Urgent Care Service

Quality Report

St Mary's Hospital
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Isle of Wight
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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 service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Inadequate

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Overall summary

Letter from the Chief Inspector of General Practice

This service is rated as Requires Improvement overall.

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Requires Improvement

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at Isle of Wight NHS Trust Urgent Care Service (Out of Hours service) on 24 and 25 January 2018. This inspection looked at the GP led Out of Hours service of the urgent care service. We also looked at the GP led walk in service offered at weekends and bank holidays.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

At this inspection we found:

- There had been changes to the GP out of hours and walk in service since our last inspections. There was a revised leadership structure since October 2016 however staff felt that they were not always supported by the management arrangements.
- The Trust now employs all the GPs either as salaried or bank and has responsibility therefore for the management and supervision of all the GPs.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were assessed and managed, with some exceptions such as in relation to infection prevention and control and staffing. We found that there were gaps in staffing levels and rotas. On some occasions there was not a GP to see patients.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- The majority of patients said they were treated with compassion, dignity and respect.
- The service had a number of policies and procedures to govern activity, but some were overdue a review.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- GP care was delivered in line with current evidence based guidance.
- The Trust sought some limited feedback from staff and patients.

Summary of findings

- The Trust was aware of and complied with the requirements of the duty of candour.
- The service had systems to manage risk so that safety incidents were less likely to happen.
- The service reviewed the effectiveness and appropriateness of the care it provided through governance meetings. It checked that care and treatment was delivered according to evidence- based guidelines. However there was not an overarching governance of the Out of Hours service to include clear quality improvement strategies.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service generally within an appropriate timescale for their needs.

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

Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Persons employed must receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

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

The Trust should actively encourage feedback about the quality of care.

The Trust should actively seek the views of a wide range of stakeholders, including people who use the service, staff, visiting professionals, professional bodies, commissioners, local groups, members of the public and other bodies, about their experience of, and the quality of care and treatment delivered by the service.

The Trust should have effective communication systems to ensure that people who use the service, those who need to know within the service and, where appropriate, those external to the service know the results of reviews about the quality and safety of the service and any actions required following the review.

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

Urgent Care Service

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Urgent Care Service

Isle of Wight NHS Trust is the only integrated acute, community, mental health and ambulance health care provider in England. Established in April 2012 the Trust provides a full range of health services to an island population of 140,000.

The Out of Hours Service we inspected was, until October 2016, part of a Joint Venture Agreement between the Isle of Wight NHS Trust and Lighthouse Medical Ltd. The service was formally known as Beacon Healthcare located in the Beacon Centre and also included the out of hour's service.

In October 2016 the Isle of Wight NHS Trust took over the sole running of the out of hour's service and walk in centre and renamed it The Urgent Care Centre (UCS). This included the Out of Hours GP services for the Isle of Wight.

On 3rd July 2017 the walk in service closed during weekdays. On weekdays between 8am and 6.30pm patients were advised to make an appointment with their GP practice.

The Out of Hours GP service continued to provide a Primary Care Service between 6.30pm and 8:00am weekdays and at weekends and bank holidays but only for urgent cases. The service could be accessed by calling NHS 111. Patients were encouraged to call NHS 111 before visiting St. Mary's Hospital so that patients could be directed to the appropriate service.

At the time of our inspection the out of hours employed two GP's covering the daily duties from 6.30pm to midnight. The Trust had a third party contract with a specialist out of hours company based on the mainland to provide GP telephone services for the out of hours service from 6.30pm to 8.00am daily and at weekends and bank holidays the company provided telephone consultations 24hrs of the day. Nurses from the accident and emergency department were performing triage of patients attending the location.

After midnight the Out of Hours service was supported by the mainland GPs by telephone and face to face appointments were attended by a community practitioner, this could be paramedics or nurse, and also supported by the Emergency Department at St Mary's Hospital.

Patients could self-refer to the walk in service at weekends and Bank holidays. Those attending the UCS, depending on their needs, are triaged by a nurse and are then seen by a GP subject to the outcome of the triage. The walk – in service is open from 8.00am until 8.00pm Weekends and Bank holidays. The UCS will redirect individuals to other services where the individual does not have an urgent care need and their problem can be better dealt with by another service. The weekend rotas were staffed by from a bank of 23 GPs available from the Isle of Wight and the mainland.

The UCS is located at St Mary's Hospital, Parkhurst Road, Newport, Isle of Wight, PO30 5TG.

Requires improvement

Are services safe?

