

# Humber NHS Foundation Trust

## Quality 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 service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Humber NHS Foundation Trust Out of Hours (OOH) services on the 22 April 2016. We reviewed the services at East Riding Community Hospital and Goole primary care centre where these services are based. Overall the service is rated as good.

Our key findings across all the areas we inspected were as follows:

- All staff were encouraged and supported to record any incidents. There was evidence of good investigation, learning and sharing mechanisms in place.
- There was a clear leadership structure and a stable workforce in place. Staff were aware of their roles and responsibilities and told us the GPs and managers were accessible and supportive.
- Risks to patients were assessed and well managed. There were good governance arrangements and appropriate policies in place.

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The primary care centre had excellent facilities and was well equipped to treat patients and meet their needs.
- Vehicles used for home visits were clean, well maintained and equipped.
- The practice had good facilities and was well equipped to treat and meet the needs of patients.
- There was a complaints policy and clear information available for patients who wished to make a complaint.
- The practice sought patient views how improvements could be made to the service, through the NHS Friends and Family Test.
- The ethos of the practice was to deliver good patient centred care.
- The service was aware of and complied with the requirements of the duty of candour (being open and transparent with people who use the service, in relation to care and treatment provided).

# Summary of findings

However, there were areas of practice where they should make improvements:

- Review the provision of signage inviting patients to request a chaperone.
- Review chaperone training for staff. .
- Review the provision and signage re complaints and health information in the waiting areas of the OOH facility.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- Risks to patients were assessed and well managed.
- There was a nominated lead and systems in place for reporting and recording significant events. Lessons were shared to ensure action was taken to improve safety in the practice.
- All staff were encouraged and supported to record any incidents.
- Systems were in place to keep patients and staff safeguarded from abuse. There was a nominated lead in place for both safeguarding children and adults.
- There were processes in place for safe medicines management.
- GPs visiting patients in their home were accompanied by a driver, who stayed in the vehicle whilst the GP attended the patient.
- Governance processes ensured that each call to the service was recorded and that patient records were updated correctly.
- Vehicles used to take clinicians to patients' homes for consultations were well maintained, cleaned and contained appropriate emergency medical equipment.
- Emergency equipment held at the service locations was maintained and checked regularly

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- There was evidence of clinical audit, clinical supervision and reflective feedback processes for all clinical staff to ensure the delivery of high quality patient care.
- Staff received training relevant to their roles and were up to date with all mandatory training.
- The service worked closely with patients' own GPs and information was shared with the out of hour's service.

### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- The practice had a strong patient-centred culture and we observed that staff treated patients with kindness, dignity, respect and compassion.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality at all times.
- Chaperones were available for those patients who requested one however we noted that the signage was omitted from the waiting area and consultation rooms. We also noted that key staff did not have chaperone training.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The provider undertook continuous engagement with patients to gather feedback and held patient and public involvement events to source suggestions for improvements. Changes were considered to the way it delivered services as a consequence of this feedback. Patient satisfaction, patient safety, friends and family test results and Healthwatch information were also discussed.
- The service understood the needs of the population it served and engaged with local Clinical Commissioning Groups to provide services that were responsive to the needs of the population.
- Plans were developed by the patient's GP and shared with the out of hours GP service for clinically high demand patients including patients with long term conditions and complex health needs. Special notes were used to record relevant information about patients.
- Information about how to make a complaint if you were unhappy with the service and how to access PALS (Patients Advice Liaison Service) information was available on the web site and via leaflets in the main area of the hospital. However we found this could be improved in the OOH waiting area.

Good



## Are services well-led?

The practice is rated as good for being well-led.

- There was a clear leadership structure and a vision and strategy to deliver high quality care and promote good outcomes for patients.

Good



# Summary of findings

- There were governance arrangements which included monitoring and improving quality, identification of risk, policies and procedures to minimise risk and support delivery of quality care.
- The provider was aware of and complied with the requirements of the duty of candour (being open and transparent with people who use the service, in relation to care and treatment provided). There were systems in place for being aware of notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- There was a strong focus on continuous learning and improvement at all levels, staff were encouraged to continually learn and develop their skills.

