



Report to Health Scrutiny Sub-Committee

Report of:	<i>Caroline Mabbott, Contract Director, Sheffield Teaching Hospitals NHS Foundation Trust</i>
Report to:	<i>Health Scrutiny Sub-Committee</i>
Date:	<i>11th October 2023</i>
Subject:	<i>Sheffield Walk In Centre Report</i>

Purpose of Report:

To outline to the Health Scrutiny Subcommittee an overview of the Sheffield Walk in Centre, the details of the recent unannounced CQC inspection of the service on 25th April 2023, and the improvement work in response to the CQC's findings on the day.

Recommendations:

That the Committee notes the report.

Health Scrutiny Subcommittee

11th October 2023

Sheffield Walk in Centre Report

1. Introduction

1.1. This report outlines to the Health Scrutiny Subcommittee an overview of the Sheffield Walk in Centre, the details of the recent unannounced CQC inspection of the service on 25th April 2023, and the improvement work in response to the CQC's findings on the day.

1.2. The Sheffield Walk in Centre is delivered by OneMedicare, an independent NHS health care provider, based in Leeds, West Yorkshire. OneMedicare has delivered the Sheffield Walk in Centre since 2009.

1.3. OneMedicare was founded in 2006 by the current Executive Chair Rachel Beverley-Stevenson and Vice Chair Michael Beverley. OneMedicare provide NHS services throughout England and Scotland, delivering 19 different NHS services, including 10 general practices, 5 urgent care centres, 3 integrated urgent care services, and 1 community dermatology service. OneMedicare is driven by its purpose; to Build a Healthier Future for All, and its values; People First, Working Together and, A Healthier Future. OneMedicare's vision is to deliver "a future where people thrive through better health and wellbeing".

1.4. OneMedicare aims to "deliver safe and effective care, that offers a positive experience for staff and patients, is well-led, sustainably resourced, and delivered in an equitable way across all the communities we work in".

2. Overview of service

2.1. The Sheffield Walk in Centre is an unscheduled minor illness service located in Sheffield City Centre. The service has a multidisciplinary care team (MDT) that includes, GPs, ANPs, ACPs, Clinical Practitioners, Physician Associates, and Wellbeing Advisor. The service scope delivers unscheduled urgent care for minor illness conditions, and support for wider holistic health and wellbeing concerns through its Wellbeing hub. The service does not have access to diagnostics. Patients can either walk-in or are referred in by NHS 111. The service is accessible to all patients including those not registered with a GP.

2.2. Working in collaboration with Sheffield Teaching Hospitals, the ambition of the Wellbeing Hub was to establish a 'gold standard' unscheduled wellbeing service that supports the residents of Sheffield with health and care concerns taking 'a whole person approach'. Our aim is to support and empower our community to address life's challenges and meet their own wellbeing goals, working collaboratively with our patients and clinical staff to ensure that person-centred, compassionate care is provided to all patients. The impact is to reduce demand on other parts of the urgent and emergency care system, such as reducing A&E attendances and improving patient experience of care. The Wellbeing Advisor initially based at the front of the centre has since be moved to a new planned, purpose-built wellbeing area, allowing for the patients to ensure confidentiality within the centre.

2.3. The service is open 7 days a week between the hours of 8am and 10pm, 365 days a year. The service currently sees between 135 - 165 patients daily, an average of 4,757 patients per month. The service is situated in a prime location within the Sheffield city centre. This is a densely populated student area and the centre receives patients from wider a field, including Rotherham and Chesterfield.

2.4. Between April to September the percentage of patients assessed and treated, before being transferred or discharged within 4 hours of their arrival at the Walk In Centre is **96.4%**.

2.5. Between April to September the percentage of patients who's Clinical consultation starts within 60 mins of patient booking in the the service is **94.4%**.

2.6. Over the life of the contract OneMedicare has constantly innovated within the service. In particular the service has been developed into a specialist training hub for clinicians wanting to work in an urgent care setting, and includes an experience clinical educator as part of the MDT. This enables the service to train the next generation of urgent care practitioners through its clinical practitioner scheme, and also support with widening the MDT to include Physician Associates. Working with Sheffield Teaching Hospitals we have also introduced the 'Wellbeing Hub'. This supports over 1000 patient as year with health and wellbeing problems that would not normally be cared for in a typical urgent care setting, such as mental wellbeing, financial health, loneliness, and offers social prescribing within an unscheduled care setting. This offers patients who are not registered with a GP or lives do not always fit with usual serviced to seek greater support and make every contact count.

