manage people who experienced long waits or who had been inappropriately streamed into the service.
- 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.

## Safe and appropriate use of medicines

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

- At all four UTC sites, the systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, and controlled medicines and vaccines, minimised risks. The service kept medicines that might be dispensed directly to patients, and kept prescription stationery, securely. Individual prescriptions were monitored. However, full boxes of prescriptions were not being logged on receipt.

# Are services safe?

- The service had clear protocols for carrying and prescribing medicines, including prescription stationary, for the home visiting service based at Queen Elizabeth Hospital UTC.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Processes were in place for checking medicines and staff kept accurate records of medicines.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- The service had a lead pharmacist who had carried out audits to ensure that prescribing was in line with national or local guidelines.

## Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system for receiving and acting on safety alerts.
- Joint reviews of incidents were carried out with partner organisations, including the co-located emergency departments, GP out-of-hours and NHS 111 service.

## 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. Once reported, incidents were reviewed for severity which determined the path that they would take. The service learned and shared lessons, identified themes and took action to improve safety in the service. The streaming escalation protocol had been implemented following an incident and was designed to address issues that had led to the incident.
- The service ran a series of “blogs” which were issued to all staff by senior managers at the service. These contained all shared learning from both incidents and complaints. The breakdown of learning was comprehensive, and staff to whom we spoke said that they found the blog helpful.
- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.
- Representatives of the organisation attended joint Urgent and Emergency Care forums which included other UTCs in the local area, Hospital Trusts and the 111 service. These forums discussed joint risks and learning was shared.
- The provider took part in end to end reviews with other organisations, including the 111 service.

# Are services effective?

**We rated the service as good for providing effective services.**

## **Effective needs assessment, care and treatment**

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

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed.
- Care and treatment were delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- Arrangements were in place to deal with repeat patients. Patient champions collected data to determine if there were specific practices whose patients were attending UTCs in error, and this information could be shared with individual practices and commissioners. We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Where patients' needs could better be met by other services, clinicians redirected them to the appropriate service for their needs by way of "patient champions" who could assist with completing forms and arranging appointments. This would include where a patient required registration with a GP, or in the case of patients requiring management of long-term conditions.

## **Monitoring care and treatment**

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

- The service completed medicines audits, and specific audits to the service being offered. Prescribing audits were led by the lead pharmacist. The findings of audits were shared with staff.
- Individual clinicians at the service were subject to regular audits of a percentage of their consultations. Clinicians that we spoke to said feedback from these audits was helpful and constructive.

## **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.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The provider provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing. For drivers in the home visiting service, this included assessment of driving skills.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

## **Coordinating care and treatment**



# Are services effective?

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

- The computer systems the UTCs and the emergency departments at the hospitals were not always compatible, so in some cases where patients were streamed to the emergency department, information could only be sent by print out. The services had ensured that dedicated administrative staff were available for data transfer, and that relevant patient information such as those patients on the safeguarding register were clearly flagged.
- 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.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. Care and treatment for patients in vulnerable circumstances was coordinated with other services. Staff communicated promptly with patients' registered GPs so that the GP was aware of the need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The service had formalised systems with the NHS 111 service with specific referral protocols for patients referred to the service. An electronic record of all consultations was sent to patients' own GPs.
- The service ensured that care was delivered in a coordinated way and took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- There were clear and effective arrangements for booking appointments, transfers to other services, and requesting ambulances for people that require them. A specific staff group, patient champions, had been put in place for this purpose.

## Helping patients to live healthier lives

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

- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given.
- 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.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The provider monitored the process for seeking consent appropriately.
- Relevant staff had been provided with training in the Mental Capacity Act.

# Are services caring?

**We rated the service as good for caring.**

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information. There were arrangements and systems in place to support staff to respond to people with specific health care needs such as end of life care and those who had mental health needs.
- We observed both clinical and non-clinical staff treating patients with care, dignity and patience.

