

Integrated Care 24 Limited - Norfolk & Waveney

Inspection report

Reed House
Unit 2b, Peachman Way, Broadland Business Park
Norwich
Norfolk
NR7 0WF
Tel: 01473275973
www.ic24.org.uk

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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 March 2017 – Good overall, Requires Improvement in Safe)

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 comprehensive inspection at Integrated Care 24 Limited – Norfolk and Waveney (IC24) on 21 June 2018.

At this inspection we found:

- The service had good 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 routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients could access care and treatment from the service within an appropriate timescale for their needs.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- Consider formal chaperone training for staff performing the role.
- Consider how the service strategy of matching capacity and demand is communicated to non-clinical staff.

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 a second CQC Inspector, a GP specialist adviser, a pharmacist specialist adviser, and a practice manager specialist adviser.

Background to Integrated Care 24 Limited - Norfolk & Waveney

The integrated NHS 111 and out-of-hours service for Norfolk and Waveney and surrounding area is provided by Integrated Care 24 Limited (IC24). IC24 is a Social Enterprise; a not for profit organisation with no shareholders and where any surpluses are re-invested into the service.

The headquarters for IC24 is in Ashford, Kent. IC24 operates NHS 111, out-of-hours and a variety of other services including prison healthcare and primary care centres in other areas including Kent (excluding East Kent and Medway), Sussex, East Surrey, Northamptonshire and Essex. There is capacity in the way the call centres operate for workload to be shared across regions as part of business continuity arrangements.

IC24 commenced delivery of the integrated NHS 111 and out-of-hours service for Norfolk and Waveney in September 2015.

NHS111 is a 24 hours-a-day telephone based service where patients are assessed, given advice or directed to a local service that most appropriately meets their needs. For example, their own GP, an out-of-hours GP service, walk-in centre, urgent care centre, community nurse, emergency dentist or emergency department.

Out of hours services provide care to patients who require urgent medical attention outside of normal GP opening hours. The out of hours service operates from 6.30pm until 8am Monday to Thursday, and 6.30pm Friday until 8am Monday and all public holidays. Patients access the out of hours service via NHS 111 where the information provided is assessed and triaged and patients receive an appropriate response based on their clinical needs. This

can be in the form of a clinical telephone assessment, referral to the patient's own GP, a home visit from a clinician or an appointment for the patient to attend an out of hours base.

The integrated nature of the service means the 111 and out of hours services are run in a seamless fashion referred to as an "Integrated urgent care clinical assessment service" and were assessed as one unit.

The service provides care to a population of approximately 1,000,000 people residing in the area which includes five clinical commissioning groups (CCG) and one local commissioning group (LCG), three acute NHS Trusts, one NHS mental health trust and 123 NHS GP practices. The service recorded approximately 350,000 NHS 111 calls during the 2017-18 financial year, of which around 120,000 were referred into the out of hours service.

The NHS 111 contact centre operates from Norwich, Norfolk. Out-of-hours services in Norfolk and Waveney area are delivered from eleven primary care centres located in Dereham, Norwich, Fakenham, Long Stratton, Wisbech, Thetford, North Walsham, Kings Lynn, Great Yarmouth, Beccles and Lowestoft. As part of this inspection we visited the Care Coordination Centre in Norwich and the primary care centres in Thetford, North Walsham and Norwich.

The service is registered with the CQC to provide the regulated activities of Treatment of disease, disorder or injury, Transport services, triage and medical advice provided remotely, Diagnostic and screening procedures.

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. Staff we spoke with were clear about their responsibilities and could outline who to report to both in and out of hours.
- 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 had reviewed and improved their recruitment record keeping process since our last inspection, including implementing a record keeping database which we saw was effective in recording staff checks carried out at the time of recruitment and on an ongoing basis where appropriate. The service had also reviewed existing staff recruitment checks to ensure compliance with the new service procedure.
- 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 not formally trained for the role and worked under the direction of the clinician, however chaperones had received a DBS check.
- There was an effective system to manage infection prevention and control. This included monthly audits of all bases. Any issues were fed back to a risk register that was monitored and improvements were made. There was an external infection prevention and control audit booked for August 2018 to assess the systems in place.

- 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, however there were shortfalls in staffing at key times of peak demand. The service responded to this by offering increased remuneration for staff working during peak times and were actively recruiting more staff. 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 commented positively on the induction system and reported that they felt well equipped and supported post induction to undertake 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 including courtesy calls at regular intervals for patients awaiting clinical assessment.
- 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. The service reviewed staffing capacity and skill mix and moved resources to match demand, for example by closing out of hours bases where demand was predicted to be lower and relocating clinicians and driver receptionists to bases where demand was predicted to be higher.

