

# Ailsa House

## Inspection report

3 Turnberry House, The Links,  
4400 Parkway, Whiteley  
Fareham  
PO15 7FJ  
Tel: 03333210942  
[www.phlgroup.co.uk](http://www.phlgroup.co.uk)

Date of inspection visit: 11, 12 and 13 October 2021  
Date of publication: 03/12/2021

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

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services well-led?

Good 

# Overall summary

**This service is rated as Good overall.** (Previous inspection September 2019 rated Requires Improvement)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced focused inspection at Ailsa House on 11, 12, 13 October 2021. to follow up on breaches of regulations. We inspected the following key questions:

- Safe
- Effective
- Well Led

At our previous inspection we found:

- There was learning from significant events but it was not always disseminated fully.
- Performance data was not in line with targets.
- The provider did not stock naloxone (naloxone is used to counteract the effects of opioids on a patient's respiratory system) and had not risk assessed this.
- Staff training records were not adequately maintained to be fully assured that all staff were compliant with training requirements.

At this inspection we found:

- The service had taken steps to address the breaches of regulations identified at our previous inspection.
- We found learning from significant events and complaints was disseminated amongst staff and we identified that improvements had been made as a result.
- The specific data used to measure performance had changed since the last inspection. In addition, the provider had ceased to deliver an NHS111 call centre. Instead, an Integrated Urgent Care (IUC) Clinical Assessment Service (CAS) (remote telephone and video triage and clinical assessment) was delivered in a collaborative commissioned approach. Due to the change in contract and commissioning arrangements it was not possible to directly compare performance between the two inspections.
- Mandatory training was closely monitored and there were very high levels of compliance both amongst clinical and non-clinical staff.
- 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.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The provider was highly innovative and we identified several areas of outstanding practice generated as a result of pioneering practice.

We saw several areas of outstanding practice:

# Overall summary

- The Attention Deficit Hyperactivity Disorder (ADHD) service for patients on the Isle of Wight had had a significant impact for patients using the service, reducing waiting time from two years to six months. This had met a gap in the system which previously meant patients were living with a distressing condition without assessment or treatment for considerable periods of time.
- We saw a positive culture demonstrating inclusivity and a caring attitude towards staff. The provider had supported World Menopause Day 2021, by sharing information with staff about where they could find information and seek help and by supporting staff to have conversations in the workplace. There was a monthly support group available for staff who were experiencing symptoms of the menopause. The provider had held a mental health week during which staff were encouraged to go for walks on their breaks and take time for themselves.
- The provider had created an integrated solution for remote patient monitoring called YOULA. The system enabled remote monitoring in a non-invasive way, through in-home sensors and human interactions, and was being piloted for patients on the Isle of Wight. The system monitored basic movements such as how often the kettle was switched on, how often the front door was opened and how often the fridge door was opened. Artificial intelligence was used to understand each person so that when something was out of the ordinary it could be quickly identified, and help alerted automatically. The service was managed via a real time dashboard. Patients also received a daily telephone call. The impact on the integrated care system (ICS) meant a 24/7 bridge between acute and primary care, patients receiving care in their own home rather than a hospital environment, facilitated early discharge from secondary care, hospital admission/readmission avoidance all resulting in significant cost savings. Of the 150 patients who had trialled the YOULA 92% reported the service to be excellent or good.
- The paediatric (paeds) desk had been developed as a pilot which had been very successful and expected to be extended. The service had piloted the GoodSam app which enabled paediatric trained nurses to see children via a video call, staff were able to effectively assess children and provide reassurance for distressed parents. There were strict protocols around the use of the GoodSam app and a private area had been set up in the call centre. This project had had a big impact on reducing A&E admissions.
- The provider played an important role in supporting the integrated care system (ICS) by bridging gaps in the system between primary and acute care. The ability of the provider to diversify (often with little notice) supporting multiple systems provided resilience to the overall system. This meant waiting lists were able to be reduced and patients had access to care and treatment when they needed it.

The areas where the provider **should** make improvements are:

- Continue to review and improve key performance indicators for the contact centre.

