

East Cheshire NHS Trust Out of Hours Service

Quality Report

Macclesfield District General Hospital
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Date of inspection visit: 26/27 February 2016

Date of publication: 13/05/2016

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 at Macclesfield District General Hospital on 26 and 27 February 2016. We also inspected Leighton Hospital and Northwich Victoria Infirmary sites. Overall the service is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Staff knew how to and understood the need to raise concerns and report incidents.
- Risks to patients were assessed and managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Complaints were investigated and patients responded to with an apology and explanation of action taken.
- Patients said they found it easy to make an appointment and they were offered an appointment at a convenient location..
- The locations 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.
- There was a clear leadership structure in place and most staff felt supported by the senior management team.
- The provider proactively sought feedback from staff and patients, which it acted on.
- There were innovative approaches to providing integrated person-centred care. Special notes were used to record relevant information about patients including nearing end of life and those with complex health needs..
- There were safeguarding systems in place for both children and adults at risk of harm or abuse.
- There was clinical supervision and appraisal processes in place for all clinical roles including regular audit of individual's clinical practice and reflective feedback.
- The provider was aware of and complied with the requirements of the Duty of Candour.

Summary of findings

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 provider is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording incidents and significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- The service had clearly defined systems, processes and practices in place to keep patients safe from harm and abuse. Staff understood their responsibilities and had received training relevant to their role.
- The provider had systems in place to ensure that people seeking to work at East Cheshire Trust out of hours service were appropriately recruited and vetted to ensure their eligibility and suitability for their role.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from harm and abuse.
- Risks to patients were assessed and managed.
- 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 provider is rated as good for providing effective services.

Good



- Our findings at East Cheshire NHS Trust out of hours service showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- 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.

Summary of findings

- The service worked closely with patients' own GPs and information was shared with the out of hour's service.

Are services caring?

The provider is rated as good for providing caring services.

- Data showed that patients rated the service similar to or above others in relation to the care they received.
- Patients said they were treated with dignity and respect by helpful, polite and caring staff. Patients were satisfied that they were involved in decisions about their care and treatment.
- 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.

Good



Are services responsive to people's needs?

The provider 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.
- Patients said they found it easy to make an appointment and were offered appointments at a time and location that was convenient for them.
- Information about how to complain was available and easy to understand. Evidence showed that the service responded quickly and sensitively to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Good



Summary of findings

- The provider had a clear vision and strategy in place to deliver a safe service.
- The service was responsive to feedback and used performance information to support service redesign and development.
- The views of patients were taken into account and acted upon through active public engagement.
- The provider had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance and performance management framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The senior management team encouraged a culture of openness and honesty. The service had systems in place to record and manage safety incidents and ensured this information was shared with staff and 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

Results 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:

- 68.7% of patients in Eastern Cheshire Clinical Commissioning Group (CCG) 66.4% in the South Cheshire CCG and 76.2% in the Vale Royal felt they received care quickly from the Out-of-Hours GP service compared to the England average of 61.9%.
- 91.3% of patients in Eastern Cheshire CCG, 90.6% in South Cheshire CCG and 87.7% of patients in Vale Royal 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 86.2%.
- 77.5% of patients in Eastern Cheshire Clinical Commissioning Group (CCG) 74.8% in the South Cheshire CCG and 68.7% in the Vale Royal described their experience as good overall compared to the England average of 67.0%.
- As part of our inspection we spoke with seven patients during the inspection and contacted patients who had used the service via healthwatch. All of the patients told us that they were happy with the care they received and thought staff were caring and professional.

East Cheshire NHS Trust Out of Hours Service

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor.

Background to East Cheshire NHS Trust Out of Hours Service

East Cheshire NHS Trust is an integrated community and acute trust providing healthcare across central and eastern Cheshire and surrounding areas.

The out-of-hours service provides assessment, advice and treatment for urgent healthcare needs outside of GP surgery opening hours.

The service has two teams - the South and Vale Royal service, which is based at Leighton Hospital, and the East service, which is based at Macclesfield District General Hospital. Additionally, appointments are available at Handforth Community Centre, Congleton War Memorial Hospital Minor Injuries unit and Knutsford Community Hospital.

Patients contact the out-of-hours service based at Macclesfield and Leighton hospitals via NHS 111.