2.7. The service also hosts a number of community based hospital services.

3. CQC findings

3.1. The CQC carried out an unannounced inspection of Sheffield Walk-in Centre on 25 April 2023 in response to concerns received. The service was rated as Inadequate over all; and rated the service across the 5 key lines of enquiry as:

Safe - Inadequate
Effective - Inadequate
Caring - Requires Improvement
Responsive to people's needs - Requires Improvement
Well-led - Inadequate

3.2. The CQC highlighted the following areas that OneMedicare as the provider of the Sheffield Walk in Centre must take:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

3.3. The CQC also proposed the following areas of improvements should be taken:

- Provide a complaints leaflet in reception which is readily available for patients and record all complaints, including verbal complaints.
- Review ways to improve confidentiality at the reception desk when supporting patients who are unable to complete the arrival form themselves.
- Review the waiting area to ensure sufficient seating availability for patients.

3.4. The following the inspection the CQC issued the following enforcement notices to the service. OneMedicare has legally challenged the outcome of the inspection and warning/enforcement notices as they are not representative of the findings on the day or of the service in general. They also contained a number of factual inaccuracies.

4. Actions undertaken since April - September 2023

4.1. Immediately following the CQC inspection, the senior team within OneMedicare have worked with the local team, the Quality team and Commissioning team from Sheffield Teaching Hospitals to make improvements to the service, and respond to and remedy the concerns raised in an open, transparent and sustainable way. This has included included placing senior leaders from

within OneMedicare at the Sheffield Walk in Centre to lead the service recovery and quality improvement plan. OneMedicare as continued to work with the Quality Team at Sheffield Teaching Hospitals, who have undertaken a quality inspection of the service in May 2023. OneMedicare has also undertaken a 6 month internal 'mock CQC' quality inspection to give assurance that progress and improvement has been made. OneMedicare reports regularly to Sheffield Teaching Hospitals Quality Team. OneMedicare has undertaken number of 'pulse' surveys in addition to an annual staff wellbeing survey to review both culture and satisfaction within the service.

4.2. The following actions have been undertaken in response to the concerns raised by the CQC.

1. Current system does not allow users to access the spine, EPS and alerts

- **An updated clinical system has been implemented and has been place 31st July resolve these issues with all staff receiving relevant training. This supports with better data reporting to pull specific themes of attendances times and types which can support with workforce modelling and service transformation.**
- **In order to ensure there are no further problems we will be undertaking quarterly reviews with staff to ensure that the there are no issues with the clinical system and that staff can readily access the information needed to deliver high quality care. All new starters receive in-depth training to the clinical system, such prescribing and reporting of issues.**
- **OneMedicare is working with the ICB on improving Directory of Services.**

2. Inadequate system for reporting defects and monitoring

- **There is a pre-existing system for reporting defects which has been reviewed. This is an online form submitted a dedicated property team within OneMedicare. Locally the service team have implemented a tracker that includes date logged, owner, when this should be chased and when it has been rectified. This is available to the entire team on the dedicated staff intranet channel, so they have oversight and can add to. It is monitored weekly.**

3. Assurance and auditing systems ineffective and monitoring and improving quality

- **All key audits are now completed through a digital platform called Tendables. This includes IPC, documentation, and prescribing audits. All audits are displayed in the staff area and are fed back through monthly team meetings and daily huddles where required. All audits are pulled into the monthly quality report and submitted to the Quality Team. All actions are documented on the tracker, so that evidence of what has been done/going to be done is visible.**

4. No system in place for reviewing themes and trends of complaints and SER

- **There is an existing Significant Event Reporting (SER) tool which is accessible to all staff through the intranet. All Significant Events and complaints are reviewed and reported centrally within OneMedicare, to improve safety through learning.**
- **There is a lessons learned board on display in the staffing area. All new learning from complaints and SER are displayed. Complaints and SER are discussed at the monthly team meetings and where required the daily huddles at 8am and 12pm. There is a lesson learned tracker available on the staff intranet, that is updated when news issue arise. This compliments the wall displays/huddles/team meeting.**
- **There is also a fortnightly meeting with site and the patient safety officer, to discuss SER and complaints, ensuring they are on track to be closed and actions created.**

5. Protected time for staff to complete audit and training

- All staff at site have been allocated specific roles, from audit to centre checks. A time and motion piece of work was completed to establish how much protected time is required per task.
- Team leaders within the service oversee the completion of audit, and undertake clinical support and supervision for staff within their teams.

7. No formal complaints procedure for patients

- There is an established complaints procedure. A complaints form is available from reception explaining a patient can raise their concerns in a variety of ways (including, email, telephone, written). This includes a written response that can be completed in real time if patients need support to make a complaint, due to language or literacy challenges.
- All complaints are discussed in the monthly team meetings and where required, in the daily huddles at 8am and 12pm. These are minuted and shared with the team as lessons learned.