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a CQC Inspection Manager, four CQC inspectors and a GP specialist adviser.

## Background to Ailsa House

Ailsa House is a registered location of Partnering Health Ltd (PHL) and is currently registered with the Care Quality Commission (CQC) to provide the following regulated activities:

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

These regulated activities are delivered via:

- An Integrated Urgent Care (IUC) Clinical Assessment Service (CAS) (remote telephone and video triage and clinical assessment) for patients in Hampshire and the Isle of Wight. This service is a collaborative commissioned approach with an ambulance trust and two local Clinical Commissioning Groups (CCGs). The ambulance trust provides the NHS 111 service with Health Advisors and Clinical Advisors that will refer to the PHL Clinical Assessment Service following a pathways assessment needing further clinical assessment.
- Within the Integrated Urgent Care Clinical Assessment Service is the Paediatric Desk. Paediatric Patients are referred from NHS 111 to the paediatric desk following a pathways assessment needing an Emergency Department (ED) validation. Remote Clinical assessment via telephone or video consultation is provided by Paediatric Specialist Nurses.
- A new NHS111 First service has been incorporated into the existing Clinical Assessment Service. This is an NHS England driven initiative where patients are to call NHS111 first and avoid unnecessary waiting in an Emergency Department waiting area and reduce pressure on parts of the urgent and emergency care departments. Patients are assessed via NHS 111 pathways and referred to the 111 First CAS service needing a category 3 and 4 ambulance validation or an Emergency Department validation. This service is provided by Doctors and Advanced Clinical Practitioners that can book appointments in the Emergency Department or refer to Same Day Emergency Care (SDEC) and other appropriate primary care services via the Directory of Services.
- A Home visiting Service for housebound patients in West Hampshire, Southampton City, Fareham, Gosport and South East Hampshire in the traditional out of hours period evenings, overnight, weekends and bank holidays. The service is also provided to Portsmouth in the overnight period seven days a week. Home visiting during the daytime hours is also provided to parts of Hampshire to support local GP practices with increasing primary care workload for clinical assessment and treatment.
- A COVID at Home service providing remote monitoring of patients in their own home with confirmed or suspected COVID-19 and meet eligibility criteria for remote monitoring with oximetry. This service is for West Hampshire patients.
- A clinical triage and visiting service for community hospitals in Portsmouth and Southampton for patients in step down and step up beds that require additional medical assessment and treatment. This service is provided in partnership with an NHS Trust.
- An Extended Access and Urgent Care Primary Care Service at Badger Farm in Winchester, called Appointments +. This out of hours service is for planned primary care appointments made via patients' own GP and urgent out of hours assessed as needing a face to face appointment via the CAS.
- A primary care services (known as the Special Allocation Scheme) for the community in Portsmouth, South East Hampshire, Fareham and Gosport, West Hampshire and Isle of Wight. This primary care provision is for patients that have been referred from their GP service as having been removed from their list due to an incident. This service is provided via remote telephone consultation and face to face clinical assessment at various sites in Hampshire and the Isle of Wight.
- A primary care assessment, diagnosis and treatment service for patients referred by their GP with symptoms suggestive of Attention Deficit Hyperactivity Disorder. This service is provided in partnership with an NHS Trust for patients living on the Isle of Wight.

The main address for Ailsa House is also the head office for PHL and is based at:

3 Turnberry House, The Links, 4400 Parkway, Whiteley, Fareham, PO15 7FJ.

To support the out of hours GP home-visiting service which covers a wide geographical area in Hampshire, the service has additional storage facilities and car parking spaces at the following locations:

- North Harbour Site Cosham – 6 Quay Point, North Harbour Road, Portsmouth, PO3 3TD
- Biz Space, Steel House, Plot 4300, Solent Business Park, Fareham, Hampshire, PO15 7FP (a temporary location until the North Harbour Site is fully operational).

Regulated activity for the Appointments + service is delivered from:

- Friarsgate Badger Farm Surgery, Badger Farm, Winchester, SO22 4QB.

