North West Ambulance Trust, NHS 111 Service

Quality Report

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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.

Contents

Overall summary

NHS 111 is a telephone-based service where patients are assessed, given advice and directed to a local service that most appropriately meets their needs. For example, this could be an out-of-hours GP service, walk-in centre or urgent care centre, community nurse, emergency dentist, emergency department, emergency ambulance or late opening chemist.

Summary of findings

We inspected the NHS 111 service, located at Middlebrook in Bolton, which was provided by North West Ambulance Service NHS Trust (NWAS) on 24 March 2015. We carried out this announced inspection as part of the development of our approach to inspecting NHS 111 services. Therefore we have not rated the service.

NWAS was inspected in August and September 2014 under the Care Quality Commission's revised inspection approach. At that inspection the core services: Access to Service, Emergency and Urgent Care and Patient Transport Services were inspected. The focus of this inspection was the NHS 111 service therefore we did not review any of the areas identified for development and improvement at the inspection in August 2014

Our key findings were as follows:

NWAS NHS 111 provided a well-led, safe, effective, responsive and caring service to a diverse population spread across the North West England.

- The NHS 111 had systems in place to mitigate safety risks. Incidents and significant events were identified, investigated and reported.
- The service was monitored against the Minimum Data Set (MDS) for NHS 111 services and adapted National Quality Requirements (NQRs). These data collection tools provided intelligence to the provider and commissioners about the level of service being provided. Action plans were implemented where variation in performance was identified.
- NWAS NHS 111 worked closely with the 33 Clinical Commissioning Groups (CCG) in the North West, who commissioned the service.
- Staff were trained and monitored to ensure they used the NHS Pathways safely and effectively. (NHS Pathways is a licenced computer based operating system that provides a suite of clinical assessments for triaging telephone calls from patients based on the symptoms they report when they call).
- Staff were supported to report issues and concerns.
- Patients using the service were encouraged and supported to respond to the telephone clinical triage and their consent and decisions respected.
- The service was responsive and acted on patient complaints and feedback.
- There was visible leadership, with an emphasis on continuous improvement and development of the service.
- The vision to develop and expand the service in accordance with the five-year business plan was being implemented.

There were areas where the provider should make improvements:

- Ensure periodic analysis of complaints, customer feedback and significant events is carried out to identify themes and trends so that appropriate action can be taken if required.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Safety was seen as a priority. Service performance was monitored and reviewed and improvements implemented. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal incidents were discussed to support improvement. Information about safety was valued and used to promote learning and improvement. Risk management was embedded and recognised as the responsibility of all staff. Staff took action to safeguard patients and were aware of the process to make safeguarding referrals.

Are services effective?

Daily, weekly and monthly monitoring and analysis of the service achievements was measured against key performance targets and shared with the lead Clinical Commissioning Group (CCG) members. Appropriate action was undertaken where variations in performance were identified. Staff were trained and rigorously monitored to ensure safe and effective use of NHS Pathways. They received annual appraisals and personal development plans were in place. Staff ensured that consent to treatment was obtained from patients and appropriately recorded. There was an effective system to ensure timely sharing of patient information with the relevant support service identified for the patient and their GP.

Are services caring?

Patient survey information for the period April to September 2014 demonstrated that the NHS 111 service being provided by the North West Ambulance Service was performing better than the England average for the same period. We observed patients who used the 111 service being spoken with in a calm, patient and professional manner. Patients' consent was obtained to share information and to have their calls listen to and the patients' decision in relation to meeting their care needs was respected.

Are services responsive to people's needs?

The service had long and short-term plans in place to ensure staffing levels were sufficient to meet anticipated demand for the service. There was a comprehensive complaints system and all complaints were risk assessed and investigated appropriately. Action was taken to improve service delivery where gaps were identified. The service engaged with the lead Clinical Commissioning Group (CCG) to review performance, agree strategies to improve and work was undertaken to ensure the Directory of Services (DOS) was kept up to

Summary of findings

date. The DOS is a central directory about services available to support a particular patient's healthcare needs and that is local to their location. Some local engagement had been undertaken with three Healthwatch services and further engagement was planned.

Are services well-led?

Staff were clear about the values and vision of the North West Ambulance Service NHS Trust (NWAS) NHS 111 service and their responsibilities in relation to these. There was a clear leadership structure and staff felt supported by management. The service had a number of policies and procedures to govern activity. Regular team meetings were held. There were systems in place to monitor and improve quality and identify risk. The service proactively sought feedback from staff and patients.