8. There are not enough chairs in the waiting area and patients sitting on the floor.

- New chairs ordered and are now in place. This gives a maximum capacity for 70 patients.

9. Patient feedback was mixed, with some patients being happy with the way they were treated by staff and others reporting staff did not treat them with kindness or respect.

- Patient Engagement is collected through friends and family on a monthly basis with feedback being actioned and visualised through 'you said, we did' board in the waiting room.
- From September Patient Engagement Group will be live to host meetings with members of the community for development and transformation of the service.
- All staff will complete annually mandatory customer service and conflict resolution training to ensure that dignity and respect is at the forefront.
- Specific themes from complaints and feedback is discussed in team huddles and meetings as well as displayed in the services lessons learnt board.
- Bespoke training for the front of house team is booked for September to cover handling difficult conversations, customer service, scenarios.
- In September we undertook waiting room patient surveys. Patients rated the service as 3.6/5.

10. Patients reported long waits to access care

- Productivity and notes audits are run for all staff to ensure they are performing and to highlight any development needs.
- We have a triage process in place for all patients to receive an initial assessment upon booking in, we prioritise patients upon clinical need.
- During recent waiting room surveys, patients told us they were waiting on average 2 hours to have health problems treated. Between April to September the percentage of patients assessed and treated, before being transferred or discharged within 4 hours of their arrival at the Walk In Centre is 96.4%. The percentage of patients who's clinical consultation started within 60 mins of patient booking in the service is 94.4%
- There is a triage standard operating process in place to respond to high demand and surge within the service. The service undertakes four times daily 'situation reports that escalate service pressure through an Operating Pressures Escalation Levels framework (OPEL).
- There is ongoing recruitment with successful onboarding of GP's and physician associates. Training and clinical supervision plans are in place to ensure that staff have the necessary skills to see patients safely.

- All junior staff have completed an in house 7 day, level 6 training program to enhance their clinical skills. They are all on university modules from September, including minor illness and non-medical prescribing.
- There is a competence assessment framework in place that assesses staff's ability, highlighting where investment in training is required.
- There is also a new rota in place, that staggers the shifts to ensure that there is the appropriate skills mix and staffing numbers in place to prevent long waits and late finishes.
- Activity is monitored daily to establish themes and trends in rising activity, that can be responded to, in a timely manner.

11. There were substantial or frequent staff shortages which increased risks to people who used services as there was not always enough staff available to deal with the full spectrum of possible patient presenting conditions, for example, children under the age of 2 years and the service did not have an effective system in place for dealing with surges in demand

- Workforce planning meetings occur on a quarterly basis and review all activity and presentation data to ensure that there is the right workforce planned for the expected need within the service over any given time.
- The service is part of national twice weekly 'escalation' meetings to highlight any staffing issues or changes in demand.
- For under 2's we have recruited GP's to work within the service, all shifts have a senior clinician on site who have the training and skill set to see patients of all ages.
- We have a relationship with the children's hospital to liaise with and gain any additional support required upon seeing children.
- The service has an under 5's standard operating procedure to ensure the safe assessment of paediatric patients. All clinical colleagues complete spotting the sick child training.
- The service has an OPEL policy for the team to use in cases of surges of demand and access to an on call manager for support in times of out of hours.
- Pathways and relationship with Children's Hospital are in place. There is a Under 5's Standard Operating procedure.
- All locums undertaking shifts within the service come from trusted agencies as part of OneMedicare preferred supplier list. All locums are required to have the necessary training to see patients of all ages.

12. There was no formal clinical supervision for staff to access

- We have reviewed our clinical supervision policy to make it more robust, more beneficial for the individual clinician and support with training and development. All salaried clinicians receive formal clinical supervision on a quarterly basis. Staff are also able to access clinical support and advice from their team leaders.
- There is a clinical educator available at site. Clinical supervision is displayed in the staff development area, so staff know how they can access this.
- There is also a topic of the month that is displayed in the staff area, for all substantive and locum staff to see.

13. Training and Development protected time for staff to develop

- Staff are encouraged to attend university courses and additional clinical courses to improve their practice and the safety of the service users.
- Staff have a formal tracker of their current development and development needs. There is a clinical educator lead at site to support staff with training. Competence assessment for staff are completed annually.
- A 4 week, level 6 training program was initiated in June-July, prior to starting university modules. There is also a competency assessment framework in place that all staff go through.