# Are services safe?

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

## Safety systems and processes

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

- The provider conducted safety risk assessments. It had safety policies, including Control of Substances Hazardous to Health and Health & Safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training. The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- During our last inspection in September 2019 we found that not all staff had received up to date safeguarding training appropriate to their role. On this inspection we found that high levels of safeguarding training compliance, 100% for clinical and 95% for non-clinical staff. All staff were required to complete level two safeguarding training, clinicians level three, service leads level four and named safeguarding leads level five. The provider delivered three face to face safeguarding sessions a year which covered levels three, four and five.
- 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. A named safeguarding lead attended quarterly meetings held by Hampshire children and adults safeguarding board, with subgroups from the board meeting six weekly.
- Regular safety updates were sent out to staff for example on domestic violence or modern slavery to ensure they were kept up to date with signs to look for and what to do if there was cause for concern.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Staff who acted as chaperones were trained for the role and had received a DBS check. At our previous inspection in September 2019 we found that not all drivers in the home visiting service had been chaperone trained. This made it difficult for a home visiting GP when they required a chaperone. During this inspection we found that all drivers had been chaperone trained and had received both online and face to face training in this respect. A chaperone audit had also been carried out to check that appropriate requirements were in place.
- There was an effective system to manage infection prevention and control. We reviewed the last infection prevention and control (IPC) audit carried out in August 2021 which found there was 98.55% compliance with IPC policy. Areas which were identified as a shortfall were not relevant as the call centre was not a clinical environment i.e. elbow operated taps. An action plan was not required. We saw evidence of a hand hygiene audit being carried out in the call centre as a reminder that hand hygiene is not just important to clinical staff. An ultraviolet (UV) light and UV hand gel was used to demonstrate how important it is to use the World Health Organisation (WHO) hand washing technique, which ensures all parts of the hand are washed thoroughly. 99% of staff had completed their IPC training.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, this included the maintenance of the cars used in the home-visiting service.
- There were systems for safely managing healthcare waste.
- We found the provider had taken appropriate steps to address the risks relating to COVID-19. These included increased cleaning, twice weekly lateral flow testing for staff and full personal protective equipment (PPE) including hazmat suits when required. In the call centre we saw staff had wipes for cleaning their desk, keyboards and any other equipment

# Are services safe?

and hand gel. Desks were laid out for safety with screens and the air flow was managed by an air conditioning system which took air from outside to circulate within the building. The premises were cleaned twice daily and joint cleaning audits between the provider and the cleaning company were carried out. A COVID champion had been appointed who supported staff and was able to escalate concerns where necessary.

- Drivers employed in the home visiting service were supported by the provider in driving safely and ensuring the home visiting cars were safe and well maintained. In conjunction with Hampshire County Council the provider had run four live stream sessions which included safety information about driver awareness and car maintenance. It was mandatory for drivers, supplies staff and home visiting service managers to attend one session. Drivers were provided with an application (app) on their phone which prompted them to complete safety checks (lights, tyres, oil etc) before every shift. This data was then submitted to the provider via the app so it could be monitored.
- We saw that home visiting cars were fitted with satellite navigation systems and trackers and that chargers for mobile telephones were hard wired into the car with back up mobile telephones provided for drivers and clinicians.
- The special allocation scheme provided a GP service to patients who had been excluded from their own practice following an incident. Patients were mostly offered remote appointments. Where face to face appointments were needed, the security of the patient and GP was maintained by the presence of a security guard.

## Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. Staffing was a mix of employed, agency, self-employed and bank. There was an effective system in place for dealing with surges in demand. There was a dedicated rota team who monitored the demand of the service and adjusted rotas accordingly. Twice weekly rota meetings were held with managers from different parts of the service to ensure appropriate cover arrangements were in place at all times. Staff we spoke with told us the rota team had done a valiant job covering shifts in the face of the challenging national landscape. The provider told us they had reviewed skill mix and job descriptions to ensure they recruited and were working effectively. There was support for recruitment and education and skill sets had been identified for staff to work at an advanced level in an urgent care environment.
- Maintaining adequate clinical staffing was a challenge for the provider. This was a national issue affecting all NHS organisations including those providing NHS services. The provider was aware of the issue and was taking active steps to manage recruitment and sustainability of staff, including providing enhanced pay.
- Staffing was closely monitored via twice weekly meetings with an on-call director and manager to make them aware of the staffing situation and enable mitigating actions to be taken. A situation report (SITRep) call was held every Saturday and Sunday with an update every four hours on the current situation. There was a planned escalation process if concerns were identified on the SITRep calls. These SITRep calls took place at 11am Saturdays and Sundays and were followed by a 12.30pm resilience call across the whole of Hampshire including the CCG, acute hospital, SCAS and the wider community. This meant peaks and troughs in demand across Hampshire could be smoothed out between providers.
- There was an effective induction system for temporary staff tailored to their role. Prior to working for the service, locum staff were required to provide evidence of registration, DBS, completed training and references.
- 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.
- The provider had planned for the impact of poor weather conditions for the home visiting service by purchasing six four by four vehicles which would enable clinicians to continue to visit those in most need.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.

# Are services safe?

- Safety huddles were held every week where any poor performance was identified and escalated. It was an early opportunity to flag incidents and safeguarding referrals.
- There were appropriate medical indemnity arrangements in place.
- The paediatric CAS 'paeds desk' was located in a position away from the general contact centre to keep patient information secure.

## Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Appropriate and safe use of medicines

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

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, and controlled drugs and vaccines, minimised risks. The 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 audits to ensure prescribing was in line with best practice guidelines for safe prescribing. The provider had carried out an audit in relation to the prescribing of high-risk medicines. These are medicines which, once prescribed require continuous monitoring and oversight and are therefore not suitable to be prescribed in an urgent care setting. The audit was to ascertain the level of high-risk medicine prescribing. The audit established that out of 1,133 prescriptions issued during September 2020, only 28 related to high risk medicines. These were all investigated to establish if they were appropriate and only one was found to be inappropriate due to being prescribed without a face to face consultation. The provider concluded that the prescribing of high-risk medicines within the service was safe.
- 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. We reviewed a Co-Amoxiclav audit which demonstrated over two cycles an improvement in the appropriate prescribing of Co-Amoxiclav. During the first cycle 52 cases were reviewed and 18 found to have been prescribed inappropriately. During the second cycle 72 cases were reviewed and two were found to be inappropriately prescribed. Between the two audits clinicians were approached individually and NICE guidance was shared with all clinicians. Co-Amoxiclav is an antibiotic used to treat bacterial infections.
- Processes were in place for checking medicines and staff kept accurate records of medicines.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- Palliative care patients were able to receive prompt access to pain relief and other medication required to control their symptoms.
- During our last inspection in September 2019 we found medicine boxes which were stocked and used by the home visiting service had items missing and a few medicine items were out of date. During this inspection we again checked medicine boxes taken out by the home visiting team. We found no missing or out of date items.



# Are services safe?

- During our last inspection we found the home visiting service was using opioid medicines but had not considered having a stock of naloxone (naloxone is used to counteract the effects of opioids on a patient's respiratory system). During this inspection we found the provider had risk assessed whether naloxone was required to be carried in home visiting cars. It was identified that naloxone was not necessary as opioids were only used by home visiting clinicians to treat palliative care patients.
- The provider had recently engaged a Chief Pharmacist to support with medicines risk assessments and compliance.

## Track record on safety

The service had a good safety record.

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

## 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. The service learned and shared lessons, identified themes and took action to improve safety in the service.
- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.
- The provider took part in end to end reviews with other organisations. Learning was used to make improvements to the service.
- Incidents were reported on a system called Datix. The provider held two weekly Datix review panels to give staff the opportunity to come together and learn from incidents. A Datix manager had been recruited to improve the functionality of the system and enhance reporting.
- We saw examples of shared learning following an incident. An incident involving mental capacity had resulted in a 'lunch and learn' session on the Mental Capacity Act 2005 (MCA).
- The provider identified that an NHS ambulance trust system failure meant 400 patients had been missed by the system. A multi-organisation serious incident (SI) huddle was called which included representatives from SCAS and the CCG. Between the three organisations each individual patient was followed up to identify the patient outcome. Only one patient had a negative outcome as a result. The provider had taken actions to ensure the safety of patients.

