

Leicester City, Leicestershire and Rutland Out of Hours service

Inspection report

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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?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Leicester City, Leicestershire and Rutland Out-of-Hours Service on 20 and 21 December 2018 and 9 January 2019 as part of our inspection program. The service had not been previously inspected.

At this inspection we found:

- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- Some staff we spoke with said that were reticent to raise concerns for fear of repercussions.
- They also told us that the staffing levels in the home visiting and night nursing service did not always ensure that patients got seen in a timely manner.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.

- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients could access the out-of-hours service within an appropriate timescale for their needs.
- The service took patient feedback and experiences seriously, and had an effective system and process to gather patient views and act upon them where necessary.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The provider should;

- Review their systems to assure themselves that where sessional GPs used their own equipment, it was safe and appropriate.
- Review the infection prevention and control measures at Leicester Royal Infirmary.
- Review their process to ensure prescription security across all sites.
- Review the process to encourage staff to raise concerns and to feedback on the concerns raised.
- Review the on-call manager system to provide assurance to staff.
- Continue to review staffing levels of the home visiting service and night nursing service.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC inspector. The team also included three further CQC inspectors, a GP specialist advisor, a practice manager specialist advisor and two nurse specialist advisors.

Background to Leicester City, Leicestershire and Rutland Out of Hours service

Leicester City, Leicestershire and Rutland Out-of-Hours Service is provided by DHU Health Care C.I.C. and is based at Fosse House, 6 Smith Way, Grove Park, Enderby, Leicester, LE19 1SX.

The service provides out-of-hours GP services when GP practices are closed, that is between 6.30pm and 8am Monday to Friday and throughout weekends and bank holidays. The out-of-hours service is accessed by NHS111. There is also direct access for Healthcare Professionals via a Healthcare Professional Phone Line.

It also provides an in-hours acute home visiting service aimed at reducing the numbers of avoidable emergency admissions.

There is also a night nursing service to patients in their usual place of residence, enabling them to make choices, self-manage and maintain control over their quality of life.

The provider, DHU, also provides a clinical navigation hub at this location which was inspected as part of this inspection and provides the access into the home visiting service and night nursing service.

DHU is also the provider of the NHS111 service for Leicester, Leicestershire and Rutland and has a call centre within Fosse House, though generally calls are routed through its NHS111 call centres in Derby and Chesterfield. The NHS 111 service did not form part of this inspection.

The services cover the whole of Leicester City, Leicestershire and Rutland and are commissioned through various contracts with NHS Leicester City, NHS East Leicestershire and Rutland and NHS West Leicestershire clinical commissioning groups. The provider has run this service since April 2016.

In the current year the provider is expected to have more than 200,000 patient contacts which includes 90,000

clinical navigation hub contacts, 37,000 home visiting service, 6,000 night- nursing contacts, 14,000 out-of-hours contacts and 65,000 Loughborough Urgent Care contacts.

Out-of-hours GP face to face consultations are provided from six primary care centres at Leicester Royal Infirmary, Loughborough Urgent Care Centre, Hinckley and Bosworth Community Hospital, Fielding Palmer Hospital Lutterworth, Rutland Memorial Hospital Oakham and Coalville Community Hospital. Leicester Royal Infirmary, Loughborough Urgent Care Centre and Hinckley and Bosworth Memorial Hospital are open daily, the other three at times to meet predicted demand.

During this inspection we visited Fosse House and the primary care centres at Leicester Royal Infirmary, Hinckley and Bosworth Community Hospital and Loughborough Urgent Care Centre.

Depending on their needs, patients may be seen by a GP or practitioner at the service's primary care centres, receive a telephone consultation or a home visit. The service does not ordinarily accommodate walk in patients except at the Loughborough Urgent Care Centre.

The provider is registered to provide three regulated activities:

Treatment of disease, disorder or injury;

Transport services, triage and medical advice provided remotely;

Diagnostic and screening procedures;

Loughborough Urgent Care Centre is a location in its own right, as well as a primary care centre for the out-of-hours service and was inspected on the same day as this out-of-hours inspection took place. It is subject of a separate report.

Are services safe?

We rated the service as good for providing safe services.

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.
- Prevent training, (part of the UK's Counter Terrorism Strategy), formed part of the providers mandatory training requirements.
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was a system to manage infection prevention and control across all sites. However, at Leicester Royal Infirmary we saw there was a large sharps bin on the floor with an open top large enough for a child to put a hand into. The bin was full, splattered with blood and not dated. When we asked staff what the process was for raising this with University Hospitals Leicester, they didn't know.

- Facilities were safe and equipment supplied by the provider was maintained according to manufacturers' instructions.
- However, we found that at Leicester Royal Infirmary sessional GPs used their own equipment. There was no process in place for the provider to be assured that the equipment was safe and appropriate for use.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective system in place for dealing with surges in demand. There was a high reliance of agency staff but the provider was taking steps to reduce this dependence by encouraging some of these staff to become employees. At the time of the inspection, 51 new members of staff were in the process of joining the provider.
- There was an effective induction system for temporary staff tailored to their role. Some of the staff we spoke with told it was the best induction they had ever received.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need. Systems were in place to manage people who experienced long waits.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- Some staff that we spoke with expressed concerns about the reduction in staffing levels in the home visiting service and night nursing service. This meant that some patients had very long waits for care and treatment. The reduction in staffing levels was on the instruction of the commissioners and the provider was aware of the concerns of staff.