Patients will be asked basic information by a call handler. Patients will be then called back based on urgency of need and any necessary advice, appointments will be provided in addition to arranging GP advice and home visits.

The service operates Monday to Thursday 18:30 to 08:00; Friday 18:30 to Monday 08:00; bank holidays 24 hours.

East Cheshire NHS Trust East Cheshire NHS Trust serves a population catchment area of approximately 450,000. 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.

In 2015 East Cheshire out of hours service saw an average of 1,150 patients a week.

The services are provided from the following hospital trust sites and primary care centres:-

Eastern Cheshire, Macclesfield District General Hospital, Victoria Road, Macclesfield.

Knutsford Community Hospital, Bexton Road, Knutsford, Cheshire.

Congleton War Memorial, Canal Road, Congleton, CW12 3AR

Central Cheshire (Crewe), Leighton Hospital, Middlewich Road, Crewe, Cheshire, CW1 4QJ.

Central Cheshire (Northwich), Northwich Victoria Infirmary, Winnington Hill, Northwich, Cheshire, CW8 1AW.

Handforth Community Clinic, Wilmslow Road, Handforth, Cheshire, SK9 3HL

East Cheshire Trust provides the out of hours for 3 Clinical Commissioning Groups (CCG's), **NHS Eastern Cheshire CCG**, NHS South Cheshire CCG and NHS Vale Royal CCG.

Detailed findings

At the time of our inspection the trust was having difficulty, on occasions, in staffing the out-of-hours night shift at Leighton Hospital.. However, the frequency of the difficulty was increasing and was impacting on patients and other providers of urgent care. Recruitment to the out-of-hours service in the South and Vale Royal team was more difficult than within the East team, and there were more “ad hoc” sessions being provided. The trust’s chief executive confirmed that conversations had taken place and were on-going with NHS England and Mid-Cheshire NHS Foundation Trust to look at a different model for the out-of-hours service. The plan was for the service to be more integrated with urgent care.

An urgent care business case had been developed with health and social care partners. The key focus for the trust was the integration of the current out-of-hours service with the emergency department at Mid-Cheshire NHS Foundation Trust. Closer integration was considered the best way forward and, if accepted by commissioners, would result in the transfer of the out-of-hours service.

The East Cheshire NHS 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.

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 Macclesfield General Hospital, Leighton Hospital and Northwich Victoria Infirmary sites on 26 and 27 February 2016. The purpose of the inspection was to report on the GP Out-of-Hours service provided by East Cheshire NHS 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. During our inspection we:

During our inspection we:

- Visited during the evening of 26 February 2016 Macclesfield General Hospital and Leighton Hospital.
- Visited Northwich Victoria Infirmary on 27 February 2016
- Spoke with members of the East Cheshire NHS Trust Board and Executive Team
- Spoke with a range of clinical and non-clinical staff including nurse practitioners, receptionist/health care assistants, drivers, GPs and administrative staff.
- We spoke with 7 patients who used the service.
- We conducted a tour of three sites and looked at vehicles used to transport clinicians to consultations in patients’ homes.
- We reviewed a range of information made available to us.

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 via the electronic system.
- The provider carried out an analysis of the incidents reported.
- Staff spoken with told us that they received feedback on incident reports and they were able to give examples of shared learning.
- No significant events had been reported between October 2014 and September 2015 for the Out-of-Hours GP service. However meeting minutes indicated that there had been several “incidents” in the last 12 months for example breaches to staffing levels, missing controlled drugs and incorrect classification of calls that had been recorded as incidents rather than significant events. We saw that all these events were investigated and classification of the event was reviewed in line with trust policy.
- Incidents were reviewed at the monthly Urgent Care Safety Quality and Standards Sub-committee meeting. Incidents were investigated by the clinical governance lead/deputy lead and discussed with the Clinical Commissioning Group quality leads.
- Learning from incidents was shared with individual staff as required and with all staff updates.

• 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 that 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. The safeguarding leads attended regular safeguarding meetings when possible and always provided reports where necessary for other agencies including reports for the Trust Board. 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.