Summary of findings

Areas for improvement

Action the service SHOULD take to improve

Ensure periodic analysis of complaints, customer feedback and significant events is carried out to identify themes and trends so that appropriate action can be taken if required.

North West Ambulance Trust, NHS 111 Service

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and the team included a GP and a nurse both with experience of working for an NHS 111 service and / or its predecessor, NHS Direct.

Background to North West Ambulance Trust, NHS 111 Service

The North West Ambulance Service NHS Trust (NWAS) was established on 1 July 2006 by the merger of ambulance trusts from Greater Manchester, Cheshire and Merseyside, and Cumbria and Lancashire. The trust headquarters is in Bolton, and there are four area offices, one located in each of these counties. It is the second largest ambulance service in the country and provides 24 hour 365 days accident and emergency services, emergency medical treatment and triage and transport services. NWAS works with 39 emergency departments, 18 Out of Hours services and 1593 GP practices.

The trust serves a diverse population of approximately seven million people across an area of 5,500 square miles. The area has significant differences regarding population distribution and density, health care needs and physical geography.

NWAS took over the running of the NHS 111 service in the North West on 29 October 2013.

In March 2015, NWAS were awarded, following a competitive tendering process, a five-year contract to provide NHS 111 services to the whole of North West of England.

The main NHS 111 service operated by NWAS is managed from Sefton House, Middlebrook, Horwich in Bolton. In addition, NHS 111 services were also provided by NWAS from a smaller site in Carlisle. We did not visit this location during this inspection.

33 clinical commissioning groups (CCG) commission NHS 111 services provided to the North West area. The lead commissioner is Blackpool Clinical Commissioning Group.

Between 29 October 2013 and March 2015, the NHS 111 had received 1,062,000 telephone calls.

Why we carried out this inspection

We carried out this inspection as part of the development of our approach to inspecting NHS 111 services.

How we carried out this inspection

To get to the heart of people's experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?

Detailed findings

- Is it well-led?

Before visiting the NHS 111 service, we reviewed a range of information that we held about the service provider, North West Ambulance Service NHS Trust (NWAS), and reviewed the information on their website. We asked other organisations such as commissioners and Healthwatch to share what they knew about the NHS 111 service.

We carried out an announced visit on 24 March 2015. During our visit, we spoke with a range of staff including directors for the service, senior managers, clinical managers, call handlers, clinical advisors, a NHS Pathway trainer and the lead for information technology (ICT).

We were unable to speak with patients who used the service. However, we listened, with patient consent, and observed how clinical advisors and call handlers spoke with and supported patients who used the service.

We looked at a range of records including audits, staff training, patient feedback and complaints.

NWAS issued a press release on 17 March 2015 requesting feedback from members of the public who had used the NHS111 service and displayed a link to the CQC's website form 'Share your Experience'.

At the time of writing this report, we had not received any 'Share your Experience' feedback forms.

Are services safe?

Our findings

Safe track record

The North West Ambulance Service NHS Trust (NWAS) had systems in place to monitor all aspects of the NHS 111 service provided to patients to ensure the telephone triage they received was safe. The NHS 111 service uses NHS Pathways; a licenced computer based operating system. This provides a suite of clinical assessments for triaging telephone calls from patients based on the symptoms they report when they call. It has an integrated directory of services, which identifies appropriate services for the patient's care if an ambulance is not required.

Blackpool Clinical Commissioning Group (CCG) was the lead commissioner for all 33 CCGs in the North West. They confirmed and shared information with us that demonstrated a productive and open working relationship with NWAS. NWAS met regularly with the CCG and provided them with a monthly report (Call Report Activity), which included information on performance activity, serious incidents, complaints, outcome of investigations, and patient feedback. In addition, daily and weekly monitoring spreadsheets were maintained of call data (Minimum Data Set). The data collected included call handling performance and identification where target indicators had not been achieved. The information and data collected was also broken down into four CCG locality footprints (Cheshire, Cumbria and Lancashire, Merseyside and Greater Manchester). Regular meetings were held internally at NWAS, with Blackpool lead CCG lead and the four locality footprint CCG leads to discuss the data and the performance of NHS 111.

We spoke with a range of staff and they confirmed they had easy access to comprehensive policies and protocols electronically. In addition, staff had easy online access to information resources, to supplement the NHS Pathways triage programme. This included for example information on household toxins, hot topics (updates from NHS Pathways) and safeguarding.

