

i-HEART 365 Service - Out of Hours Service

Inspection report

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<https://barnsleyhealthcarefederation.co.uk/i-heart-barnsley-365/>

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. (Previous inspection February 2018 - Inadequate)

The key questions now are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at i-Heart 365 Service – Out of Hours service on 14, 16 and 17 November 2018 to follow up on breaches of regulations and inspect a service in special measures.

We previously carried out an announced comprehensive inspection of the service on 13 and 14 February 2018. Our overall rating for the service was inadequate and inadequate for providing safe, effective, responsive and well-led services and good for caring. We served warning notices for breaches in relation to Regulation 16: Receiving and acting on complaints and Regulation 18: Staffing.

At this inspection we found:

- The service had reviewed the systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.

- The service introduced systems to review the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

We saw one area of outstanding practice:

- The provider had reviewed the identification and management of sepsis across all its services and routinely recorded patient observations in the face to face settings to calculate early warning scores. They had been proactive by sharing and promoting this work with other organisations across healthcare pathways and had contributed to the review of external incidents relating to sepsis led by other organisations.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included three CQC inspectors and a GP specialist adviser.

Background to i-HEART 365 Service - Out of Hours Service

Barnsley Healthcare Federation (BHF) CIC is registered with the Care Quality Commission to provide a GP out-of-hours (OOH) service to 250,000 people living in and around the Barnsley area.

The service is contracted by the NHS Barnsley clinical commissioning group (CCG) to provide OOH primary medical services to registered patients and those requiring immediate and necessary treatment in Barnsley and the surrounding area when GP practices are closed. This includes overnight, during weekends, bank holidays and when GP practices are closed for training.

Most patients access the out-of-hours service by calling their own GP and the call is automatically diverted to the NHS 111 service or by ringing NHS 111 directly. Patients who contact the service may be provided with advice, receive a telephone consultation, or an appointment or a

home visit, depending on their needs. The service is open seven days a week (including bank holidays) from 6.30pm to 8am each day and is also open from 6.30pm on Friday to 8am Monday.

The service employs both male and female GP's, nursing staff, clinical advisors, and qualified healthcare professionals. The clinicians are supported by receptionists, drivers and a management team who are responsible for the day-to-day running of the service.

The service is based at Oaks Park Medical centre, which is also the provider head office, and face to face appointments are offered to patients at the GP out-of-hours clinic at Barnsley Hospital NHS Foundation Trust site, Gawber Road, Barnsley, S75 2EP.

Barnsley Healthcare Federation CIC has other locations registered with the Commission which include an extended hours access service and GP practices.

Are services safe?

At the previous inspection we rated the service inadequate for providing safe services. This was because systems processes and services were not adequate and did not keep patients safe at all times.

We rated the service as good for providing safe services.

Safety systems and processes

The service had reviewed the 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 accessible to all staff and they outlined clearly who to go to for further guidance.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. 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 provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective system in place for dealing with surges in demand.
- There was 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.
- 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 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.

Are services 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 planned to audit antimicrobial prescribing in the near future.
- 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.
- Palliative care patients were able to receive prompt access to pain relief and other medication required to control their symptoms.

Track record on safety

The service had reviewed its safety record to deliver safe care and treatment to patients.

- 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, including the local A&E department, NHS 111 service and urgent care services.

Lessons learned and improvements made

The service reviewed the way it 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. For example, following feedback to the service it became evident that not all information was uploaded to the patient record system for clinicians to access. The procedure was reviewed and updated and cascaded to staff to ensure this information was acted upon.
- 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, bank and agency staff.
- The provider took part in end to end reviews with other organisations. Learning was used to make improvements to the service. For example, review of the procedure to contact patients during the out-of-hours period who have had blood tests performed earlier in the day that are abnormal. The service was working with the laboratory to improve the process.

Are services effective?

At our last inspection we rated the service inadequate for providing effective services. This was because care provided to patients was not reviewed in a systematic way.