Information to deliver safe care and treatment

Are services safe?

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.

Appropriate and safe use of medicines

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

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, and controlled drugs and vaccines, minimised risks.
- The system of logging prescription stationery and monitoring its use at both Hinckley and Leicester Royal Infirmary did not provide assurance as to its security.
- Arrangements were in place to ensure medicines and medical gas cylinders carried in vehicles were stored appropriately.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. We saw evidence of letters sent to individual clinicians if their prescribing was not in line with current guidance.
- 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. However, we discussed with the provider a revised system to ensure they had clear oversight of medicines in bags that went out in vehicles.

- Palliative care patients could receive prompt access to pain relief and other medication required to control their symptoms.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system for receiving and acting on safety alerts.
- Joint reviews of incidents were carried out with partner organisations, such as the local A&E department, the ambulance service and NHS 111.

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. However, some staff we spoke with said that there was often no feedback on the incidents they reported.
- There were adequate systems for reviewing and investigating when things went wrong. We looked at eight significant events. The service learned and shared lessons, identified themes and acted to improve safety in the service.
- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.
- The provider took part in end to end reviews with other organisations. Learning was used to make improvements to the service.

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.
- The clinical navigation hub was staffed by a non-clinical supervisor who managed work-flow into and out of the hub and a mixed clinical workforce of GPs, advanced nurse practitioners, extended care practitioners and clinical pharmacists. Going forward it was hoped to strengthen the team by utilising autonomous nurse practitioners and mental health input.
- The hub had an average 6,800 contacts per month.
- The hub provided personalised advice, triage and an onward referral service, being responsive to patients' urgent health care needs when they were referred by NHS111.
- The hub also provided advice to healthcare professionals in the community to support decision making and help to avoid unplanned admissions.
- The hub provided advice to staff working in residential care homes during the time when GP practices were closed.
- 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 considered the needs of those whose circumstances may make them vulnerable.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. There was a system in place to identify frequent callers and patients with particular needs, for example palliative care patients, and care plans, guidance and protocols were in place to provide the appropriate support. We saw no evidence of discrimination when making care and treatment decisions.

- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

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

- The service used key performance indicators (KPIs) that had been agreed with its clinical commissioning groups to monitor their performance and improve outcomes for people. The service shared with us the performance data from April 2017 to October 2018 that showed:
 - 95.08% of people who arrived at the service completed their treatment within two hours where this had been the disposition. This was better than the target of 95%.
 - 98.97% of people who attended the service were provided with a complete episode of care within the six-hour timeframe, where this had been the disposition. This was better than the target of 95%.
 - 89.83% of people were seen at home with two hours where this had been the disposition. This was lower than the target of 95%.
 - 94.88% of people were seen at home with six hours where this had been the disposition. This was lower than the target of 95%.
- Where the service was not meeting the target, the provider had put actions in place to improve performance in this area. For example, we saw how a decision had been made to refer all dispositions for a two-hour home visit were now passed to the clinical lead to assess the appropriateness of the disposition.
- The service made improvements using completed audits of clinician's consultations. 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 service was actively involved in quality improvement activity. For example, through incidents. The service monitors performance against patient's outcomes through audit of end of life patients and admission to secondary care decisions.

Effective staffing

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

Are services effective?

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff, including agency 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.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. For example, we were provided with evidence that showed that the provider had taken positive steps to address sub-optimal performance and behaviours.

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.
- Staff communicated promptly with patient's registered GP's so that the GP was aware of the need for further action. Staff also referred patients back to their own GP 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 considered 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 and/or appointments for patients.

Helping patients to live healthier lives

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

- The service identified patients who may need extra support for example those living in disadvantaged circumstances and those with mental health issues.
- 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 patient 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 decide.
- The provider monitored the process for seeking consent appropriately.

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. Call handlers gave people who phoned into the service clear 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. For example, there was access to doctors authorised under Section 12 of the Mental Health Act and training for staff in mental health awareness.
- The results of the NHS Friends and Family Test and other feedback received by the service showed patients were positive about the service experienced.

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.
- 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 translation services.
- 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 decide.

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 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. The provider engaged with commissioners to secure improvements to services where these were identified.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. For example, alerts about patients being on the end of life pathway.
- Care pathways were appropriate for patients with specific needs, for example those at the end of their life, babies, children and young people.
- The facilities and premises were appropriate for the services delivered.
- The service was responsive to the needs of people in vulnerable circumstances and a member of staff was working to develop a communication aid to assist when dealing with patient or carers with a learning disability.

