CareQuality Commission

Victoria Central GPOOH

Quality Report

Victoria Central Hospital
Wallasey
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gp-out-of-hours

Date of inspection visit: 7 March 2018
Date of publication: 19/04/2018

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

Ratings

Overall rating for this service		Good	●
Are services safe?		Good	●
Are services effective?		Good	●
Are services caring?		Good	●
Are services responsive to people's needs?		Good	●
Are services well-led?		Good	●

Summary of findings

Contents

Letter from the Chief Inspector of General Practice

This service is rated as Good overall. (Previous inspection September 2014 – No concerns)

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 of Wirral GP Out of Hours (OOHs) Service on 6 and 7 March 2018 as part of our inspection programme and in conjunction with the inspection carried out for Wirral Community NHS Foundation Trust. On 7 March we visited the location of Victoria Central Hospital GP (OOHs) which is used to deliver out of hours services as part of business continuity planning and as service needs demand. When we visited on 7 March we were able to review the premises however the location was not operational at this time.

Staff we spoke to as part of the two day inspection also worked at Victoria Central Hospital GP OOHs service. Patient feedback we reviewed had also visited Victoria Central Hospital GP OOHs service. Therefore we were able to carry out a full inspection for this location.

At this inspection we found:

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

- There were systems in place to mitigate safety risks including those associated with health and safety, infection control and dealing with safeguarding.

- The provider 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 had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- We saw that staff treated patients with compassion, kindness, dignity and respect.

- The service was underperforming in their targets for indicators relating to access and response time. However, patient feedback was positive in respect of them being able to access care and treatment from the service within appropriate timescales for their needs.

- The service facilities were accessible and well equipped to treat patients and meet their needs. There were no OOHs vehicles in use or based at this location as home visits were undertaken from the other site (Arrowe Park Hospital GP OOHs).

Summary of findings

- There were systems in place that enabled staff to access patient records and out of hours staff provided other services, such as the patient's own GP and hospital, with the information they needed following contact.
- There was a clear leadership structure and staff felt supported by leaders and management. The provider sought patient views about improvements that could be made to the service; including through the Friends and Family Test, internal surveys and share your experience information. It acted, where possible, on feedback.
  - Staff worked well together as a team and all felt supported to carry out their roles.
  - There was a focus on continuous learning and improvement at all levels of the organisation.

- The provider was aware of the requirements of the duty of candour.

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

- Review the recruitment policy to include obtaining photographic identification being obtained prior to employment.
- Review audit planning to include a programme of audits that are based on local, national and service priorities.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Victoria Central GPOOH

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC lead inspector. The team included a CQC Inspection Manager, a second CQC inspector and a GP specialist adviser.

Background to Victoria Central GPOOH

Victoria Central Hospital GP Out of Hours service is operated by Wirral Community NHS Foundation Trust. The service is accessed through the NHS 111 service and provides urgent medical help and advice for patients who are unable to wait for their GP practice to re-open. NHS 111 assesses a person's symptoms, and gives the healthcare advice needed or directs people to the local service that can help people best. One of the services available is the GP out of hours service.

The service does not see 'walk in' patients. Those that came in were told to ring NHS 111, unless they needed urgent care in which case they would be stabilised before being referred to the most appropriate service such as the accident and emergency department.

Once you have been referred to the Out of Hours service, further care can include:

- Telephone advice

- A face-to-face consultation at one of two centres in Arrowe Park or Wallasey

This GP Out of hours service opens and operates at times when service needs demand, this can be at busy weekends and bank holidays when more demand for out of hours care is needed. The need for this service to operate is assessed and pre planned.

As Part of this inspection we visited the Trust's headquarters and the location of Victoria Central Hospital; GP Out of Hours service. We also visited the location of the provider's main Out of Hours service at Arrowe Park Hospital and there is a separate inspection report for this location.

The service is registered with the Care Quality Commission (CQC) to provide the regulated activities diagnostic and screening procedures, family planning, transport services, triage and medical advice provided remotely and treatment of disease, disorder or injury.

Are services safe?

Our findings

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 had a range of safety and risk assessments in place that were regularly reviewed and updated. A range of health and safety related policies and procedures were in place for example, Control of Substances Hazardous to Health (CoSHH).These were accessible 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. Safeguarding policies and procedures were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.

- The service worked with other agencies to support patients and protect them from neglect and abuse, such as local authority safeguarding boards and NHS England. 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 on-going 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). However the recruitment policy did not include the need to obtain photographic identification of the staff member during the recruitment process. We found some staff files did not have this evidence contained within them.

- Staff received safeguarding 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 were appropriate policies, procedures and protocols in place that staff were familiar with in respect of prevention and control of infection. We observed the premises to be clean, tidy and well maintained.

- Cleaning schedules were in place and the provider continually monitored the cleaning.

- Clinical cleaning schedules were seen. Clinical cleaning was the responsibility of the clinician using the room.

- 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 a system in place for dealing with surges in demand, this included utilisation of this location for GP out of hours services. There were sufficient staff in place with both bank staff and locums used regularly. Bank staff and locums were consistent and long standing.