- **Staff have a formal tracker of their current development and development needs. here is a clinical educator lead at site to support staff with training. Competence assessment for staff are completed annually.**

14. IPC audits completed but no evidence of actions being taken

- **IPC audit now being completed on digital audit platform. All issues are reported to the OneMedicare Quality and operations team and placed on a tracker, with issue, action, owner and completion date.**

15. There was an issue with the cleaning of the centre

- **There has been a formal review with cleaning contractors to improve standards of cleaning. There is now a supervisor available from the cleaning agency to report any concerns over the cleanliness of the centre.**
- **There is a cleaning schedule in place and this is checked daily by the site management team.**
- **Also a QR code that staff can report any issues in real time. There is a weekly walk around with site manager and cleaning company manager.**

16. Staff feedback was mixed, with some staff stating they felt supported by management and able to raise concerns whilst others reported closed cultures where they did not feel they could escalate their concerns through the provider's procedures

- **A Freedom to Speak Up Guardian in place for all staff to contact additionally to our HR team within the groups support centre. There is also an anonymous link on the staff intranet available for locum and substantive. This is displayed in the wellbeing area at the centre.**
- **There are twice daily team 'huddles' and monthly team meetings to support communication.**
- **Locums they have a log in to the intranet site where they can access policies, ways to communicate, including freedom to speak up policy and contact details.**
- **All staff have quarterly clinical supervision sessions and are appraised annually.**
- **The service has introduced an anonymous suggestion box for staff to put in any comments or concerns, these are then discussed in the monthly team meeting and any actions displayed on the staff's 'you said, we did' action board in the staff area.**
- **The service has introduced an 'employee star of the month' in which colleagues nominate a peer which is then recognised and celebrated within the monthly team meeting.**
- **The wellbeing ambassador for the service which hosts a quarterly wellbeing event for the team where they can speak about any concerns.**
- **The team have access to an on-call wellbeing advisor if they need to access any support or discuss any scenarios company wide out of hours.**
- **The service has introduced 'circuit breakers' twice daily where staff are able to come together to get rest from the computer and their rooms and connect with colleagues.**
- **The Freedom to Speak up Guardian poster is displayed in staff areas and has been discussed in team meeting and daily huddles.**
- **There has been the introduction of an 8am huddle to ensure that all staff are aware of changes/issues/feedback, prior to starting shift.**

17. insufficient staff to deal with the full spectrum of possible patients

- **There has been successful recruitment of GP's, Physician Associates, Triage nurses since May 2023.**
- **Current in-house training for clinical practitioner training course for x5 of the substantive workforce including university courses for progression and development.**
- **The service uses a data guided approach for workforce mapping taken from activity data from previous years, to ensure that capacity meets expected demand. We will review the**

anticipated increase in demand from winter pressures to ensure the staffing skill mix meets demand and the likely presentations.

- **Escalation processes are in place for times of surge and demand to ensure all patients safe and appropriate which are seen within the service, actions built in for the team to follow. The local team is supported by a national on-call manager 7 days a week.**

18. Processes were in place for checking medicines stock and staff kept accurate records of medicines. The service monitored the temperature of the room where medicines were stored. However, there was no plan or protocol in place to inform staff what to do if the room temperature exceeded recommended levels. The service did not stock medicines that required refrigeration

- **We now have a policy and poster in place to give plan and protocol for what level a temperature should be between and what action to take if the temperature is out of this remit. Fridges and rooms are checked daily to ensure temperatures are within the safe level**

19. The service carried out medicines audit on individual prescribers to ensure prescribing was in line with best practice guidelines for safe prescribing. However, the audits we saw did not always document what actions, if any, had been taken

- **The has been reviewed to make sure audit results and actions are discussed in team meetings and huddles and documented. They are also displayed at the service on a notice board with the audit and result and the learning and actions from the audit.**
- **All audits are kept on relevant trackers which have owners, deadlines, actions, responsibilities.**

5. Next Steps

Both Sheffield Teaching Hospitals Quality Team and OneMedicare Senior Team have undertaken 'mock' inspections of the service, in May and September respectively, finding that the service has made significant improvement to practice, and that safety standards are being made.

The OneMedicare Senior Team continue to work with the local team on a daily basis within the service to drive further improvement, support with embedding improvements made, and promoting a safety focused culture. We are preparing the service for imminent re-inspection.

OneMedicare is reviewing its winter planning to ensure that there is the right workforce capacity is present and that patients do not face long waits through the winter months, and that staff are well supported through what is a challenging time for the NHS. We are also working with Sheffield Teaching Hospitals to expand on what services can be delivered within what is a key community asset, as well as ensuring the physical estate is optimised and made the most of.

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