# 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.
- Telephone assessments were carried out using a defined operating model. Staff were aware of the operating model.
- 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.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. There was a system in place to identify frequent callers and patients with particular needs, for example palliative care patients, and protocols were in place to provide the appropriate support.
- When staff were not able to make a direct appointment on behalf of the patient clear referral processes were in place. These were agreed with senior staff and clear explanation was given to the patient or person calling on their behalf.
- Technology and equipment were used to improve treatment and to support patients' independence.
- Staff assessed and managed patients' pain where appropriate.
- For patients who accessed the appointments+ service, an automated discharge summary was sent to their own practice. The provider managed appointments effectively between urgent out of hours appointments and extended access appointments (routine care). If extended access appointments were not utilised, they were flipped over to be available for urgent out of hours appointments. The service was developed in line with patient need, for example, feedback showed that more health care assistant (HCA) appointments were needed at weekends for wound dressing and more HCAs were being recruited to fill this need.
- Feedback from staff via three monthly surveys (for the appointments+ service) led to on call management support for out of hours with clear escalation processes implemented.

## Monitoring care and treatment

The service had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. This included the use of a variety of performance management tools to consistently review and assess performance of all aspects of the service. Where appropriate these tools, including performance dashboards could be used to improve internal and external performance and patient outcomes.

- During our last inspection in September 2019 the provider delivered an NHS111 call centre service (subcontracted from SCAS) and had therefore been required to comply with National Quality Requirements (NQR) for out of hours providers. The NQR is used to show the service is safe, clinically effective and responsive. We found, during that inspection, that the provider had failed to meet some of the national targets.
- Since our last inspection, the provider had ceased to deliver an NHS111 call centre. Instead, an Integrated Urgent Care (IUC) Clinical Assessment Service (CAS) (remote telephone and video triage and clinical assessment) was delivered for in a collaborative commissioned approach with a local ambulance trust and two local CCGs. The local ambulance trust solely provided the NHS 111 service and referred patients to the CAS following a pathways assessment needing further clinical assessment. We spoke with representatives from the partner organisations who were happy with the delivery

# Are services effective?

of the contract. The local ambulance trust told us they had not set targets for the provider and that key performance indicators (KPIs) (Integrated Urgent Care Aggregated Data Collection (IUC ADC) targets) needed to be met as a collective and were not the sole responsibility of PHL. Due to the change in contract and commissioning arrangements it was not possible to directly compare performance between the two inspections.