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

The provider had reviewed the 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 which included use of a structured assessment tool.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. For example, for those patients with a summary care record where other agencies were involved with the patient during the out-of-hours period.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to support people who contacted the service often. The service liaised with the NHS 111 service and the patients own GP practice to review care provided to patients. There was a system in place to identify patients with particular needs. For example, palliative care patients, protocols were in place to provide the appropriate support. We saw no evidence of discrimination when making care and treatment decisions.
- 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.

- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service had reviewed the programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, 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. Following an incident relating to sepsis at one of the providers' organisations, the provider had reviewed its approach to identifying and managing sepsis. Posters alerting patients to the symptoms of sepsis were put up in clinical areas and the sepsis pathway for clinicians in consulting rooms. All clinical staff attended a training session which included the importance of taking and recording the patients observations to calculate the early warning score. The sepsis protocol on the patient record system was activated across all of the providers services. Between January 2018 to October 2018 the sepsis protocol was triggered 291 times. following review by the medical record, sepsis was unlikely in 235 cases, in 34 cases sepsis may have been present and 16 red flag cases were identified where the patient received emergency intervention. The provider also trained staff of the importance of communicating the early warning score to the ambulance service and the emergency department.

The service also monitored and reviewed other outcomes:

- From 1 January 2005, all providers of out-of-hours services were required to comply with the National Quality Requirements (NQR) for out-of-hours providers. The NQR are used to show the service is safe, clinically effective and responsive. Providers are required to report monthly to their clinical commissioning group (CCG) on their performance against the standards which includes: audits; response times to phone calls: whether telephone and face to face assessments happened within the required timescales: seeking patient feedback: and, actions taken to improve quality.
- The provider shared with us their NQR results for the service, since our last inspection, from April 2018 to September 2018 which was reported monthly. Full compliance against the NQRs is reported as achieving above 90%, partial compliance between 85% and 90% and non-compliance is achieving less than 85%.

Are services effective?

- Generally, the service was meeting its locally agreed targets as set by its commissioner over the last six months where there was a requirement to see patients within two hours and six hours.
- However, for those cases to be seen or visited within one hour there was non-compliance. For example, emergency home visits required within one hour ranged from 60% to 22% compliance over the past 7 months. Small patient numbers affected the percentage, 60% equated to three patients and 22% equated to two patients.
- Where the service was not meeting the target, the provider had put actions in place to improve performance in this area. The provider was aware of this and had identified clinicians used the system differently which resulted in different timings. Clinicians were being encouraged to use the system consistently.

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. This covered such topics as sepsis identification, treatment and management, infection prevention control and safeguarding.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The provider provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- 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. For example, referral to the rapid response team.
- 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. The service worked with patients to develop personal care plans that were shared with relevant agencies.
- 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 require them. Staff were empowered to make direct referrals and/or appointments for patients with other services.
- Issues with the Directory of Services were resolved in a timely manner. For example, patients contacting the service with prescription queries were referred to the local designated pharmacies.

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.

Are services effective?

- The service identified patients who may be in need of extra support and referred them on to other services. For example, stopping smoking support groups.
- 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. Staff had access to the patients summary care record.
- 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.

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 of 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. Staff were trained and had awareness of local services to refer patients into.
- All of the 35 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the service.

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, 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.

- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with patients 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.

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?

At the previous inspection we rated the service requires improvement for providing responsive services. This was because complaints were not consistently investigated and responded to.

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

The provider had re-organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider engaged with commissioners to secure improvements to services where these were identified. For example, GPs were provided with laptop computers that allowed them to work from home and alleviate pressures in the primary care centres by undertaking telephone triage and call-backs to patients.
- There was a duty GP system in place to manage a surge in service demand. Staff members we spoke with told us that this was very helpful and helped the service respond adequately to meet the needs of patients
- The provider had taken steps to hire additional visiting vehicles to enhance their capacity to meet the anticipated additional demands of winter pressures.
- The provider understood the needs of its population and tailored services in response to those needs. For example, to provide face to face appointments at the local hospital and offer home visits to those patients who could not get there. The provider engaged with commissioners to secure improvements to services where these were identified. For example, to offer a home visiting service during normal GP opening hours.
- The provider regularly met with the local CCGs as part of the contract monitoring arrangements which enabled them to look at performance, discuss targets and local needs.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. We saw examples of alerts and special notes on patient records.
- Care pathways were appropriate for patients with specific needs, for example those at the end of their life, babies, children and young people.
- The facilities and premises were appropriate for the services delivered.