## **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 at all four sites. 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.
- A hearing loop was in place at all three sites for those patients for whom it would be of benefit.
- 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 respected confidentiality at all times.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

# Are services responsive to people's needs?

**We rated the service as good for providing responsive services.**

## **Responding to and meeting people's needs**

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

- The provider understood the needs of its population and tailored services in response to those needs. The provider engaged with commissioners to secure improvements to services where these were identified.
- All four urgent treatment centres offered step free access and all areas were accessible to patients with reduced mobility.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service, including those who were included on local safeguarding registers. Care pathways were appropriate for patients with specific needs, for example those at the end of their life, babies, children and young people.
- The facilities and premises at all four sites 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 could access the UTC services either as a walk in-patient, via the NHS 111 service or by referral from a healthcare professional. Patients did not need to book an appointment.
- The home visiting out of hours service could only be booked through 111 calls.
- Patients were able to access care and treatment.
- King's College, Princess Royal and Queen Elizabeth Hospitals UTCs operated 24 hours a day, seven days a week. Beckenham Beacon UTC operated from 8am until 8pm seven days per week.
- The home visiting service operated 6:30pm until 8am on weekdays and 24 hours a day at weekends.
- The service used key performance indicators (KPIs) that had been agreed with its clinical commissioning group to monitor their performance and improve outcomes for people. The key target provided to the commissioners was the number of patients who were managed within four hours, with a target of 98%. The performance against this in the last year was as follows:
- At Kings College Hospital UTC, the service had discharged between 77% and 93% of patients inside four hours in the last year. The performance for this site had improved in the last three months once staffing levels had been addressed.
- At Queen Elizabeth Hospital UTC, the service had discharged between 84% and 97% of patients inside four hours in the last year.
- At Princess Royal Hospital UTC, the service had discharged between 85% and 97% of patients inside four hours in the last year.
- At Beckenham Beacon UTC, the service had discharged between 87% and 100% of patients inside four hours in the last year.
- The service had prioritised (through its streaming escalation protocol) providing an assessment of the patient in 20 minutes over the throughput of patients in four hours to protect patient safety.

## **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.

# Are services responsive to people's needs?

- The complaint policy and procedures were in line with recognized guidance. The service had a formalized system for capturing positive feedback, feedback and complaints. The service had received 147 complaints in the last year. We reviewed a sample of complaints and found that they were satisfactorily handled in a timely way. Learning from complaints was shared in a “blog” from senior managers at the service.
- Issues were investigated across providers, and staff were able to feedback to other parts of the patient pathway where needed. We saw complaints were jointly managed by the emergency departments with which two of the services were co-located where relevant.
- The service learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

# Are services well-led?

## Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

## Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service had developed a new set of vision and values for the unified provider under the umbrella of Totally PLC.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy.

## 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. Staff acknowledged that services had been busier and that at times more staff would help, but also that the services management had been proactive in trying to address these concerns.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The service shared learning with all staff on a weekly basis, the provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- 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 were supported when they were involved in a traumatic incident, complaint or investigation.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.

# Are services well-led?

- There were positive relationships between staff and teams.

## Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

## Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of MHRA alerts, incidents, and complaints. Leaders also had a good understanding of service performance against the national and local key performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local commissioners as part of contract monitoring arrangements.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The providers had plans in place and had trained staff for major incidents. We observed this during the inspection with an outage of the patient data and management system used at the Central Middlesex Hospital and Northwick Park Hospital sites.

## Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- 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

# Are services well-led?

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

- A range of staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- Staff were able to describe to us the systems in place to give feedback.
- 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.
- Staff knew about improvement methods and had the skills to use them.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There was a strong culture of innovation evidenced by the number of pilot schemes the provider was involved in. There were systems to support improvement and innovation work.

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 Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• The service was not meeting the target of initially clinically assessing all patients within 15 minutes at any of the four sites.</li></ul> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>