- The service continued to use NQR as an internal benchmark to monitor their own performance. Although we saw some of these internal targets were not met, we found the provider had mitigating actions in place at a time of peak demand including the pandemic. These included comfort calling patients who were waiting for call backs from clinicians. The purpose of comfort calls is to safely reassure the patient you know they are still waiting and to check whether the patient's condition has changed while they were waiting. If the condition had changed, the comfort calling process allowed for a different disposition which, if required included immediate contact with a clinician or referral to Emergency Department.
- Since the last inspection, we saw a new management team had been introduced to manage the call centre. The new management structure included a manager who had both corporate and call centre experience giving reassurance to the strong leadership required to improve the call centre performance. Another manager introduced had previously worked for an NHS 111 provider and had experience of managing within a larger NHS call centre. During our interviews, they spoke clearly and comprehensively about how they managed this aspect of the PHL service. Both the new managers worked alongside an existing manager team within the call centre, this included a Clinical Supervisor and the Clinical Director. During our interviews and review of evidence, we saw there was a safe and effective clinical queue management system in place and no safety incidents in relation to delays in clinical assessment had been recorded. Where performance missed internal targets individual breach reports were reviewed to identify and share learning and ensure safe patient outcome. All the team we spoke to in the call centre, spoke of their input to design and implement a service improvement plan in place for the call centre which was being appropriately monitored.
- There was a national shortage of clinical staff, particularly GPs who were needed to deliver the core services of IUC CAS, home visiting and appointments +. Against this background the provider had continued to deliver key services for patients in a safe and effective manner whilst receiving a huge increase in calls and cases. The provider had also supported other services.
- The provider worked closely with commissioners to improve performance and had completed end to end reviews jointly with a local ambulance trust to understand patient experience and identify and implement improvements for the smooth delivery of care between the two providers.
- The service made improvements through the use of completed audits. 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.
- We saw evidence which demonstrated that 1% of all clinical notes were audited on a monthly basis. This was a random selection across all clinicians. Where concerns were identified clinicians were given support to improve, such as reflecting on consultation calls and considering what they could have done differently.
- The COVID at home service, which monitored patients diagnosed with COVID-19 in their own home for oxygen saturation levels had delivered positive results for patients. The close monitoring enabled drops in oxygen saturation to be identified at an earlier stage which meant that appropriate action including admission to hospital could be taken earlier. We saw the average length of stay in hospital was reduced from 13.2 days (for patients not on the COVID at home scheme) to 6.9 days (for patients on the COVID at home scheme). In addition, deaths were reduced from 20.5% to 5.8%, patients requiring admission to intensive care (ICU) reduced from 8.2% to 3.6% and readmissions within 30 days reduced from 8.7% to 0%.
- The service had received good feedback on the paediatric desk pilot which had provided reassurance for parents and reduced the number of non-urgent ambulances and accident and emergency (A&E) referrals. By using the GoodSam application (app) staff were able to see children on a video link with aided with assessment and decision making.
- The service was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives. The NHS 111 First project was designed to reduce pressure on accident and emergency (A&E) in Portsmouth and on the use of category three and four ambulances across Portsmouth and South

# Are services effective?

East Hampshire. The one year review by the Portsmouth and South East Hampshire Advisory Board indicated the CAS had been successful in downgrading 60% of calls away from A&E and an Emergency Department Streaming and Redirection tool had redirected 43% of walk in patients. It was considered there was still more work to do to ensure patients accessed the right place of care first time every time.

- The Attention Deficit Hyperactivity Disorder (ADHD) service for patients on the Isle of Wight had had a significant impact for patients using the service, reducing waiting time from two years to six months. This had closed a gap in the system which previously meant patients were living with a distressing condition without assessment or treatment for considerable periods of time.

## Effective staffing

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

- During our last inspection in September 2019 we found that records of skills, qualifications and training were not complete. During this inspection we reviewed training records and found the provider had set a target of 95% compliance with mandatory training for all employed staff. Records demonstrated that for all modules the target had been exceeded with a minimum 97% compliance for the safer recruitment module and many modules with 100% compliance. Where staff were self-employed the provider confirmed compliance with training requirements at the start of the contract. This was then monitored by checking 10% each month. Where clinicians were not able to demonstrate their continued compliance, they were suspended if evidence was not provided. An annual survey was carried out to confirm compliance. The provider told us that 3% of clinicians did not reply to the survey and were suspended. This provided reassurance that staff were appropriately skilled and trained to carry out their role.
- 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. Staff had been surveyed to identify gaps in training and then training delivered to ensure staff were upskilled. The home visiting team had identified a gap in catheter training and additional training had been supplied to ensure patients could be safely assessed.
- There were many opportunities provided for staff to learn and develop skills, an intranet had been developed which included a learning library and 'lunch and learn' sessions were provided. Recent examples included dementia awareness (in conjunction with Dementia Friendly Hampshire), use of photography during medical examinations, Mental Capacity Act 2005 and learning disability awareness.
- The provider provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. There was a clinical decision-making group which reviewed clinicians when there was concern raised about their work. The group worked where possible to support clinicians to improve.
- The provider invested in developing people to support the service and had provided workforce apprenticeships for two nurses and a manager was currently on a management apprenticeship scheme.

## Coordinating care and treatment

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

# Are services effective?

- 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. There were established pathways for staff to follow to ensure callers were referred to other services for support as required.
- 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 dispatching ambulances for people that required them. Staff were empowered to make direct referrals and appointments for patients with other services.