Our findings

We rated the service as Requires Improvement for providing safe services. This was because :

- There was not an effective system to manage infection prevention and control. When asked we were told that there were no local audits or risk assessment or clinical lead in infection control for the Urgent Care Service department.
- There were at times gaps in the GP rota.

Safety systems and processes.

The service had some 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 and 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 reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. GPs employed were trained to level three children safeguarding.
- The Trust informed us they had carried out staff checks at the time of recruitment of the GPs to work on the bank with the exception of two salaried GPs all of whom had been working until recently on a self-employed basis. The managers confirmed that not everything was in place however the GPs substantive post at their own GP practice had been approached for information. Disclosure and Barring Service (DBS) checks were undertaken or verified 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).
- Not all staff had completed up-to-date safeguarding and safety training by the Trust appropriate to their role. The Trust relied on GPs having received this training at their practice level. Staff knew how to identify and report concerns. When staff acted as chaperones they were trained for the role and had received a DBS check.
- There was not an effective system to manage infection prevention and control. When asked we were told that there were no local audits or risk assessment or clinical lead in infection control for the Urgent Care Service department.
- The Trust ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste. Although we saw that some equipment appeared to not have been recently calibrated.

Risks to patients.

There were some 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 improved system with a coordinator role newly in place for dealing with surges in demand; there was a process for requesting agency should this be required which we saw had been applied in recent weeks. However there were at times gaps in the GP rota.
- 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.
- 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.

Requires improvement

Are services safe?

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines.

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

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, and controlled drugs and vaccines, minimised risks. The service kept prescription stationery securely and monitored its use. Arrangements were also in place to ensure medicines and medical gas cylinders carried in vehicles were stored appropriately.
- 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.
- Palliative care patients were able to receive access to pain relief and other medication required to control their symptoms. The service had a "Just in Case bag" which could be deployed to treat palliative care patients. We saw that the "Just in Case bag" was securely stored.

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.

Lessons learned and improvements made.

The service had systems for learning and making 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 systems for reviewing and investigating when things went wrong. However the service had not had any recent events to show they had learned and shared lessons identified themes or took action to improve safety in the service.
- The service had a mechanism in place to disseminate alerts such as for medical safety to all members of the team including sessional and agency staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

We rated the service as Requires Improvement for providing effective services. This was because :

- Where the service was not meeting the target, the Trust had put actions in place to improve performance in this area. The Trust had regular meetings with the third party contractor to discuss the drop in the December 2017 figures and we saw that the overall trends since October 2016 was upwards.
- There was not a comprehensive programme of quality improvement activity.
- It was not evidenced by the Trust how they ensured all GPs had ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Not all staff had received an appraisal within the last 12 months. . However the managers informed us that they did have up to date records of skills, qualifications but that not all records were in place for training completed. Data provided by the Trust showed that 49% of training had been completed by GPs.

Effective needs assessment.

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best service guidelines.

The service had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

- 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 Trust 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 transfer of calls from call handler on the Isle of Wight to clinician located on the mainland that specialised in Out of Hours services using a structured assessment tool.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- 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, when GPs visited patients in their own homes they took with them computers which were connected directly to patient's records and any treatment could be uploaded directly to patient records.
- 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 (December 2017) which showed the provider was meeting the following national performance indicators:
  - Performance for base appointments with patients being seen within four and six hours was at 100%
  - Walk in patients being seen within six hours was also 100%, with a total number of patients seen at the location was 1269.

There were areas where the service was outside of the target range for an indicator this was in advice given times by the third party contractor. However the Trust 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.
  - Home visits 95.5% against target of 95%
  - Urgent advice within two hours 92% against target of 95%
- Where the service was not meeting the target, the Trust had put actions in place to improve performance in this

Requires improvement

Are services effective?

(for example, treatment is effective)

area. The Trust had regular meetings with the third party contractor to discuss the drop in the December 2017 figures and we saw that the overall trends since October 2016 was upwards. They used information about care and treatment to make improvements. The Trust had recently employed an Out of Hours Co-ordinator to work at the out of hour's service whilst the location was open to monitor response to patient appointments and face to face visits.

- The service made improvements through the use of completed audits. Clinical audit had an impact on quality of care and outcomes for patients. Although we were shown a minimal number of audits recently completed by a clinical advisor to the service.
- The Trust had employed one GP to particularly review the quality of the service through audit. This had commenced in January 2018 and had not yet evidenced findings or areas for improvement. There was not a comprehensive programme of quality improvement activity.