# Summary of findings

## What people who use the service say

From the GP Patient Survey published in January 2016 (collected during January 2015 to March 2015 and July 2015 to September 2015) showed that patients' satisfaction with how they could access care and treatment was comparable with or above the England average. For example:

- 67% of patients in NHS East Riding of Yorkshire Clinical Commissioning Group (CCG) and 66% NHS Hull CCG felt they received care quickly from the Out-of-Hours GP service compared to the England average of 62%
- 87% of patients in NHS East Riding of Yorkshire Clinical Commissioning Group (CCG) and 84% NHS Hull CCG said they had confidence and trust in the Out-of-Hours GP service clinician they saw or spoke with, compared to the England average of 86%

- 70% of patients in NHS East Riding of Yorkshire Clinical Commissioning Group (CCG) and 70% NHS Hull CCG described their experience as good overall compared to the England average of 67.0%.

The results of the most recent NHS Friend and Family Test (March 2016) showed that Out of 547 Family and Friends responses 93% of patients would recommend the service.

We invited patients to talk with us on our visit unfortunately the patients visiting the OOH during the evening declined our invitation.

# Humber NHS Foundation Trust

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

The team was led by:

**Chair:** Dr Paul Gilluley, Head of Forensic services at East London Foundation Trust and CQC National Professional Adviser

**Head of Inspection:** Jenny Wilkes, Care Quality Commission.

**Team Leader:** Patti Boden, Inspection Manager (Mental Health) Care Quality Commission.

Cathy Winn, Inspection Manager (Acute) Care Quality Commission.

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, and 2nd CQC inspector.

closed. Patients who require the services of a GP out of hours are diverted to the OOH service by the telephone system at their own GP surgery, or by ringing the out of hours service directly. The clinic also receives electronic (computerised) prompts and

information from the NHS 111 service. Any patient in the area that has called 111, and who has been assessed by that service as needing to see a GP, will have their computerised details sent immediately to the clinic. The GP on duty contacts these patients to arrange an appointment at the clinic, or to arrange a home visit.

Care is delivered by doctors (experienced general practitioners), First Contact Practitioners (FCP) who are advanced nurse practitioners who have undertaken additional training in order to provide high quality care in the out-of-hours period and community nurses. For patients to access this service they are asked to call NHS 111.

The service operates Monday to Friday 6pm to 8am, weekends and bank holidays 24 hours.

Humber NHS Foundation Trust serves a population catchment area of approximately 600,000. Patients access the Out-of-Hours service by telephoning the NHS 111 service, where their medical need is assessed based on the symptoms they report when they call. If patients need to be seen by a clinician, appointments are booked directly at the most convenient primary care centre, or a home visit requested. The timing of appointments is prioritised according to patient need.

## Background to Humber NHS Foundation Trust

### Background

Humber NHS Foundation Trust is an integrated community and acute trust providing healthcare across Hull and surrounding areas.

An out-of-hours service is provided as part of Humber NHS Foundation Trust services. The out-of-hours service provides urgent medical and health care for patients in the East Riding during the period when doctor's surgeries are



# Detailed findings

The services are provided from the following four hospital trust sites and primary care centres based in Beverley, Bridlington, Goole and Hedon. In February 2016 the out of hours service dealt with 2464 patients.

Humber NHS Foundation Trust have various lead roles across all of their locations including a clinical lead for Out-of-Hours, service leads, data protection lead, director on call Caldicott guardian, infection control lead, medicines lead and safeguarding leads for both adults and children.

Humber NHS Foundation Trust have various lead roles across all of their locations including a clinical lead for Out-of-Hours, service leads, infection control lead, medicines lead and safeguarding leads for both adults and children.

## Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014

## How we carried out this inspection

We carried out an announced visit at East Riding Community Hospital and Goole primary care centre on 22 April 2016. The purpose of the inspection was to report on the GP Out-of-Hours service provided by Humberside NHS Foundation Trust.

Before visiting, we reviewed a range of information we held about the out of hours service and asked other organisations to share what they knew about the service. We also reviewed information that we had requested from the provider and other information that was available in the public domain.