## Helping patients to live healthier lives

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

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

## Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The provider monitored the process for seeking consent appropriately.
- 1% of clinical records were audited monthly and this included a check on mental capacity and how clinicians had assessed this when delivering and assessing 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.

- The Partnering Health Ltd (PHL) board was made up of executive directors and overseen by the Chair and non-executive directors. Operational directors reported into the board. Operational delivery was divided into urgent care, technology enabled home care, primary care and planned and specialty care. Each division had a service manager, a clinical manager and a clinical lead.
- 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.
- The directors held monthly away days to focus on strategic delivery, for example we saw the next planned away day was to focus on delegation in leadership.

## **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.
- The provider had planned an away day for November 2021 for operational and clinical managers to focus on how to deliver the healthcare division strategy and develop an implementation plan.

## **Culture**

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- 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.

# Are services well-led?

- 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 was a speak up guardian in place.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- 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. Staff reported they felt they were in a different position from where they were last time we inspected (in September 2019). They felt they were working in an innovative and supportive environment with the right vision and values.
- There was a strong emphasis on the safety and well-being of all staff. The provider had considered the safety of staff where lone working was required. We saw a receptionist working at an Appointments + site was able to summon support by pressing a button on a badge they were wearing. Once the staff member had registered their location and arrival time support was immediately available to them if required. We saw that all staff had been individually assessed for their risk in relation to COVID-19 and appropriate actions to mitigate the risk had been taken such as working from home.
- Staff were appreciated for their hard work. For example, there was an employee of the month award which aligned to PHL values. Staff told us they had been invited to a Christmas party which was free for all staff and they had also received Easter eggs around Easter time. Each year a charity was chosen by staff to support and this year there had been a charity cycle ride.
- We saw information which demonstrated a caring attitude towards staff. The provider had supported World Menopause Day 2021, by sharing information with staff about where they could find information and seek help and by supporting staff to have conversations in the workplace. There was a monthly support group available for staff who were experiencing symptoms of the menopause.
- The provider had held a mental health week during which staff were encouraged to go for walks in their breaks and take time for themselves.
- We received feedback from 16 members of staff. All told us they felt they were working in a supportive, friendly environment. They said they felt listened to and that all staff were treated with the same amount of respect as senior members of staff.

## 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.
- The governance and quality team had held an away day to plan how to deliver the quality and governance strategy and policy.
- The new NHS111 First project, which started in June 2020, was governed externally by the Portsmouth and South East Hampshire (PSEH) Design and Operational Group and the PSEH Clinical Governance Group. We saw evidence of meetings and a 12 month review of the service.



# Are services well-led?

## 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 biggest identified risk was the national shortage of clinical staff, especially GPs. The provider had reported this risk on the risk register and was actively working to mitigate the risk. This included maximising the use of skill mix, upskilling clinicians for different roles, supporting training and learning for staff such as prescribing and history taking. There had also been an increase in clinical leadership and investment in clinical supervision. The provider told us that alignment across the commissioning system was important to ensure all parts of the system were able to work effectively with the available staff.
- 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.
- 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. Surge and escalation plans were reviewed in July every year in preparation for winter.

## Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information, which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service used information technology systems to monitor and improve the quality of care.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- The provider held monthly governance meetings where audits were discussed, and trends and themes were reported to the clinical governance board.