Staff we spoke with told us they were aware of their responsibilities to raise concerns and were supported to report incidents internally or externally as appropriate. All staff spoken with, including senior managers and call handlers confirmed that all incidents, reportable concerns and complaints were logged on their electronic system. These were risk assessed, investigated, and any subsequent actions and improvements were cascaded to the relevant staff.

In accordance with the NHS Pathways, licensing agreement, call handlers and clinical advisors had five of their calls audited each month to monitor their competency using the NHS Pathways triage systems correctly.

Learning and improvement from safety incidents

The service had a comprehensive system in place for reporting, recording and monitoring significant events, incidents and complaints. The complaints procedure identified a risk matrix and categorisation of incidents reported and detailed what the appropriate response and action should be in relation to the identified risk.

Since October 2013, NWAS had had three serious adverse events for the NHS 111 service. Detailed records were available of the investigations and actions undertaken because of these incidents. This included an end-to-end review of the service provided to the patient, which included listening to the call recording, the NHS Pathways followed, the staff member's competency in using the NHS Pathways and the advice provided. Actions taken in response to these incidents included removing the staff member from handling calls whilst a period of retraining was undertaken followed by supervision and increased monitoring.

The NHS Pathways licensing agreement required all call handlers and clinical advisors to have five of their calls recordings audited each month to monitor their competency using the NHS Pathways triage systems correctly. NWAS had supplemented this call audit with additional monitoring of staff performance to measure the quality of the service each staff member provided. We saw records of these call audits which included evaluation, feedback and action plans (when required).

Further, the monthly NHS 111 Call Report Activity provided evidence that NWAS analysed feedback and took action where concerns were identified. The call report for January 2015 provided a summary and brief analysis of 18 complaints received from patients and or their family or carers. It also provided the same for 76 items of Health Care Professional feedback. The report included an analysis of 11 concerns identified by health professionals regarding

Are services safe?

the NHS111 assessment of a patient as being too low, five of which were upheld and one partly upheld. The analysis of the calls involved an audit of the call, listening to the staff member's communication with the patient alongside their use of the NHS Pathways. Where gaps in the performance of the staff member were identified, this was discussed with the staff member and an action plan implemented to improve performance and ensure a safe service was delivered.

Reliable safety systems and processes and practices

All staff we spoke with demonstrated a clear understanding of their responsibility for reporting concerns and events. They told us how they could raise queries identifying potential gaps in the NHS Pathways clinical assessment process. The Call Report Activity also listed all the issues raised and Pathways change requests made to NHS Pathways. The action taken by NHS Pathways in response to the queries were included for some of these. We were informed that the timeliness of response to the queries by NHS Pathways was in accordance to risk. Senior managers provided an example where they had identified an issue with a feverish child and NHS Pathways responded quickly to this by applying a 'patch' or an update to the electronic pathway database.

The service had systems in place to safeguard patients at risk of harm. All safeguarding concerns or referrals were sent electronically to the NWAS 111 location in Carlisle where these were loaded onto an electronic referral information sharing system. This database was accessible to health and social care professionals nationally, so that they could quickly pick up patients who had been identified as at risk or at potential risk of abuse quickly. Staff at the Carlisle location monitored the electronic database and made direct contact with the appropriate safeguarding authority if the concerns were not picked up in a timely manner.

All staff we spoke with were aware of the safeguarding policy and process. However, one member of staff who was new to the organisation and was undergoing training was not quite sure where to access the policy.

The Mental Health lead for the NHS 111 service was leading on a project to monitor and where possible provide additional support to patients who were repeat callers or high intensity users of the service. Call handlers and clinical advisors had access to the national repeat caller database to identify people who contacted the NHS 111 service both locally and nationally frequently. In addition, call handlers and clinical advisors used a facility to record 'special notes' on patients records so that colleagues could quickly see all previous contact and the health issues identified on previous calls. We heard that where possible the high intensity users of the service were asked for their consent to share information about their situation with their GP or other health care professionals involved in providing support to them. Managers discussed an example where they had participated in a multi-disciplinary meeting to discuss one patient's needs. The outcome of which resulted in better community support for the patient and subsequent reduction in the number of calls received from the patient. In addition, work was in progress with NWAS's emergency 999 service to identify and correlate information on high intensity users of both services.

We also spoke with the information technology lead (ICT) for ensuring information recorded on the electronic Clinical Patient Management System was accurate to minimise the risk of duplicate records being made for the same patient which could result in special patients notes being missed. The ICT lead told us that they had been training new and existing staff to ensure all information about the patient was checked with the patient for accuracy. This included checking the spelling of names, the date of birth and home address with the patient. Monitoring of the impact of the training was being undertaken and evidence was available to show that between December 2014 and March 2015 some improvements were evident in the accuracy of recording information.