- 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 and those with 'red flag' symptoms (These are alert signs and symptoms that indicate a more serious underlying pathology in patients).

- When there were changes to services or staff the service was assessed and the impact on safety was monitored. The provider was currently reviewing and redesigning service delivery in order to achieve better outcomes for patients, including re shaping clinical staff skill mix, recruitment of more GPs and introduction of a multi-disciplinary delivery of clinical care.

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. Records showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including emergency medicines and equipment, and controlled drugs minimised risks.

- The service kept prescription stationery securely and monitored its use.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service audited antimicrobial prescribing and there was evidence of actions taken to support good antimicrobial stewardship where particular prescribing trends were deviant.

- 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 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, including the local A&E department, NHS111 service and urgent care services.

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 serious adverse events and incidents. Staff understood their duty and were encouraged 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. We were told about and discussed various incidents that had taken place. Staff received feedback and learning from incidents was shared.

- 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. Action taken in response to alerts was documented.

Are services effective?

(for example, treatment is effective)

Our findings

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 which included the transfer of calls from NHS 111 to the clinician. The service could be accessed by a number of other ways including enhanced triage by NHS 111, the acute visiting service, health care professional calls and redirection from the adjoining A & E.

- 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.

- There was a system in place to identify frequent callers and patients with particular needs, for example palliative care patients, and care plans/guidance/protocols were in place to provide the appropriate support. We saw no evidence of discrimination when making care and treatment decisions.

- Technology and equipment were used to improve treatment and to support patients' independence. For example the introduction of tele triage IT systems for care homes. This is where patients in local care homes are assessed and treatment can be prescribed or ordered remotely using IT systems and telephone conversations.

- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

- 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.

- We saw the most recent NQR results for the service (August 2017 – January 2018) which showed the provider was not fully meeting the some of the national performance indicators:

  There were two 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.

- The service was also generally meeting its locally agreed targets as set by its commissioner. NHS Wirral CCG reported to us they had no concerns with the service meeting their targets.

- Where the service was not meeting targets, the provider had put actions in place to improve performance in this area. The service used information about care and treatment to make improvements. The provider regularly monitored their performance and was in the process of service redesign/remodelling in order to improve performance and enhance outcomes for patients.

- The service was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

- 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. Examples of audits included compliance with National Institute for Health and Care Excellence (NICE) guidelines for care of the dying adults,

Are services effective?

(for example, treatment is effective)

care and management of the deteriorating patient and antimicrobial prescribing. However there was no annual audit programme or plan in place based on national, local or service priorities.

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 Health and safety, information governance, medical emergencies and infection prevention and control.

- 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.

- Statutory and mandatory training was identified as a concern to the provider with low compliance rates across all staff. However more recent figures showed an improving picture with compliance improving since November 2017.

- Staff were provided with ongoing support. This included one-to-one meetings, appraisals, 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 including a lead nominated person who monitored, managed and supported performance.

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 following their contact with the service. There were established pathways for staff to follow to ensure callers were referred to other services for support as required and to give them telephone advice/care or arrange a face to face appointment. The service worked with patients to develop personal care plans that were shared with relevant agencies.

- The service worked with other service providers to meet patients' needs and manage patient with complex needs. It sent out of hours notes to the registered GP service electronically by 8am the next morning in line with NQR indicators. This was done automatically and any failed transfers of information were the responsibility of the duty manager to follow up to ensure GPs received information about their patients.

- 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.

- There were clear and effective arrangements for booking face to face appointments, home visits, transfers to other services, and dispatching ambulances for people that 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 be in need of extra support, including those who were vulnerable.

- Where appropriate, staff gave people advice so they could self-care.

- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given.

Are services effective?

(for example, treatment is effective)

- 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. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. Clinical staff had been trained in the Mental Capacity Act.

- The provider monitored the process for seeking consent appropriately through clinical audits.

Are services caring?

Our findings

We rated the service as good for caring.

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. Staff gave people who phoned into the service clear information. There were arrangements in place to respond to those with specific health care needs such as end of life care and those who had mental health needs.

- Patient feedback we reviewed, including the NHS Friends and Family Test, internal service surveys and other feedback collected by the service, was positive about the care and service provided.

The Friends and Family Test (FFT) was created to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous way to give views after receiving care or treatment from a service provider. Patients are asked to answer the question: "How likely are you to recommend our service to friends and family if they needed similar care or treatment?" and can rank the answer from "extremely likely" to "extremely unlikely". Data for the period October 2017 to February 2018 showed that 94% of respondents were either likely or extremely likely to recommend the service (out of 33 responses relating to both locations).

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. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.

- Patients told us through the feedback reviewed, 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 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.

Are services responsive to people's needs?
(for example, to feedback?)

Good 🟢

Our findings

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

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

- The provider understood the needs of its population and tailored services in response to those needs. The provider engaged with commissioners to secure improvements to services where these were identified.

- The provider improved services where possible in response to unmet needs. The provider supported other services at times of increased pressure to ensure that patients were cared for in their own home as appropriate for example, providing end of life care and supporting those in mental health crises.