- The service made reasonable adjustments when people found it hard to access the service. For example, patients who found it hard to access the service could be seen as a home visit.

Timely access to the service

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

- The service operated from 6.30pm to 8am Monday to Friday and all day at weekends and public holidays.
- Patients could access the via the NHS 111 service or by referral from a healthcare professional.
- Following contact with NHS 111 patients were either booked into an appointment at the GP centre located in Barnsley Hospital, received telephone advice from a clinical advisor or a GP over the telephone or received a home visit.
- Home visits were available for patients whose clinical needs resulted in difficulty attending the service
- Patients who presented at the GP Clinic at the hospital without an appointment were referred to the GP streaming service run by this provider.
- Patients were booked into an appointment to reduce waiting times. The reception staff had a list of emergency criteria they used to alert the clinical staff if a patient had an urgent need. The criteria included guidance on sepsis and the symptoms that would prompt an urgent response. The receptionists informed patients about anticipated waiting times.
- Patients had timely access to initial assessment, test results, diagnosis and treatment. We saw the most recent KPI results for the service, from April 2018 to October 2018 which showed the provider was meeting the outcomes apart from emergency visits and appointments. The provider was aware of this and was reviewing the data.
- Regular performance meetings were held to discuss performance against NQRs and action was taken to improve where appropriate. Senior managers told us that the service had been in a period of transition over the past eight months and efforts were being made to review the outcomes.
- Waiting times, delays and cancellations were minimal and managed appropriately. Where people were waiting a long time for an assessment or treatment there were

Are services responsive to people's needs?

arrangements in place to manage the waiting list and to support people while they waited. For example, staff would notify patients of the delay and estimated time of their wait for a visit or an appointment.

- The service engaged with people who are in vulnerable circumstances and took actions to remove barriers when people found it hard to access or use services.
- Patients with the most urgent needs had their care and treatment prioritised.
- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- The appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. The service was co-located to the emergency department in the hospital and they worked closely with the hospital team to ensure smooth patient pathway where possible

Listening and learning from concerns and complaints

The service had reviewed the approach to managing complaints and a patient liaison team were established at

the provider headquarters for patients to contact and provide feedback. Concerns and complaints were taken seriously and the service responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Nine complaints had been received since February 2018. We reviewed two complaints and found that they were satisfactorily handled in a timely way.
- Issues were investigated across relevant providers, and staff were able to feedback to other parts of the patient pathway where relevant. For example, when reviewing patients contact with the service when staying at a temporary address.
- 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. For example, clinicians were reminded to always record when they attempted to contact a patient following a complaint relating to a delay in a telephone call back

Are services well-led?

At the previous inspection we rated the service inadequate for providing well-led services. This was because systems and processes were not embedded to manage services safely.

We rated the service as good for being well-led.

Leadership capacity and capability

Following the last inspection the provider implemented a new company structure. Management roles and responsibilities were reviewed which resulted in new leaders and managers being recruited. Current 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 was in the process of implementing 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 area. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy.

- The provider ensured that staff who worked away from the main base felt engaged in the delivery of the provider's vision and values.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Patients were invited into the service to discuss their concerns. 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.
- Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out,

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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 CCG 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 provider 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.
- 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. Feedback from patients resulted in feedback being provided to national prescribing projects.
- Staff were able to describe to us the systems in place to give feedback and the responsibilities of the patient liaison team. Staff who worked remotely were engaged and able to provide feedback through email and instant messaging with managers. 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.
- 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. For example, the provider had reviewed the identification and management of sepsis across all its services and routinely recorded patient observations in the face to face settings to calculate early warning scores. They had

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been proactive by sharing and promoting this work with other organisations across healthcare pathways and had contributed to the review of external incidents relating to sepsis led by other organisations.

- 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.