Effective staffing.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of service development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. It was not evidenced by the Trust how they ensured all GPs had ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- Not all staff had received an appraisal within the last 12 months. The document supplied to the inspection relating to GP appraisals did not make it clear the previous date of appraisal received, or whether or not the service completed appraisals/supervision, in addition to the Health Education England external appraisals.There were five GPs with scheduled dates after the CQC Visit and two GPs with no scheduled dates recorded.
- The provider understood the learning needs of staff and provided protected time and training to meet them. However the managers informed us that they did have up to date records of skills, qualifications but that not all records were in place for training completed. Data provided by the Trust showed that 49% of training had been completed by GPs. The staff updated their training and GP's had been given Trust training tracker logins. The GP's were also told that if they had completed mandatory training in Primary care and could provide evidence of this they would not have to repeat the course for the Out of Hours service.
- We were told that staff had received training that included: safeguarding, fire safety awareness, basic life support and information governance. All Trust staff had access to and made use of e-learning training modules and in-house training. Staff had the skills, knowledge and experience to carry out their roles.
- All staff were appropriately qualified. The Trust had an induction programme for all newly appointed staff.
- The Trust told us they ensured that all staff worked within their scope of practice and had access to clinical support when required. There was not an identified clinical lead for the oversight of GP decision and outcomes such as a GP lead or equivalent.

Coordinating patient care and information sharing.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan care and treatment. The service referred patients back to their own GP where the symptoms presented required this. The service could also refer patients to the emergency department if required and we were told that there was a good working relationship with that department.

- 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.
- 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 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.

Helping patients to live healthier lives.

The service identified patients who may be in need of extra support and signposted them to relevant services. For example: There were numerous leaflets and posters in the waiting areas directing patients to other services and giving advice. We saw posters and information leaflets in the waiting area about smoking cessation and obesity.

Requires improvement

Are services effective?

(for example, treatment is effective)

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.

Good

Are services caring?

Our findings

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 in place to respond to those with specific health care needs such as end of life care and those who had mental health needs.
- Of the three patient Care Quality Commission comment cards we received two were positive about the service experienced. The other comment card had a negative response about the time taken for a GP to call back to the patient.

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. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

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.
- The service monitored the process for seeking consent appropriately.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the service as Requires Improvement for providing responsive services. This was because :

- We were given details of the GP rotas for the Out of Hours. On further inspection of the rotas it showed that for example 17 and 18 January 2018 there was only one GP shown. On the 20 and 21 January 2018 there was only one GP on duty from 8pm to 12 midnight. This was the same for 13 and 14 January 2018 and 7 January 2018.
- We were told that there should be two GPs on duty to cover 6.30pm-12 midnight seven days per week so that home visits were possible.
- We were told that it was not uncommon for the Emergency Department to help out the Out of Hours on Friday evenings.
- Patients were not given an appointment time to attend the service by the NHS 111 service. They were advised to attend and wait to be seen. This meant that some patients were kept waiting for long periods of time in the waiting areas with other patients waiting to be seen in the Emergency department.
- There were 35 occasions during January 2018 where the provider was outside of the target range for an indicator.

Responding to and meeting people's needs.

The needs of the local population were understood and systems were in place to address identified needs in the way services were delivered. For example, the service was integrated with all medical services on the Isle of Wight. It was located in the centre of the Island and worked within the hospital trust. This integrated care provided a twenty four hours seven days a week service for people on the Isle of Wight.

We found the service was in the main responsive to patient's needs and had systems in place which endeavoured to maintain the level of service provided. However there was not always two GPs on duty when the out of hour's service was open. For example we were given details of the GP rotas for the Out of Hours this showed that on 17 and 18 January 2018 there was only one GP shown. On the 20 and 21 January 2018 there was only one GP on duty from 8pm to 12 midnight. This was the same for 13 and 14 January 2018 and 7 January 2018.

We were told that there should be two GPs on duty to cover 6.30pm-12 midnight seven days per week so that home visits were possible.

We were told that the Urgent Care Service were able to call on the services of a doctor from the accident and emergency department if required but this meant that it was possible that patients were being seen by hospital doctors and not GPs. We were told that it was not uncommon for the Emergency Department to help out the Out of Hours on Friday evenings.

Timely access to the service.

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

- Patients could access the out of hour's service via NHS 111. The Out Of Hours 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. Although were told that if a patient attended and was obviously in need of medical attention they would be seen.