- The facilities and premises were accessible and appropriate for the services delivered.

- The service made reasonable adjustments when people found it hard to access the service. For example home visits or telephone triage to care homes.
- The service was responsive to the needs of people in vulnerable circumstances.

Timely access to the service

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

- Patients could access the 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 or to other suitable services. All staff were aware of the policy and understood their role with regards to it, including ensuring that patient safety was a priority.

- The service was performing poorly with timely access to initial assessment. We saw the most recent NQR results for the service (August 2017 – January 2018) which showed the provider was not meeting the following indicators:

  ▪ Telephone clinical assessment

Over the six month period an average of 69% of emergency calls were responded to within the performance target.

74% of urgent calls were responded to within the performance target.

88% of less urgent calls were responded to within the performance target.

- Face to face consultations

The service performed better in the performance for face to face consultations; however it was still below target.

Over the six month period an average of 82% of face to face (emergency) consultations at the service location were started within one hour after the definitive clinical assessment had been completed.

84% of urgent face to face consultations at the service location were started within two hours after the definitive clinical assessment had been completed.

99% of less urgent face to face consultations at the service location were started within six hours after the definitive clinical assessment had been completed.

For the data detailed above targets for compliance are as follows:

Full compliance = average performance of 95% or above

Partial compliance = average performance of between 90% and 94.9%

Non-compliance = average performance of 89.9% or below.

Where the service was not meeting the target, the provider was aware of these areas and we saw evidence that attempts were being made to address them through reshaping/remodelling of service delivery.

- The service was also generally meeting its locally agreed targets as set by its commissioner. Where the service was not meeting the target, the provider was aware of these areas and we saw evidence that attempts were being made to address them.

Are services responsive to people's needs?

(for example, to feedback?)

- 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.

- Waiting times, delays and cancellations were kept to a minimum 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. This was confirmed by some of the patient feedback we reviewed.

- Patients with the most urgent needs had their care and treatment prioritised.

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 not readily available in the out of hours location. Staff directed people to complain through the "share your experience" forms and online access if they wished to make a complaint. Following the inspection we were assured that complaints notices and leaflets were available and publicised in the waiting areas. These were in line with the NHS Complaints Procedure.

- The complaint policy was in line with recognised guidance. We reviewed their complaints processes and found complaints were recorded and reviewed to identify themes and trends. Where service failure was identified necessary action was taken to put things right and minimise the potential for similar events occurring.

The service learned lessons from individual concerns and complaints and also from analysis of trends. From examples we reviewed, we found the service had acted as a result to improve the quality of care.

Are services well-led?

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

Good ●

Our findings

We rated the service as good for leadership.

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.

- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

- Senior management were accessible throughout the operational period, with an effective on-call system that staff were able to use.

- The interim medical director post had caused some concern from GPs due to the temporary nature of the post, but all felt with continuity the leadership would enable positive development of the service. The provider did have processes in place to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.

- The service developed its vision, values and strategy jointly with patients, staff and external partners.

- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population.

- The provider monitored progress against delivery of the strategy and business plans.

- The provider ensured that staff who worked away from the main base felt engaged in the delivery of the provider's vision and values. Staff reported communication was good and they felt valued and part of the team.

Culture

The service had a culture that supported the provision 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.

- 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. We discussed incidents and complaints and were satisfied that they had been managed with openness and honesty.

- 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 staff with the development they need. This included appraisal and career development conversations.Staff received regular annual appraisals and the majority of staff had received an appraisal within the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

- Clinical staff, including urgent care practitioners, were considered valued members of the team. They were given protected time for professional development and reflection and evaluation of their clinical work supported by their mentors.

- There was an 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 felt they were treated equally.

- There were positive relationships between staff and teams.

Governance arrangements

Are services well-led?

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

Good ●

There were clear responsibilities 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, for example, in respect of safeguarding and infection prevention and control.

- Leaders had established policies, procedures and activities to ensure safety and assure 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 maintained a risk register that was regularly reviewed and actioned.

- 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 responding to major incidents.

- The provider implemented service developments and reshaping of the service. Where efficiency changes were

made this was with input from clinicians to understand the impact on the quality of care. The remodelling/ service developments were adjusted to minimise the impact on patient 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 and under performance.

- 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 patient, staff and external partners' views and concerns were encouraged, heard and acted on to shape services. For example, patients were asked for their views in a number of ways including via the NHS Friends and Family Test, "share your experience" and internal surveys.

Are services well-led?

Good ●

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

- Staff were able to describe to us the systems in place to give feedback. For example at 1:1s, appraisals and team meetings. Staff who worked remotely were engaged and able to provide feedback through their team meetings and email.

- 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. Statutory and mandatory training compliance had been identified as a concern at board level, however action had been taken and the recently seen results showed an improving compliance rate.

- 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 culture of innovation evidenced by pilot schemes the provider was involved in. For example reshaping of the service focussing on skill mix and multidisciplinary delivery of care, direct booking of GP appointments by NHS 111 and a tele triage service with local care homes. There were systems to support improvement and innovation work.