

Tower Hamlets Out of Hours GP Service

Inspection report

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2023
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Requires Improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection of Tower Hamlets Out of Hours GP Service on 28 September and 2 October 2023. The service had previously been inspected in October 2018, at which point the location was an out of hours service only. The inspection in October 2018 had rated the service as good overall, and in all five key questions.

The registered manager for the service had been the Director of Clinical Governance. The manager had recently departed the organisation and the service was in the process of appointing a new manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found:

- The service had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service learned from them and improved their processes. However, we saw in one incident reviewed that a report did not comment on the insufficient follow up arrangements for a patient.
- The service was not meeting key performance indicators as required by its commissioners for the number of patients categorised as urgent seen in two hours in the out of hours service.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the service easy to access and reported that they were able to access care when they needed it. The service was not ensuring a throughput of patients in line with its four-hour target.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

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

The areas where the provider should make improvements are:

- Review how two separate databases are used to record patient information, and to store policies and procedures.
- Review monitoring procedures to ensure that expired equipment is removed from areas where it might be used.
- Review systems to ensure that all clinical staff are aware of learning from incidents.
- Review DBS security checking protocols so that the provider may be assured that they are up to date.

Overall summary

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Chief Inspector of Health Care

Our inspection team

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

Background to Tower Hamlets Out of Hours GP Service

Tower Hamlets Out of Hours GP Service is a registered location that consists of two services based at the Royal London Hospital, Whitechapel Road, London E1 1BB.

The first service is a 24 hour, 7 days per week urgent treatment centre (UTC), which is co-located with an emergency department operated by a hospital Trust. This service provides treatment of minor injuries and illnesses to patients across a number of boroughs in North-East London, as well as workers and tourists based in the central London area. All patients attending the UTC are directed from either the local 111 provider, or from the hospital's emergency department where patients receive an initial clinical assessment.

The second service is an out of hours service which provides care to Tower Hamlets residents only. This service is available at all except 8am to 6:30pm Mondays to Fridays. This service is appointment only, and is bookable through the local 111 service.

Both services are provided by Tower Hamlets GP Care Group CIC. The provider also provides an extended access hub service for NHS GP patients in Tower Hamlets, as well as a range of community services in Tower Hamlets and Waltham Forest. These services are separately registered with CQC and were not inspected at this time.

Both services are staffed by some clinical staff employed directly by the provider, though most are employed on either a zero-hours "bank" basis, or are agency staff. Non-clinical staff at the site are mostly employed by the service, but some are also bank staff. The out of hours drivers and car were provided by a subcontractor.

The UTC service is currently commissioned to see 130 patients per day, although on average had been providing care for more than double this number of patients across the last year, at approximately 270 per day. The out of hours service saw 30 patients per day, with an average of 3% requiring a home visit.

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

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

The service's website address is www.gpcaregroup.org.uk

Are services safe?

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

At the time of the inspection visit between 28 September and 3 October 2023, we identified the following breach of regulations:

- The service was not meeting the target of seeing 95% of patients attending the out of hours service who had been assessed as urgent within two hours.
- A serious incident report that we reviewed did not acknowledge or make recommendations about the lack of follow up being arranged for a patient.

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 in most cases. Disclosure and Barring Service (DBS) checks were undertaken where required. However, in 2 of the GP files that we reviewed, a DBS had not been undertaken for more than 3 years in line with the provider's policy. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The premises was clinically suitable for the assessment and treatment of patients. Facilities and equipment were safe and equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The vehicles and equipment utilised by the out of hours visiting service were fit for purpose. Vehicles were leased, and servicing of the vehicles was covered by the company who subcontracted this service.

Risks to patients

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

- The initial clinical assessment at the service was not undertaken by the UTC, patients were "streamed" by nurses in the hospital's emergency department.
- The service was not meeting the target of 95% of all patients utilising the out of hours service, to be seen by a doctor in 2 hours when categorised as urgent. In the 5 months prior to the inspection performance had been between 52 and 61%. The service had identified a possible reason for this and was in the process of implementing an action plan to address it at the time of the inspection.