We also reviewed policies, procedures and other relevant information the practice provided during and after the day of inspection.

During our visit we:

- Visited GP OOH service based at East Riding Community Hospital and Goole Primary Care Centre.
- Spoke with members of the Executive Team responsible for the OOHs care for the trust.
- Spoke with a range of clinical and non-clinical staff including GP's, FCP's, technicians and receptionist.
- We conducted a tour of two sites and looked at vehicles used to transport clinicians to consultations in patients' homes.
- We reviewed a range of information made available to us.
- Observed in the reception area how patients/carers/ family members were treated.
- Looked at templates and information the practice used to deliver patient care and treatment plans.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us that they reported the incidents and events including concerns regarding patient safety or any other incidents.
- The provider carried out an analysis of the incidents reported.
- Incidents were reviewed at the weekly significant events meetings. Incidents were investigated by the clinical governance lead and discussed with the Clinical Commissioning Group quality leads.
- Staff spoken with told us that they received feedback on incident reports and they were able to give examples of shared learning.
- There was an open and transparent approach to safety. All staff were encouraged and supported to record any incidents. There was evidence of good investigation, learning and sharing mechanisms in place.

### Overview of safety systems and processes

The Trust had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements to safeguard adults and children from abuse, this reflected relevant legislation. Local requirements and policies were accessible to all staff. Clear information was available outlining who to contact for further guidance if staff had concerns about a patient's welfare. Flowcharts were available to guide staff when making a referral and contact numbers were easily accessible. Staff were supported by named safeguarding leads for children and adults. A process was in place to review each safeguarding referral made. Staff spoken with demonstrated they understood their responsibilities and had received training relevant to their role.
- Appropriate standards of cleanliness and hygiene were followed. We observed that the two hospital sites, we visited, were visibly clean and tidy. There was an infection control clinical lead who was responsible for

carrying out the infection control audits. Annual infection control audits were completed at all centres where patients were seen. Action plans had been put in place to rectify any issues identified.

- We looked at three vehicles used to take GPs to consultations in patients' homes. We saw these were clean and well maintained. Driving staff told us that they cleaned the vehicle inside with sanitizing wipes on a daily basis and every two weeks the vehicle was thoroughly cleaned by an external company. Personal protective equipment, sanitizing wipes and sharps boxes were available.
- Sharps bins were stored in places where they would not be knocked over. We checked how sharps (needles) were carried in vehicles. We found sharps boxes suitable for use in vehicles, for example, sealed and small in size to ensure they were safely disposed of after each shift. Throughout the clinic we found accessible stocks of plastic aprons and gloves; gloves were also carried in each of the vehicles used by the service. We found drivers had also been trained in infection control procedures. An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection.
- A designated pharmacist took overall responsibility for medicines management for the OOH services. They monitored the usage, storage and supply and monitoring of medication at each primary care site. Controlled drugs (CD) were held and appropriate registers were in place, we viewed CD registers at two of the sites we visited. CDs were stored in a locked safe. The safe was biometrically controlled. We also observed a locked cabinet for the storage of CDs for use on home visits. There was a robust process for the transfer of CD stock into vehicle stock which was only accessible to clinicians and for the tracking of the administration to patients.
- Support staff were responsible for the control and security of blank prescriptions and ensured they were recorded when issued or replenished back into stock, this system allowed all prescriptions to be tracked.
- We discussed recruitment with staff and confirmed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with appropriate

# Are services safe?

professional body and the appropriate checks through the Disclosure and Barring Service. The provider checked that GPs were on the performers list and had the necessary indemnity insurance to cover out of hours work.

## Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The provider had up to date fire risk assessments. The provider had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control, legionella and the testing of electrical and clinical equipment.
- The management team were responsible for planning and monitoring the number of staff needed to meet patients' needs including GPs, FCP's and support staff. The Trust reviewed the activity at each site against the national quality requirements.
- We saw all clinical equipment was regularly calibrated to ensure the equipment was in good working order.

- There were arrangements

## Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents. We saw:

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff were up to date with fire and basic life support training.
- There was emergency equipment available at each site, which included a defibrillator. Emergency medicines were stored in a secure area which was easily accessible for staff. All the medicines and equipment we checked were in date and fit for use.
- The practice had an effective accident/incident recording and reporting system in place.