- Patients did not always have timely access to initial assessment, test results, diagnosis and treatment. Patients were not given an appointment time to attend the service by the NHS 111 service. They were advised to attend and wait to be seen. This meant that some patients were kept waiting for long periods of time in the waiting areas with other patients waiting to be seen in the Emergency department.
- We saw the most recent monthly performance figures supplied by the Trust for the service (January 2018) which showed the provider was meeting the following indicators:
  - The location figures showed that the service scored 100% for patients being seen within Urgent one hour, Less Urgent two hours and Routine six hours.
  - The Walk in figures showed that the service scores 100% for patients being seen within Routine four hours.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- The home visit figures showed the following, 80% of patients were seen Urgent one hour. 92% were seen Less Urgent two hours and 89% seen Routine six hours.
- The advice figures showed that 67% of patients were contacted within Urgent, one hour. That 100% of patients were contacted within Less Urgent two hours and 98% were contacted within routine, six hours.

There were 35 occasions during January 2018 where the provider was outside of the target range for an indicator.

- 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. For example the Trust were having regular meetings with the third part contractor and the matters were also being discussed at meetings.
- Waiting times, delays and cancellations were monitored and managed appropriately. Every morning the management checked all the outstanding calls and actions were taken to ensure that the patients were contacted and checked.
- Where patients 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 managed by a newly appointed out of hours coordinator up until midnight. The managers were not clear how those waiting for a GP call back or Community Practioner to attend in their own homes were monitored after midnight until 8 am.

Listening and learning from concerns and complaints.

The service had a system for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

Minutes of team meetings showing that complaints were discussed to ensure all staff were able to learn from complaints and contributed to determining any improvement action required.

Complaints were handled by the Isle of Wight NHS Trust as part of its service provisions for the urgent care service and they were not handled directly by the staff. Any patient complaint was passed to the patient quality department at the Trust. They would acknowledge receipt of the complaint and then pass the information to the urgent care services operation manager to investigate. We saw that information was available to help patients understand the complaints system.

The Trust recorded the complaint to ensure that it was properly and appropriately dealt with. A schedule was kept of complaints with details of actions taken and lessons learnt as a result of the investigation.

- We reviewed three complaints and found that they were satisfactorily handled in a timely way. For example a complaint was received about a GP's attitude and a breach of agreed timescale. The complaint was dealt with in a timely manner upheld and an apology issued to the patient.
- Issues were investigated across relevant providers, and staff were able to feedback to other parts of the patient pathway where relevant.
- The service learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example the lessons learned from the above complaint that was cascaded to GPs was the importance of explaining the procedure to be carried out fully to the patient.

Are services well-led?

Inadequate

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

Our findings

We rated the service as Inadequate for leadership. This was because :

The Trust provided a chart showing the Operations Division and Clinical Business Units that were present in the hospital. We were told that the Out of Hours service came under medicines business unit. The Out of Hours service was placed under "All associated medical specialties unless listed elsewhere and not a named service anywhere in the structure". We also saw that there was a business unit that covered Ambulance, Urgent Care and community services, but again the Out of Hours service did not appear in this list.

There was some confusion in the staffing structure and staff were not completely clear of their own roles and responsibilities. For example at the time of this inspection there was no lead GP or Clinical lead in place for the Out of Hours Service. There was a clinical advisor and we encountered some confusion of the responsibilities of that role amongst senior managers.

The programme of continuous clinical audit was minimal and internal audits that could be used to monitor quality and to make improvements had only just been commenced.

We were told that leaders at all levels were not always visible and approachable. Staff told us they had the opportunity to raise any issues at team meetings, but did not feel confident and supported in doing so. They felt disconnected from managers who were not visible during the Out of Hours Service and morale was low.

- The strategy outlined in the structures and procedures but had not been effective in all areas. The clinical staff were not directly supported to review decision making for patients.
- Not all policies in use were up to date.
- The programme of continuous clinical audit was minimal and internal audits that could be used to monitor quality and to make improvements had only just been commenced.
- We were told that leaders at all levels were not always visible and approachable.

Vision and strategy.

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

•The service had a mission statement which staff knew and understood the values.

•The Trust had worked closely with the local clinical commissioning group to determine the best option for the Isle of Wight population and visitors.

Governance arrangements.

The Trust had an overarching governance framework however this did not always support the delivery of the strategy and good quality care.

The strategy outlined in the structures and procedures but had not been effective in all areas. For example the Trust provided a chart showing the Operations Division and Clinical Business Units that were present in the hospital. We were told that the Out of Hours service came under medicines business unit. There was a list of various units and wards, but it appeared that the Out of Hours service was placed under "All associated medical specialties unless listed elsewhere and not a named service anywhere in the structure". We also saw that there was a business unit that covered Ambulance, Urgent Care and community services, but again the Out of Hours service did not appear in this list.