Recruitment procedures were safe, checks on professional registration for clinical advisors were maintained and monitoring of the hours worked by clinical advisors undertaken to ensure compliance with NHS Pathways licence was undertaken.

Monitoring safety and responding to risk

The NWAS 111 service had clear lines of accountability for all aspects of the service they provided. Staff we spoke with working, in a variety of different roles (from call handlers, clinical advisors and senior managers) all told us that they were supported to provide a safe service.

Internally the senior management team, which included representatives from operations, clinical governance, performance and communications, met weekly to review

for example service delivery, staffing, new issues and progress with action plans. Minutes from these meetings included action logs. The board of directors for NWAS were kept up to date about the service at monthly board meetings.

Call handlers and clinical advisors were trained to use NHS Pathways and were licensed to use the electronic clinical assessment for triaging telephone call from patients. Staff performance was monitored daily and where outliers were identified in performance then support arrangements were put in place to ensure performance improved.

Staffing levels of call handlers and clinical advisors were planned for at least twelve months in advance. Staffing forecasts were based on intelligence including historical data and the use of a telecommunications computer programme (Erlang) which identified the minimum staffing levels for call handlers and clinical advisors required over a 24 hour period. Staffing levels were increased significantly to meet increased demand at periods of high intensity use such as Saturday morning, weekends, and evenings from 6pm and bank holiday periods. The CCG lead for 111 service confirmed that they monitored and reviewed the planned staffing levels with NWAS to ensure this would meet anticipated demand.

The service had arrangements for reporting significant events, incidents and complaints. The staff were aware of these and records available demonstrated thorough investigation with action plans to minimise reoccurrence.

Call handlers and clinical advisors accessed a work station when on duty. Telephone headsets were provided to individual staff members and not shared between staff. Fire safety procedures were followed, with a weekly fire alarm test and twice yearly evacuation. Records of portable appliance testing were available. Building maintenance was the responsibility of the landlord.

Arrangements to deal with emergencies and major incidents

There was a comprehensive business continuity plan in place to deal with emergencies that might interrupt the smooth running of the service. This included loss of mains power, loss of utilities, loss of staffing, evacuation of the building and loss of the Directory of Services (DOS). (The DOS is a central directory that is integrated with NHS Pathways and provides the call handler with real time information about services available with the clinical skills required to support a particular patient with their healthcare needs).

We heard that in the event of loss of services at the NHS 111 location then the facility to route calls to the regional office in Carlisle and the 999 call centre in Manchester was available. We were told of a recent incident involving the provider of the national telecommunication service through which all 111 telephone calls are routed. The telecommunication provider redirects the calls to the most appropriate 111 service dependent on the geographical location of the caller. In November 2014, the NWAS 111 service started to receive a number of calls from other areas in the country. The same service was provided to these patients by NWAS 111 and patients were directed to local services by using the DOS.

There were also mutual support arrangements in place with NHS 111 service providers in the West Midlands and London. This meant that if any of the 3 localities had significant and unexpected increase in demand then support could be provided to the locality.

Expansions plans were in place and being actioned to increase the current service provided by NWAS NHS 111. This meant by the end of 2015 there would be five locations, Middlebrook, Carlisle, Blackpool, Manchester and Merseyside providing NHS 111 telephone triage for the whole of the North West England. The addition of these operational locations will provide additional resilience and back up support in the event of emergency or incident at one of the locations.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

All operational call handlers and clinical advisors had been through a mandatory rigorous training programme to become a licensed user of the NHS Pathways. Once trained and licensed to use NHS Pathways, call handlers and clinical advisors had their performance rigorously monitored. Five patient calls were audited each month against set criteria such as active listening, effective communication and skilled use of the NHS Pathways functionality. We saw where gaps in the call handler or clinical advisors performance were identified, then this was discussed with the staff member and an agreed plan of support implemented. Examples of support included one to one meetings, on the job coaching or removing a staff member from handling calls for a period of retraining.

The North West Ambulance Service NHS Trust (NWAS) NHS 111 had supplemented the NHS Pathways call audit process by adding additional elements of auditing, which they called Care Bundles. These assessed the call handler's and the clinical advisor's performance against different measures or metrics, such as recording patient details accurately, choosing the correct directory of service (DOS) and providing care and advice on what to do should a patient's symptoms worsen.