The practice had a business continuity plan in place for major incidents such as power failure or building damage.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The provider had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. The staff received updates from NICE and updated policies, procedures and clinical standards accordingly. The clinical directors determined what information needed to be included in staff updates.
- During our inspection we were told that all clinical staff were able to access the British National Formulary (BNF) and Toxbase (data base relating to poisons and overdoses) on an intranet. BNF's had been provided for all prescribers and we also saw evidence of up to date BNF manuals in the treatment rooms and vehicles we inspected. We were told during our inspection that site visit medication audits were carried out to ensure processes within the primary care centres were being followed correctly including security, storage and control of medicines and controlled drugs. We saw evidence of these audits. We also saw evidence of regular audits which had been carried out on medicines bags located in vehicles used for home visits.

### Management, monitoring and improving outcomes for people

The provider was monitored against the National Quality Requirements (NQRs) for Out-of-Hours providers that capture data and provide a measure to demonstrate that a service is safe, clinically effective and responsive. The provider is required to report on a monthly basis on these to the Clinical Commissioning Groups. We looked at the National Quality Requirements (NQRs) for Out-of-Hours GP services and found that where there had not been full compliance this was reviewed and discussed at committee and board meetings.

We looked at the processes in place for clinical audit. Clinical audit is a way to find out if the care and treatment being provided is in line with best practice and it enables

providers to know if the service is doing well and where they could make improvements. The aim is to promote improvements to the quality of outcomes for patients. A number of audits had been completed in the last two years and these demonstrated improvements to the care and treatment provided to patients. For example audits had been carried out on sore throats assessment and treatment and prescribing of antibiotics.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence we reviewed showed:

- The provider had an induction programme for newly appointed members of staff that covered such topics as integrated clinical governance, information governance, fire safety, health and safety and equality and diversity. Staff then completed an induction and probationary period appropriate to their job role.
- The provider also had a mandatory training programme that covered topics such as basic life support, safeguarding adults and children and infection prevention and control. Staff that we spoke with told us that they had received this training.
- The learning needs of staff were identified through ongoing assessments and meetings and a system of appraisals was in place for example, all First Contact Practitioners (FCPs) received their appraisal from the clinical lead of the OOH services. Personal objectives and training and development plans were developed and reviewed annually or more frequently if required. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work.
- All GPs were audited on the quality of their clinical practice including face to face and telephone consultations.
- All technicians were drivers of the out of hours vehicles and were required to undertake a driving assessment. Regular driving licence checks were carried out.

### Coordinating patient care and information sharing

- The information needed to plan and deliver care and treatment was available to clinical staff in a timely and accessible way through the practice's summary care records, special patient notes (created by the patient's

# Are services effective?

## (for example, treatment is effective)

own GP and shared with the out of hours provider). This included risk assessments, care plans, medical records, and investigation and test results. Systems were in place to ensure that the information following consultations was sent to the patient's own GP before the practice opened the following day.

- The GP consultation was recorded on the Adastra system (patient management system), automatically sending full consultation details to the patient's GP allowing patients to have a seamless experience.
- The provider shared relevant information with other services in a timely and effective way and worked with other health and social care services.

### Consent to care and treatment

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, such as the Mental Capacity Act 2005. Patients' consent to care and treatment was sought in line with these. Where a patient's mental capacity to provide consent was unclear, the GP assessed this and, where appropriate, recorded the outcome of the assessment.

When providing care and treatment for children 16 years or younger, assessments of capacity to consent were also carried out in line with relevant guidance, such as Gillick competency. (This is used in medical law to decide whether a child is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.)

- The special notes, held on the patient management system, recorded patients' wishes regarding care and treatment and recorded the patient's consent to certain decisions, for example, 'do not attempt cardiopulmonary resuscitation' (DNACPR) care plans.