Are services safe?

- 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. Senior staff were easily identifiable and available for staff to escalate their concerns. There were some rota gaps at the service, but these were not sufficiently significant to impede the work of the department.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need. Systems were in place to manage people who experienced long waits or who had been inappropriately streamed into the service.
- The out of hours service had a defibrillator that was taken on home visits. Although the pads attached to the machine were within their use by date, we noted that there were 2 sets of pads in the bag in which the defibrillator was kept that had expired. The service removed them when informed about this.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.
- When there were changes to services or staff, the service assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The service utilised 2 patient record systems; one was the system used by the hospital, and the other was the system used by the local 111 provider.
- The service said there was some duplication but that it generally worked adequately. There had been several instances reported as incidents, where a patient's record had been transcribed to the wrong record when copying from one service to the other. The provider said that it had undertaken information sharing with clinicians at the service, and as a consequence this had not reoccurred.
- We noted that guidance was available to staff working at the service, but was split over the 2 operating systems used by the provider. It was therefore not always obvious where guidance was stored.
- The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, and controlled drugs and vaccines, minimised risks. The service kept prescription stationery securely and monitored its use. Arrangements were also 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.
- 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.

Are services safe?

- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

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, the co-located emergency department and NHS111 service.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. Once reported, incidents were reviewed for severity which determined the path that they would take. The service learned and shared lessons, identified themes and took action to improve safety in the service. However, we noted that in 1 incident, a patient should have been provided with a follow up appointment following a pregnancy related illness. This was not identified as an area for learning in the incident review.
- 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. However, not all clinical staff we spoke to were aware of learning from 2 specific incidents.
- Representatives of the organisation attended joint Urgent and Emergency Care meetings including with the Hospital Trust and the 111 service.
- The provider took part in end-to-end reviews with other organisations, including the 111 service.

Are services effective?

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

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

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs by way of patient champions who could refer back to General Practice or extended access hubs. Dedicated patient co-ordinators for management of those patients for whom the UTC would not ordinarily provide care, such as those patients wanting long term condition reviews.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- Arrangements were in place to deal with repeat patients. There was a system in place to identify frequent callers and patients with particular needs.
- 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 completed medicines audits, and specific audits to the service being offered. Prescribing audits were led by the lead pharmacist. The findings of audits were shared with staff.
- Individual clinicians at the service were subject to regular audits of a percentage of their consultations. Clinicians that we spoke to said feedback from these audits was helpful and constructive.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The provider provided staff with ongoing support. This included 1-to-1 meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing. For drivers in the home visiting service, this included assessment of driving skills.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Are services effective?

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

- Patients arriving at the UTC had already undergone an initial assessment at the hospital's emergency department, but at that stage the patients were not differentiated between those needing the most urgent treatment, and those that were routine. The initial assessment did not include a blood pressure reading. A further pre-consultation clinical assessment took place in the UTC.
- The service had clear processes to facilitate transfer patients, including back to the emergency department. Clinicians at the UTC could facilitate a direct transfer to the same day emergency care (SDEC) team as required.
- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. Care and treatment for patients in vulnerable circumstances was coordinated with other services. Staff communicated promptly with 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 took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- There were clear and effective arrangements for booking appointments, transfers to other services, and requesting ambulances for people that require them.

Helping patients to live healthier lives

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

- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

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

Are services caring?

We rated the service as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information. There were arrangements and systems in place to support staff to respond to people with specific health care needs such as end of life care and those who had mental health needs.
- We observed both clinical and non-clinical staff treating patients with care, dignity and patience.
- In a survey conducted by the service in the 12 months from August 2022 to August 2023, more than 90% of patients reported that they had been treated with kindness and compassion. 80% of patients stated that they would recommend the service to family and friends.