Timely access to the service

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

- The out-of-hours service operated from 6.30pm to 8am Monday to Friday and throughout Saturday, Sunday and public holidays. Opening times at the primary care centres varied except for Loughborough Urgent Care Centre which was open 24 hours a day.
- Patients accessed the out of hours service via NHS 111. The service did not generally see walk-in patients other than at Loughborough Urgent Care Centre, although we were assured that patients presenting with a clinical need would not be turned away.
- The service had a system in place to facilitate prioritisation according to clinical need where more serious cases or young children could be prioritised as they arrived. The reception staff had a list of emergency criteria they used to alert the clinical staff if a patient had an urgent need. The criteria included guidance on sepsis and the symptoms that would prompt an urgent response. The receptionists informed patients about anticipated waiting times.

- Waiting times, delays and cancellations were minimal and managed appropriately. Where people were waiting a long time for an assessment or treatment there were arrangements in place to manage the waiting list and to support people while they waited.
- The service engaged with people in vulnerable circumstances and took actions to remove barriers when people found it hard to access or use services.
- Patients with the most urgent needs had their care and treatment prioritised.
- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- The appointment system was easy to use.
- Referrals and joint working with other services were undertaken in a timely way. For example, the service had dedicated telephone lines for the use of healthcare professionals.

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. 97 complaints had been received since April 2017. We reviewed five complaints and found that they were satisfactorily handled in a timely way.
- Issues were investigated across relevant providers, and staff could feedback to other parts of the patient pathway where relevant.
- The service learned lessons from individual concerns and complaints and from analysis of trends. A monthly meeting was held to discuss and review complaints.
- Where complaints regarded clinicians, they were dealt with by the clinical director and then the Clinical Governance Board.
- Trends and themes from complaints was circulated quarterly to all staff using the rota management system.
- The service acted to improve the quality of care because of thorough complaints investigation and analysis.

Are services well-led?

We rated the service as good for leadership.

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 on-call system that staff could use. However, during one of the focus groups we held with staff, we were told that no mobile telephone numbers were provided for their line managers and communications had to be made through email. One member of staff told us that on one occasion it had taken 30 minutes to contact the on-call manager and when they did respond they asked what they wanted them to do about the problem.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy.
- The provider ensured that staff who worked away from the main base felt engaged in the delivery of the provider's vision and values.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. We were provided with detailed evidence of how they had dealt with such issues including the use of independent consultants.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Generally, staff we spoke with told us they could raise concerns, however some staff we spoke with said they feared repercussions if they spoke up.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. The provider was on target to ensure that all staff who were eligible received an annual appraisal in the year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- There was an effective and clear management structure with well-defined lines of management and responsibility.

Are services well-led?

- Governance at local level was well supported and augmented at provider level by a very experienced board and senior managers.
- 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 key performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the commissioning CCGs as part of contract monitoring arrangements.

Regular and systematic audit of clinician's consultations 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 for major incidents.

The provider had implemented service developments and efficiency changes at the request of the commissioners which had resulted in a decrease in the number of staff and vehicles available to the home visiting service. There was no evidence that these changes had been implemented only after there had been input from clinicians to

understand their impact on the quality of care. Some staff we spoke said the changes had resulted in detrimental effect on waiting times for patients and increased the workload.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service used information technology systems to monitor and improve the quality of care.
- The service submitted data or notifications to external organisations as required.
- There were effective 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.
- The provider employed an external survey company to undertake monthly feedback surveys with patients. These surveys covered all the services provided, namely the clinical navigation hub, home visiting service and out-of-hours treatment centres.
- We looked a sample of the reports on their findings: For example, we saw that between March and June 2018, 91% of patients surveyed rated their satisfaction with the Coalville care centre as 'very good' or excellent.
- A thorough breakdown of all survey responses from all care centres, clinical navigation hub and the

Are services well-led?

out-of-hours home visiting services was prepared and any areas requiring investigation or improvement were clearly highlighted and actioned. The findings of the surveys were presented at the monthly Patient and Public Involvement sub-committee.

- We also saw that the provider also sought its own feedback through the Friends and Family reporting process. Again, the results from these surveys were presented to the Patient and Public Involvement sub-committee.
- In addition to the monitoring that took place, at every monthly meeting of the DHU Urgent Care (LLR) Board, a 'patient story' was presented. The purpose was to bring to the attention of the board events that had occurred and to identify improvements that could be made and make recommendations as a result.
- There was a patient engagement group that met every two months. All the participants were members of their own GP practice patient participation group. They helped promote the understanding of the complex array of services to the wider public and had been involved in some service re-design work such as the GP extended hours hubs and logo re-design.
- Staff could describe to us the systems in place to give feedback through regular meetings, use of the Datix incident reporting system, and speaking personally to managers.

- Staff who worked remotely were engaged and able to provide feedback through regular meetings at all levels.
- 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.
- The provider had recognised the current usage of locum and agency staff across the services was high, at around 50% of total nurse hours and a much lower figure of 10-15% weekly for GPs. The provider was taking positive steps to convert these workers into DHU employed staff.