- Special notes were used to identify if children were at risk, for example children on child protection plans, or were vulnerable adults, for example residing in a care home or patients with a learning disability. Systems were also in place to report concerns to health visitors or school nurses for further assessment. The safeguarding leads monitored all referrals for trends, such as within care homes, or if the frequency of contact for a frequent caller increases, which may indicate increased vulnerability.
- Appropriate standards of cleanliness and hygiene were followed. We observed that the three 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. Information about infection control updates was included in the clinical update newsletter. We looked at two 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. Personal protective equipment, sanitizing wipes and sharps boxes were available. We were told that driving staff did not receive infection control training.
- There was a lead for medicines management who took overall responsibility for arranging the storage, supply and monitoring of medication, with link nurses responsible for managing stock 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. We were told that a nurse practitioner and a GP checked the CD cabinets on a weekly basis. CDs were stored in a locked safe at both Macclesfield General and Leighton hospital sites. We also observed a locked cabinet for the storage of CDs for use on home visits. A process was in place to ensure that

Are services safe?

controlled drugs were signed out by two clinicians for their use in the primary care centre. There was a robust process for the transfer of bulk CD stock into vehicle stock which was only accessible to clinicians and for the tracking of the administration to patients. The processes for the management of CD's had been reviewed in September 2015.

- Prescription pads were securely stored, nurse practitioners on duty 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.
- Patient Group Directions (PGDs) had been provided by a pharmacist and these had been reviewed appropriately to reflect the role of the nurses who used them. The PGDs had been signed appropriately. This enabled the nurses to administer specific medications to patients. During the inspection we saw evidence of PGD meeting minutes and actions taken.
- Recruitment information showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with appropriate 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. We looked at staffing data from 1 January 2015 to 31 January 2016. During this time there was a high dependency on the use of locums and agency staff in Crewe, Eastern Cheshire, and Northwich. Trust board minutes documented the staffing difficulties, the impact this had on patients and other providers of urgent care. Evidence showed that there was on-going oversight and review of the service and the trust was working with the commissioners and other partners to find a resolution to the problem.
- All of the staff we spoke to said that they had received initial induction and this induction included an overview of the Adastral clinical system and a clinical

supervision. Some clinical staff told us that they didn't always feel well supported and were not aware of on-going clinical meetings but knew who they could contact for advice and guidance if needed.

• **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, nurse practitioners and drivers. The safety, quality and standards committee reviewed the activity at each site against the national quality requirements.
- **Arrangements to deal with emergencies and major incidents**
 - All staff who had contact with patients received annual basic life support training, staff we spoke with confirmed this. Resuscitation equipment including an automatic external defibrillator (AED) for use on both adults and children was available.
 - There were emergency medicines available at each location and in the vehicles used to transport GPs to consultations in patients' homes. Equipment included a defibrillator and oxygen with adult and children's masks. Emergency medicines were easily accessible to staff in a secure area and all staff knew of their location. All the medicines we checked at all three locations were in date and fit for use.
 - The provider had a comprehensive business continuity plan that was available to staff. This contained detailed information on the actions to be taken in specific situations, such as the loss of the electronic systems or excessive demand. The plan contained emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The Provider 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 Safety, quality and standards committee identified relevant updates from NICE and updated policies, procedures and clinical standards accordingly. The clinical directors determined what information needed to be included in staff updates and newsletters.
- 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 vehicles we inspected. We were told during our inspection that site visit medication audits were carried out to ensure processes within the locations 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 random spot check 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 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 full cycle clinical 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 of adult clinical consultations and the prescribing of antibiotics.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- 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 advanced nurse practitioners (ANPs) received their appraisal by a nurse manager. 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.
- Clinical supervision processes were in place for all GPs, ANPs and emergency care practitioners including reflective feedback.
- Staffing levels were monitored by the trusts urgent care safety quality and standards group.
- All GPs were audited on the quality of their clinical practice including face to face and telephone consultations and received a quarterly productivity and performance report.

Are services effective?

(for example, treatment is effective)

- All drivers were required to undertake an annual driving assessment. Regular driving licence checks were carried out. Driving staff were also required to complete a medical with their own GP every three years.