Information to deliver safe care and treatment

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

Are services safe?

- 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, minimised risks. However, emergency medicines were stored in separate locations from emergency equipment at the out of hours primary care centres. Following our inspection the provider told us that the storage of emergency medicines and equipment had been reviewed across all sites and changes implemented to include ensuring medicines and equipment were co-located and staff made aware of changes.
- 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.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Processes were in place for checking medicines and staff kept accurate records of medicines. Arrangements for dispensing medicines kept patients safe.
- Palliative care patients could receive prompt access to pain relief and other medication required to control their symptoms.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. The provider had recently implemented a monthly service assessment booklet for each site following staff recommendation. These included health and safety, infection prevention and control and medicines management assessments that were carried out monthly for each site. Results and issues were fed back to the management team and where appropriate issues were placed on the risk register for escalation and action.
- 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 NHS Ambulance service.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. The service recorded nine serious incidents in the last 12 months. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. Staff commented positively on this system and could evidence when they had been given feedback, for example via email and the intranet system.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and acted to improve safety in the service. For example, following a formal complaint, the service conducted a full analysis and put in place actions to reduce the chances of the same incident happening again including; providing individual Feedback to the NHS Pathways advisor involved and supervising the advisor in line with the service auditing policy to ensure calls are being taken safely and effectively, circulating guidance on stroke assessment to all NHS 111 staff via internal quality & assurance team, using the service internal 'Hot

Are services safe?

Topic' bulletin to highlight strokes and how these are dealt with in the NHS pathways assessment system, and the provision of additional training of assessment for stroke within NHS Pathways training.

- 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.

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. These were available on the intranet system and emailed to staff.
- Telephone assessments were carried out using a defined operating model which included processes for assessing patients' symptoms through a triage algorithm, with options including transferring the call to a clinician for further review.
- 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 considered the needs of those whose circumstances may make them vulnerable.
- We saw no evidence of discrimination when making care and treatment decisions in the records we viewed.
- Arrangements were in place to deal with repeat patients, including engaging with the local NHS acute trust to share information to identify, monitor and support those patients who frequently called the NHS 111 service and those who also frequently attended the hospital emergency department.
- There was a system in place to identify frequent callers and patients with needs; for example, palliative care patients, and care plans 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 a 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. For example, the service accessed patients remotely using dental nurses and mental health nurses to provide additional levels of assessment and treatment and referral options.
- Staff assessed and managed patients' pain where appropriate.

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. Call advisor audits demonstrated high levels of compliance with national standards and guidelines and appropriate action taken to address any standards that weren't met.

- 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.
- Providers of NHS 111 services are required to submit call data every month to NHS England by way of the Minimum Data Set (MDS). The MDS is used to show the efficiency and effectiveness of NHS 111 providers.
- We saw the most recent results for the service (April 2017 – March 2018) which showed the provider was performing in line with national averages and that the service was also generally meeting its locally agreed targets as set by its commissioner:
 - The abandoned call rate was 2% compared to the England average of 3% and the national target of less than 5% and the commissioner key performance indicator (KPI) of 5%;
 - The percentage of calls answered within 60 seconds was 89% (England 84%, national target 95%, KPI 95%);
 - The percentage of calls triaged that were dealt with by a clinician was 45% (England 43%);

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- The percentage of answered calls transferred to a clinical advisor with the patient still on the line was 35% (England 40%);
- The percentage of answered calls where a call back was offered was 14% (England 14%);
- The percentage of call backs made within 10 minutes was 35% (England 40%);
- The percentage of patient contacts audited was 1.5% (national target 1%, KPI 1%);
- The percentage of (emergency) face to face consultations completed within 20 minutes was 100% (national target 95%, KPI 95%);
- The percentage of (non-emergency) face to face consultations completed within 60 minutes was 99% (national target 95%, KPI 95%);
- The percentage of emergency (within 1 hour) face to face consultations with an appropriate clinician was 100% (national target 95%, KPI 95%);
- The percentage of urgent (within 2 hours) face to face consultations with an appropriate clinician was 89% (national target 95%, KPI 95%);
- The percentage of less urgent (within 6 hours) face to face consultations with an appropriate clinician was 95% (national target 95%, KPI 95%).