There was some confusion in the staffing structure and staff were not completely clear of their own roles and responsibilities. For example at the time of this inspection there was no lead GP or Clinical lead in place for the Out of Hours Service. There was a clinical advisor and we encountered some confusion of the responsibilities of that role amongst senior managers.

Trust policies were implemented and were available to all staff. These were updated and reviewed regularly. Although the urgent care service was still using some of Beacon Healthcare protocols which required updating for example the business continuity plan provided to us was still the Beacon Healthcare plan issued in 2013 and had not been updated and changed to cover the new Urgent Care Service.

An understanding of the performance of the overall Urgent Care Service was maintained. Service meetings were held monthly which provided an opportunity for staff to learn about the performance of the service.

Are services well-led?

Inadequate

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

However the programme of continuous clinical audit was minimal and internal audits that could be used to monitor quality and to make improvements had only just been commenced.

There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the Trust were aware that that there was challenges to staffing in the service.

We saw evidence, from minutes of meetings that allowed for lessons to be learned and shared following complaints.

Leadership and culture.

The Trust was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The Trust encouraged a culture of openness and honesty.

- The Trust gave affected people reasonable support, truthful information and a verbal and written apology.
- The Trust kept written records of verbal interactions as well as written correspondence.
- There was a leadership structure but staff did not always feel supported by management.
- The leadership appeared to be knowledgeable about issues and priorities relating to the quality and future of services. They were trying to understand the challenges and were starting to address them.
- We were told that leaders at all levels were not always visible and approachable. They had worked with staff and others to try and prioritise compassionate and inclusive leadership.
- Senior management was accessible throughout the operational period, with an on-call system that staff were able to use.
- The Trust was working to create effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.
- Staff told us the service held some team meetings. We saw evidence that the service held a range of meetings which were minuted.
- Staff told us they had the opportunity to raise any issues at team meetings, but did not feel confident and supported in doing so. They felt disconnected from managers who were not visible during the Out of Hours Service and morale was low.
- Staff were not always aware of and understood the vision, values and strategy and their role in achieving them. Staff felt respected and wanted to be proud to work for the service.

Seeking and acting on feedback from patients, the public and staff.

The Trust encouraged and valued feedback from patients and staff. It proactively sought feedback from the population of the Isle of Wight. Although at the time of our inspection the Out of Hours service was located in the same location as the Emergency Department and patients were not sure where to give comments about the service.

Managing risks, issues and performance.

There were not always clear and effective processes for managing risks, issues and performance.

- Processes to identify, understand, monitor and address current and future risks including risks to patient safety were not fully established such as for gaps in the GPs rota and quality audit.
- The Trust had processes to manage current and future performance of the service. 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 discussed at senior management and board level. Performance was shared with staff and the local CCG as part of contract monitoring arrangements.
- The Trust had plans in place and had trained staff for major incidents.

Appropriate and accurate information.

The service acted on appropriate and accurate information.

- Where available 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.

Are services well-led?

Inadequate

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

- 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.
- 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 arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Continuous improvement and innovation.

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

- There was a limited focus on continuous learning and improvement at all levels within the service. For example the Trust had out sourced the GP advice process to a third party contractor who specialised in Out of Hours services.
- 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 the number of pilot schemes the provider was involved in. For example using community practitioners, paramedics and there were systems to support improvement and innovation work. For example the Trust has become an Associate member of Urgent Health UK. This is a federation of social enterprise healthcare providers enabling members to benefit by working together and effectively being part of a much larger organisation. Providing quality audit and benchmarking by external NHS auditors against agreed outcome focused quality standards. Joint public relations initiatives and Joint National representation initiatives (eg on The Five Year Forward View, NHS 111, Social Enterprise in Health).

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** **Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** **For example** • There were no governance systems for infection prevention and control • There was limited evidence there had been improvement following any quality improvement activity • There were incomplete training and recruitment records of bank GPs • There was a lack of systems for the ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for GPs. Records we were given did not confirm that all staff had received an appraisal within the last 12 months. • Not all policies and procedures were up to date for the out of hour's service.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** **Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this Part.**

This section is primarily information for the provider

Requirement notices

Persons employed by the service provider in the provision of a regulated activity must—

Receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform,

For example:

Not all staff had completed safeguarding training, Infection Control Training, Mental Capacity Act Training and information Governance training.