### Supporting patients to live healthier lives

We saw observed that there was a variety of health information accessible in the main hospital; however in the waiting area for the OOH service information was limited. There is limited access to the main hospital when the OOH service is in session. We discussed this with the management team who told us that they would improve access to health information leaflets available in this area.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

Out of 547 Family and Friends responses 93% of patients would recommend this service (March 2016)

GP Patient Survey published 2016 results showed that patients had 87% and trust in GP/FCP compared to England average of 81% confidence

During our inspection we observed that:

- Members of staff were courteous and helpful to patients and treated them with dignity and respect.
- There was a private room should patients want to discuss sensitive issues or appeared distressed.
- Curtains were provided in consulting and treatment rooms to maintain the patient's dignity during examinations, investigations and treatment.
- Doors to consulting and treatment rooms were closed during patient consultations and that we could not hear any conversations that may have been taking place.
- The Trust had a chaperone policy in place and all staff had access to this. The Chaperones were available for

those patients who requested one however we noted that the signage was omitted from the waiting area and consultation rooms. We also noted where that some key staff did not have chaperone training.

### Care planning and involvement in decisions about care and treatment

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Clinicians made appropriate use of special notes from the patients' usual GP during consultations. Special notes are a way in which the patient's usual GP can raise awareness about their patients who might need to access the out-of-hours service, such as those nearing end of life or with complex care needs and their wishes in relation to care and treatment.

### Patient and carer support to cope emotionally with care and treatment

We found the service to be sensitive of patient needs and worked proactively to deliver care that supported them. For example working with other services to develop continuity of care between trust services and the local NHS Mental Health Trust to support patients with mental health needs who contacted the service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The provider worked with the local Clinical Commissioning Groups (CCG's) to plan services and to improve outcomes for patients in the area. Monthly monitoring meetings and Clinical Governance meetings were held. The provider was able to identify if patients from any particular GP practice accessed the service more than others and reported this to the CCG.

Services were planned and delivered to take into account the needs of different patient groups to help provide flexibility, choice and continuity of care. For example:

- We visited locations and found that the premises were suitable for patients with disabilities. Disabled toilet facilities were available at all three locations.
- Baby changing facilities were available at all locations we visited.
- At one location, patients could use an intercom system at the main entrance to alert the receptionist of their arrival, the secured doors automatically opened for patients to enter. We saw that the intercom was at a lower level to allow patients in wheelchairs to use this facility.
- Access to the service was through the NHS 111 telephone service. Staff we spoke with told us that patients who came as a walk-in were encouraged to use this number to ensure patients could be assessed. However, provision was made for patients to be assessed by a clinician if their needs were urgent. We were told by GPs that all patients would be seen.
- Home visits were available for older patients and patients who would benefit from these including those receiving end of life care.
- Systems were in place to electronically record additional information for patients with complex health and social care needs or may be at risk to themselves or others; or cannot manage their healthcare themselves. The information was available to clinicians at the time the patient or their carer contacted the Out-of-Hours GP service and assisted the clinicians to safely meet the needs of these patients.

- Special notes were used to record relevant information for patients such as frequent callers, children subject to child protection plans, patients who are known to be violent or the location of medicines in a patient's home.

### Access to the service

The service operates Monday to Friday 6pm to 8am, weekends and bank holidays 24 hours.

Patients accessed the Out-of-Hours service by contacting the NHS 111 service. Calls from NHS 111 were triaged by GPs and FCPs. Patients who needed to be seen were allocated an appointment or allocated a home visit. Patients could also receive a telephone consultation with a clinician. These locations were within local hospitals and other health care settings.

The Trust's self-assessed performance against the national quality requirements (NQR) indicated that the results were consistently positive with the exception of completing a less urgent visit within 6 hours were they were non-compliant in November 2016. This has since improved.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for Out-of-Hours GP services in England. There was a designated person who handled all complaints for East Cheshire NHS trust.
- Information about how to complain was on the organisation's website. Patients who made a complaint were sent a copy of complaints leaflet, which was available in a number of different languages.
- Information about how to make a complaint if you were unhappy with the service and how to access PALS (Patients Advice Liaison Service) information was available on the web site and via leaflets in the main area of the hospital. However in the waiting area for the OOH service we did not see any complaints information. There is limited access to the main hospital when the OOH service is in session. We discussed this with the management team who told us that they would improve information about how to make a complaint and access PALS.