There were areas where the service was outside of the target range for an indicator. However, the provider was aware of these areas and we saw evidence that attempts were being made to address them, including increasing staffing levels, making use of the providers ability to network call centres to increase capacity during busy periods and working with commissioners who were closely monitoring contract performance following a period of non-compliance with some KPIs.

- 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.
- The service was actively involved in quality improvement activity. The service had systems in place to meet the national quality requirements for auditing at least 1% of clinical patient contacts. We saw evidence that the performance of clinicians was consistently above the 80% compliance target across all clinicians, with further evidence of improving performance for recording of 'safety netting' (advising patients what to

do if their condition worsened) following action taken by the internal quality monitoring group to improve awareness and training for this and other subjects audited.

- The service also monitored performance of non-clinical 111 staff through the same process of regular quality audit. Evidence provided showed consistently high performance and appropriate systems in place to identify risk factors in non-compliance and address concerns directly with staff.

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 safeguarding, NHS pathways, infection prevention and control and staff commented positively on the induction and training systems in place.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required. Staff reported that advanced nurse practitioners and GPs were always available for support or to take calls outside of their clinical scope.
- 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. For example, staff working at the organisation for two or more years were eligible to apply for training bursaries to further develop their skills.
- 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 through the service quality audit programme for supporting and managing staff when their performance was poor or variable. Measures included direct staff feedback, mentoring and supervision,

Coordinating care and treatment

Are services effective?

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 through the use of the electronic 'share my care' system. 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.
- 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 GP.
- The service ensured that care was delivered in a coordinated way and considered 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 who required them. Staff were empowered to make direct referrals and/or 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 need extra support such as through alerts on their computer system and by accessing the 'share my care' electronic service where available.
- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this.
- 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 and non-judgmental attitude to all patients.
- The service gave patients timely support and information. Call handlers gave people who phoned into the service clear 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 including training, awareness seminars and bulletins for specific staff groups.
- All 14 Care Quality Commission patient 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 of the out of hours bases we visited, including notices in languages other than English, informing patients this service was available. Staff told us that they could access information, for

example in easy read formats, to help patients be involved in decisions about their care. Interpretation services were also available for deaf patients or those hard of hearing.

- 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 people in a way that they could understand; for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

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.
- Curtains were available in consultation rooms to protect patients' privacy.

Are services responsive to people's needs?

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

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

- The provider understood the needs of its population and tailored services in response to those needs by providing access to local and regional out of hours bases, and providing vehicles to facilitate home visits where patients could not attend a primary care centre.
- The provider had regular contract meetings with the commissioner to discuss performance issues and where improvements could be made. The service was actively engaged in contract monitoring activity with commissioners and had made a number of commitments to address performance issues such as higher than expected sickness levels at peak demand times. For example, the service was actively recruiting staff, providing enhanced remuneration packages for staff working during weekend evenings when demand was highest, and matching capacity to demand by relocating resources to areas of high demand.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service, for example there were alerts about a person being on the end of life pathway. 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 by providing home visits.

Timely access to the service

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

- Patients could access care and treatment at a time to suit them. The NHS 111 service operated 24 hours a day with the out of hours service operating from 6.30pm until 8am Monday to Thursday, and 6.30pm Friday until 8am Monday and all public holidays.
- Patients could access the out of hours service via NHS 111. The service did not see walk-in patients and a

'Walk-in' policy was in place which clearly outlined what approach should be taken when patients arrived without having first made an appointment; for example, patients were told to call NHS 111 or referred onwards if they needed urgent care. All staff were aware of the policy and understood their role with regards to it, including ensuring that patient safety was a priority.

- Patients were generally seen on a first come first served basis, although the service had a system in place to facilitate prioritisation according to clinical need where more serious cases or young children could be prioritised as they arrived. The 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, diagnosis and treatment. We saw the most recent local and national key performance indicator (KPI) results for the service for the 2017-18 financial year which showed the provider was meeting the following indicators:
 - The percentage of calls answered within 60 seconds was 89% (England 84%, national target 95%, KPI 95%);
 - The percentage of answered calls transferred to a clinical advisor with the patient still on the line was 35% (England 40%);
 - The percentage of call backs made within 10 minutes was 35% (England 40%);
 - The percentage of (emergency) face to face consultations completed within 20 minutes was 100% (national target 95%, KPI 95%);
 - The percentage of (non-emergency) face to face consultations completed within 60 minutes was 99% (national target 95%, KPI 95%);
 - The percentage of emergency (within 1 hour) face to face consultations with an appropriate clinician was 100% (national target 95%, KPI 95%);
 - The percentage of urgent (within 2 hours) face to face consultations with an appropriate clinician was 89% (national target 95%, KPI 95%);
 - The percentage of less urgent (within 6 hours) face to face consultations with an appropriate clinician was 95% (national target 95%, KPI 95%).
- Where the service was not meeting the target, the provider was aware of these areas and we saw evidence

Are services responsive to people's needs?

that attempts were being made to address them through close working with the service commissioner. Measures included advanced monitoring and reporting of performance data, recruitment of staff and increased use of call handling networking capabilities across the providers network.