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. We saw notices in the reception areas and patient toilets, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- 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 easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- In a survey conducted by the practice in the 12 months from August 2022 to August 2023, 89% of patients reported that they were satisfied with how the clinician had involved them in decisions relating to their care.
- A hearing loop was available at the service.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff respected confidentiality at all times.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services responsive to people's needs?

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

The provider 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, including those who were included on local safeguarding registers. Care pathways were appropriate for patients with specific needs, for example those at the end of their life, babies, children and young people.
- The facilities and premises were mostly appropriate for the services delivered. However, the waiting room at the service had been designed on the basis of the service seeing 130 patients a day. The service was seeing more than twice this number at the time of the inspection, and the waiting room was not large enough for the service's needs. During the inspection, which was not undertaken at a peak period, it was crowded. Managers at the service told us they were in discussions with the hospital trust with regards to this, as demand would be higher still in winter.
- The service made reasonable adjustments when people found it hard to access the service.

Timely access to the service

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

- Patients could access the UTC services either as a walk in-patient, via the NHS 111 service or by referral from a healthcare professional. Patients did not need to book an appointment.
- The out of hours service could only be booked through 111 calls for both face-to-face appointments and for home visiting. Patients attending in person without an appointment could be seen in the UTC.
- Patients were able to access care and treatment.
- 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 UTC operated 24 hours a day, seven days a week.
- The out of hours service operated 6:30pm until 8am on weekdays and 24 hours a day at weekends and bank holidays.
- The service used key performance indicators (KPIs) that had been agreed with its commissioning organisation to monitor their performance and improve outcomes for people. The key target provided to the commissioners was the number of patients who were managed within 4 hours, with a target of 95%. In the last year the service had discharged between 65% and 86% of patients inside 4 hours on a month-on-month basis. Managers at the service told us that this was predominantly due to the number of patients that were actually attending as compared to the number for which the service was commissioned.
- Where the service was not meeting the target, the provider was aware of these areas and we saw evidence that attempts were being made to address them.
- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.

Are services responsive to people's needs?

- The complaint policy and procedures were in line with recognised guidance. The service had a formalised system for capturing positive feedback, feedback and complaints. The service had received 89 complaints in the last year. We reviewed a sample of complaints and found that they were satisfactorily handled in a timely way. Learning from complaints was shared in huddles, formal meetings and via learning e-mails from senior staff.
- Issues were investigated across providers, and staff were able to feedback to other parts of the patient pathway where needed. We saw complaints were jointly managed by the emergency departments with which two of the services were co-located where relevant.
- The service learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Are services well-led?

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 effective on-call system that staff were able to use.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service 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. Staff that we spoke to told us that the service had been busy in the last few years, but they were confident that the managers at the service were addressing any concerns that they had.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

Are services well-led?

- Clinical staff, including nurses, were considered valued members of the team. Those that were employed directly by the service 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. Staff were supported when they were involved in a traumatic incident, complaint or investigation.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

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

Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of MHRA alerts, incidents, and complaints. Leaders also had a good understanding of service performance against the national and local key performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local ICB as part of contract monitoring arrangements.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The providers had plans in place and had trained staff for major incidents.
- The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

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.

Are services well-led?

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service used information technology systems to monitor and improve the quality of care.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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.
- Staff were able to describe to us the systems in place to give feedback.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the service.
- Staff knew about improvement methods and had the skills to use them.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There was a strong culture of innovation evidenced by the number of pilot schemes the provider was involved in. There were systems to support improvement and innovation work.
- The service had implemented a “perfect week” review system by which it could review how the service could develop in scenarios where everything else was working perfectly.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: <ul style="list-style-type: none">• The service was not meeting the target of seeing 95% of patients attending the out of hours service and assessed as urgent within two hours.• A serious incident report that we reviewed did not acknowledge or make recommendations about no follow up being arranged for a patient. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.