## 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.



# Are services well-led?

- Staff who worked remotely were engaged and able to provide feedback. We saw evidence of the most recent staff survey and how the findings were fed back to staff. We also saw staff engagement in responding to these findings. Following the staff survey, focus groups were held with staff and key trends identified. There was a planned date to feedback an action plan to staff following the focus groups.
- The service was transparent, collaborative and open with stakeholders about performance. The provider was working with partners such as Hampshire County Council, Southern Health and local acute services to build system resilience. Future planning was around designing a system aimed at admission avoidance and relieving pressure on acute services, particularly accident and emergency departments (A&E).
- The provider also worked closely with SCAS engaging on a daily basis. Staff working for SCAS reported they had a really good working relationship and 'can do' approach. They said that a representative from PHL was present at every meeting. When things went wrong PHL and SCAS worked together to understand what went wrong and drive improvement. There were regular contract meetings between PHL and SCAS.
- In conjunction with external partners the provider carried out end to end reviews to understand the patient journey across the whole system and how it could be improved for the patient in the future.
- Working collaboratively with other providers helped PHL to deliver an integrated model of care which supported patients from the start of their journey to the end and helped them to receive the right care at the right time.
- Since our last inspection there had been a focus on staff engagement. An intranet had been launched and monthly newsletters providing different platforms for staff to receive updated operational information and social and supportive communications. We saw the intranet included information some staff may not be familiar with such as the paediatric service, driver safety, testing electric cars and the PHL climate change policy. There was also a dedicated wellbeing section which included information on the employee assistance program, mental health matters campaign (PHL have seven mental health first aiders) and menopause information. The weekly newsletter called 'The Beat' had included recent information on the hand hygiene audit and influenza vaccinations.
- The provider played an important role in supporting the integrated care system (ICS) by bridging gaps in the system between primary and acute care. The ability of the provider to diversify supporting multiple systems provided resilience to the overall system. This meant waiting lists were able to be reduced and patients had access to care and treatment when they needed it. PHL attended system wide meetings to ensure patients were able to receive fully integrated care. The last ICS meeting focussed on patient experience.
- There was a focus on improvement by listening and responding to patient stories. We saw examples of where the provider had contacted patients or relatives of patients to understand how they felt using the service and as a result had implemented changes. The provider told us sometimes it was just the listening that was important to the patient or relative.
- Representatives from PHL attended the Hampshire and Surrey Heath integrated urgent care clinical quality governance group. The group was aimed at reducing risk and improving resilience in urgent care across Hampshire and Surrey Heath.
- The provider had worked with the PSEH healthcare system advisory board on the NHS111 First project to redirect patients away from A&E and towards more appropriate places to care. Following the one year review learning was shared with other NHS Trusts via NHS digital and NHS England. The project had received a 'Highly Commended' in the national health service journal (HSJ) patient safety awards September 2021.

## Continuous improvement and innovation

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

- Since our last inspection in September 2019 we found there was improvement in staff communication with a focus on staff wellbeing and the development of infrastructure meant that resilience was high.
- There was a focus on continuous learning and improvement at all levels within the service.
- Staff described the service as energised and forward thinking which they found inspiring.

# Are services well-led?

- 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.
- During the inspection we visited the new North Harbour site. We found a very modern site designed to meet the specific needs of the provider, with new offices, rest rooms, staff room and modern new facilities for staff.
- The paediatric (paeds) desk had been developed as a pilot which had been very successful and expected to be extended. The service had piloted the GoodSam app which enabled paediatric trained nurses to see children via a video call, staff were able to effectively assess children and provide reassurance for distressed parents. There were strict protocols around the use of the GoodSam app and a private area had been set up in the call centre. This project had had a big impact on reducing A&E admissions.
- The provider had appointed a director of strategy and innovation, who described plans for the future use of technology to create, integrate and manage innovative services.
- The provider had created an integrated solution for remote patient monitoring called YOULA. The system enabled remote monitoring in a non-invasive way, through in-home sensors and human interactions, and was being piloted for patients on the Isle of Wight. The system monitored basic movements such as how often the kettle was switched on, how often the front door was opened and how often the fridge door was opened. Artificial intelligence was used to understand each person so that when something was out of the ordinary it could be quickly identified, and help alerted automatically. The service was managed via a real time dashboard. Patients also received a daily telephone call. The impact on the integrated care system (ICS) meant a 24/7 bridge between acute and primary care, patients receiving care in their own home rather than a hospital environment, facilitated early discharge from secondary care, hospital admission/readmission avoidance all resulting in significant cost savings. Of the 150 patients who had trialled the YOULA 92% reported the service to be excellent or good.
- The provider told us about innovative plans for the future which included accelerating the trend of remote care monitoring, increasing geographical reach, increasing capacity to support the ICS and being at the cutting edge of technology and its implementation.