- Waiting times, delays and cancellations were minimal and managed appropriately. Where people were waiting a long time for an assessment or treatment there were arrangements in place to manage the waiting list and to support people while they waited through the use of a courtesy telephone call procedure where patients are called back and reassessed to identify and respond if the patients condition had worsened.
- 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.

Listening and learning from concerns and complaints

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

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

- The complaint policy and procedures were in line with recognised guidance. The service recorded 152 instances of complaints and feedback from patients and other services across both services in the last year. We reviewed a sample of these complaints alongside the service complaints policy and found that they were satisfactorily handled in a timely way and with openness and honesty. This was demonstrated through provider performance data which showed 100% compliance for the national quality indicator for handling complaints.
- Issues were investigated across relevant providers, and staff could feedback to other parts of the patient pathway where relevant. For example, where patient notes were not available from the patients NHS GP practice, this was fed back to the provider. The service had also introduced a shared intelligence group with representatives from all the IC24 Limited services in the UK. This group ensured learning from incidents, complaints and other quality information was shared widely.
- The service learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care. We saw examples of learning from complaints and other patient feedback being shared through the services internal bulletin, in developing staff training packages and through management of staff performance.

Are services well-led?

We rated the service as good for leadership.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. This included introducing 'open door' sessions where staff could meet and bring ideas to senior leaders, and chief executive visits to out of hours bases to meet staff and discuss issues.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff could use.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The provider planned the service in conjunction with commissioners to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy and shared this with staff and stakeholders.
- The provider ensured that staff who worked away from the main base felt engaged in the delivery of the provider's vision and values, including through service delivery managers responsible for a group of bases engaging with staff.

Culture

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

- Non-clinical staff we spoke with did not always feel respected, supported and valued. There was a divide between staff who were employed on different contracts receiving different pay and benefits to staff performing the same role. The provider was aware of the issue and had introduced new roles including the base champion role which attracted higher rates of pay and other development opportunities; however, the transfer of contract from the previous provider was recognised as a difficult issue to overcome.
- Clinical staff we spoke with felt respected, supported and valued and were proud to work in the service and felt the service prioritised high-quality patient care.
- Non-clinical staff we spoke with were proud to work for the service and felt the service focused on the needs of patients. However; these staff felt the organisational strategy of closing bases in low demand areas to move resources to high demand areas was counter intuitive and not clearly explained or communicated effectively.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they could 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 as well as regular face to face meetings. Staff were supported to meet the requirements of professional revalidation where necessary. The service had a bursary scheme supporting staff development and an apprenticeship scheme was in development.
- Clinical staff were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.

Are services well-led?

- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective and 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 thorough 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 providers had plans in place and had trained staff for major incidents. The service had also employed an emergency preparedness, resilience and response (EPRR)

officer following investigation and learning from reviewing peak and surge activity over winter 2017. The service reviewed and updated their surge escalation policy, action cards and business continuity arrangements to better protect services when faced with future higher than expected demand.

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. The provider encouraged patient feedback following contacts and carried out staff surveys. For example, a staff member raised a concern about not always being able to easily find key information in a timely way. They

Are services well-led?

also provided a solution in the form of a service 'how to' guide which was implemented across the organisation. The guide is a useful first point of contact for staff and provide information and guidance on how to perform tasks, find further information and those responsible for the delivery of the task. The system is available electronically to all staff and is regularly reviewed and updated.

- Staff could describe to us the systems in place to give feedback, including written through feedback forms, staff surveys and verbal feedback through internal meetings and service delivery managers. Staff who worked remotely were engaged and able to provide feedback through these same mechanisms. 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, clearly demonstrated through recent compliance assessments and subsequent action plans.

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. The service was a test site for the NHS pathways system, used to test and introduce new updates and triage protocols.
- 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 were systems to support improvement and innovation work.