Coordinating patient care and information sharing

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the summary care records, special patient notes (created by the patient's own GP and shared with the out of hours provider).
- 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 provider shared relevant information with other services in a timely and effective way and worked with other health and social care services.
- The safeguarding children lead told us that an arrangement was in place with child health in East Cheshire to enable the safeguarding children lead to send referrals to a named health visitor. Child social care referral forms were also sent to different social services within Cheshire via a secure email.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Staff we spoke with told us they had completed Mental Capacity Act training and Deprivation of Liberty Safeguards training. This training formed part of the service's mandatory training requirements. The special notes, held on the adastra electronic 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.

Health Promotion and Prevention

We observed that various health information and leaflets were available including diabetes awareness and influenza vaccination campaigns at the locations we inspected.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect during our inspection.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations, conversations taking place in these rooms could not be overheard.
- Reception staff told us they knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the patients we spoke with were positive about the service experienced. Patients said they felt the service provided was good and found staff were helpful, caring and treated them with dignity and respect. Other comments told us that patients were extremely happy with the waiting time for appointments and were seen quickly in a location that was convenient for them. In July 2015 the trust held a patient feedback meeting for the out of hours service. Feedback included, consultations were good, Some service users are not clear on the purpose of an out-of-hours service and how to use the service.

Care planning and involvement in decisions about care and treatment

Feedback received from patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

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. 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 three locations we visited.
- 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.
- A hearing loop and translation services were available for patients.
- Home visits were available for older patients and patients who would benefit from these including those receiving end of life care. The GPs had received palliative care training.
- 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 call handlers and 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 GP Out-of-Hours service operated between 6pm until 8am Monday to Thursday and from 6pm Friday through to 8am Monday and on Public Holidays. Patients accessed the Out-of-Hours service by contacting the NHS 111 service. Calls from NHS 111 were received, assessed and triaged by trained staff including doctors and nurses. Patients who needed to be seen were allocated an appointment at one of six locations 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 times when services were offered varied for each location although a number provided the service seven days a week.

The trust's self-assessed performance against the National Quality Requirements indicated that the Crewe service and the Northwich service had not met a number of the requirements. The East service had generally performed much better. The quality requirements of completing urgent visits within 2 hours were non compliant in July, August, November and December 2015 and less urgent visits within 6 hours were non compliant in December 2015 in the Crewe area.

Listening and learning from concerns and complaints

The provider had a 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. We saw information for patients on how to complain in the waiting room at all three locations we visited.

The level of complaints regarding the Out-of-Hours service was low. The service had received 11 complaints between 1 December 2014 and 30 November 2015, which equated to 0.01% of patient contacts with the service. The majority of complaints related to clinical treatment (seven), with further complaints regarding communication (two), patient privacy / dignity (one), and staff attitude (one).

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.

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, 'Treat each other with respect and dignity, Commit to quality of care, Show compassion, Improve lives, Work together for patients, Make everyone count'.

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 improved 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. The trust board had identified concerns in June 2015 with staffing levels for the out-of-hours night shift at Leighton Hospital. The frequency of this was increasing and was impacting on patients and other providers of urgent care. This issue was included in the

trusts risk register and a monitoring and oversight process put into place. Board minutes confirmed that conversations had taken place with Mid-Cheshire NHS Foundation Trust to look at a different model for providing the out-of-hours service. An urgent care business case had been developed with health and social care partners through the NHSE provider Board. The key focus for the trust was the integration of the current out-of-hours service with the emergency department at Mid-Cheshire NHS Foundation Trust. Closer integration was considered the best way forward and, if accepted by commissioners, would result in the transfer of the out-of-hours service.

- 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 was committed to developing the workforce and there was evidence that staff were encouraged and supported to attend training appropriate to their roles. The provider had developed a training programme to enable non clinical staff to develop their skills to become health care assistants (HCAs).

The provider ensured that GPs were involved in revalidation, appraisal schemes and continuing

Are services well-led?

Good 

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

professional development. All clinical staff received a high level of continual clinical supervision and audit of their competencies. Support with the newly introduced revalidation for nurses was also available. 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 a 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.

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.

- In July 2015 the trust held a patient feedback meeting for the out of hours service. Feedback included, consultations were good, Some service users are not clear on the purpose of an out-of-hours service and how to use 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. Data for January 2015 to September 2015 showed that the majority of patients responded positively in relation to their involvement in care and treatment and with regard to whether staff treated them with dignity and respect

Continuous improvement

East Cheshire NHS 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.