# Are services responsive to people's needs?

(for example, to feedback?)

- We looked at the summary of complaints for this period. We found that these had been satisfactorily handled, demonstrated openness and transparency and dealt with in a timely manner. All of the complaints had been investigated, actioned, and learnt from. The action taken included individual reflection as well as wider learning with issues communicated throughout the service, and audits undertaken.
- The level of complaints regarding the Out-of-Hours service was low. The service had received 12 complaints in the last 12 months, which equated to 0.03% of patient contacts with the service.
- There was information displayed on the web site and in the hospital generally regarding the hospital complaints system however the waiting area for OOH had a separate entrance from the main hospital and there was no information for patients to help signpost a patient or help them understand the complaints system.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The provider had a clear mission statement to provide high-quality, integrated services delivered by highly-motivated staff. Following staff engagement the provider had developed a set of core values covering key areas, Putting the needs of others first, acting with compassion at all times, continually seeking improvement and aspiring to excellence. Staff we spoke with were able to demonstrate they were aware of the mission statement and the values.

There was a strategic plan in place to achieve the mission statement and core values. The board objectives; covered patients, people partnerships and resources. The overall strategy was to ensure the provider continually improves the quality of their services to ensure they are safe, effective, responsive and well-led. There were robust systems in place to monitor that the objectives were being met.

### Governance arrangements

The provider had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a strong and clear management structure in place, senior staff were very experienced and knowledgeable and worked as an integral part of the team. Both the Board and executive team displayed high values aimed at improving the service and patient experience.
- There was a clear staffing structure in place and staff were aware of their own roles and responsibilities. Staff were encouraged to continually develop their skills and knowledge.
- Provider specific policies were implemented and were available to all staff electronically across all locations.
- Comprehensive review and oversight of the service was carried out.
- A programme of continuous clinical and internal audit was in place which was used to monitor quality and to make improvements.

- A programme of continual appraisal, clinical supervision and performance management was in place to ensure a high level of patient care was delivered.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

There was a clear leadership and management structure in place. The executive team were supported by the board of non-executive directors who were very experienced and had diverse professional backgrounds and knowledge. Both the Board and executive team displayed high values aimed at improving the service and patient experience and were taking positive steps to remind and re-enforce those values with all staff.

Throughout the inspection we found the service encouraged a culture of openness and honesty and were prepared to learn from incidents, complaints and near misses, we found all staff welcoming during our inspection. The leadership of the service was visible.

The provider ensured that GPs and FCPs were involved in revalidation, appraisal schemes and continuing professional development. All clinical staff received a high level of continual clinical supervision and audit of their competencies. There was evidence that staff had learnt from incidents, staff were given additional support if needed and there was evidence of shared learning between staff.

Non-clinical staff were supported by operational managers and a service manager. Staff told us that they were invited to attend monthly team meetings and had the opportunity to raise any issues at these meetings; staff also received copies of meeting minutes. Staff told us they felt supported by the management team.

The Trust was aware of and complied with the requirements of the Duty of Candour. (Duty of Candour means health care professionals must be open and honest with patients when something goes wrong with their treatment or care which causes, or has the potential to cause, harm.) There was a culture of openness and honesty in the practice. There were systems in place for being aware

# Are services well-led?

Good 

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

of notifiable safety incidents. We were informed that when there were unexpected or unintended safety incidents, patients affected were given reasonable support, truthful information and a verbal and written apology.

## Seeking and acting on feedback from patients, the public and staff

The provider encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- Patients were offered the opportunity to complete the NHS Friends and Family Test and the results analysed every month.

- Patient feedback was obtained through routine patient experience surveys. On the whole the 2016 GP Patient Survey results generally show that the majority of people using the service had confidence and trust in the OOH service

## Continuous improvement

Humberside NHS Foundation Trust worked collaboratively with other providers to monitor and improve the service.

There was a clear focus on continuous learning and development at all levels within the organisation. This included training programmes for staff, being involved in local schemes to improve outcomes for patients and having representation on the CCG's and provider boards