We saw records of call audits and the feedback provided to staff members when performance was not good enough. One staff member told us they found the coaching and support they received following an inadequate call audit review as a positive and beneficial experience.

The clinical governance team provided monthly reports about the call activity for the preceding month. These reports identified the issues raised and requests for change made to NHS Pathways. NHS Pathways responses to these requests were also recorded. NHS Pathways updated the clinical assessment tool twice yearly; however, updates were applied quickly if gaps in the assessment tool identified potential risk to patients.

NWAS NHS 111 was aware that the mental health NHS Pathways was not sufficiently robust to support patients effectively. This they advised would be improved in a future Pathways update (version 11). However to support call handlers and advisors an interim workbook was available to assist them to manage people with challenging behaviour and mental health issues. Call handlers and clinical advisors we spoke with confirmed that they received 'real' time or on the job support from clinical duty managers when they were dealing with a caller who they found challenging.

Managers told us there were plans to improve staff training in relation to dementia and consent.

We spoke with a range of staff and they confirmed they had easy access to comprehensive policies and protocols electronically. In addition, staff told us they had easy online access to information resources, to supplement the NHS Pathways triage programme. This included for example information on household toxins and hot topics (updates from NHS Pathways).

Discrimination was avoided when speaking to patients who called NWAS NHS 111. The NHS Pathways assessment process ensured patients were supported and assessed on their needs, not their personal demographic profile. Call handlers had access to language line and a text tone facility was available for patients with hearing impairment. NWAS monitored the use of language line and the geographical demographics of local communities and were able to share this information with CCGs to help them to target their services more effectively.

Management, monitoring and improving outcomes for people

NWAS monitored the performance of NHS 111 against the Minimum Data Set (MDS) and adapted National Quality Requirements (NQRs). The NQRs were developed to monitor the performance of Out of Hours service providers. These were currently under formal review but at a local level, they had been adapted to monitor more effectively the performance of the NHS 111 services being provided. NWAS monitored daily its performance against the MDS and NQRs and this information was provided on a weekly basis to the host or lead CCG for the 33 CCGs in the North West. At these meetings, performance was reviewed and where performance targets had dropped, actions plans were implemented to address this. In addition to these weekly meetings monthly clinical governance and contractual meetings were also undertaken.

Data for the week ending the 8 February 2015 received from the CCG showed that NWAS NHS 111 service answered 97.1% of calls in 60 seconds compared to the England average of 93.3%.

Are services effective?

(for example, treatment is effective)

Call abandoned after 30 seconds was 0.6% compared to the England average of 1.1% and 51.8% of call backs to patients were made within 10 minutes compared to the England average of 43.8%.

The monthly 111 Call Reports produced by NWAS included a breakdown of all calls received for the month. For example in January 2015, 76,110 calls were received, 97.96% of these were answered, 92.85% of which were answered within 60 seconds. Data was further broken down into the top 20 clinical triage pathways used and the top 10 final dispositions (outcome) reached. The report also broke the data down into the CCG footprints for Cumbria and Lancashire, Greater Manchester, Merseyside and Cheshire.

The clinical governance manager explained that the monthly call audit reports were shared with each the four CCG clinical lead representatives. The clinical governance manager told us that following consultation with the CCGs they had agreed to audit 20 patient records stored on the clinical patient management system in April 2015.

Information received from the lead CCG for the North West stated that five main topic areas for future clinical audit had been agreed. These included Urgent Health, Emergency Health, Mental Health, Safeguarding and Self Care.

Effective staffing

When NWAS took over as the provision of NHS 111 service, in October 2013 some call handlers and clinical advisors were provided by an external contractor. The previous provider of the 111 service (NHS Direct) had agreed this arrangement with the contractor. This meant at the time of our inspection visit some of the call handlers and some clinical advsors were supplied through this contractor.

In March 2015 NWAS, following a competitive tendering process was awarded the contract to provide NHS 111 services to the whole of North West England. At the time of our visit all call handlers supplied by the agency were going through TUPE process to become employees of NWAS. This process would be completed at the end of March 2015. Staff we spoke with thought this was positive and they were eager to become NWAS employees.

All call handlers and clinical advisors had received NHS Pathways training and were licensed to use the electronic clinical assessment for triaging telephone call from patients. Staff call handling performance was monitored and gaps in performance were discussed with the staff member and appropriate support agreed and implemented. One clinical advisor told us of their experience of this. They said they received coaching and support from a senior clinician and found the process to be a positive and beneficial. They told us they shared their learning with their colleagues.

NWAS provided new staff with one week's induction training before they commenced on the NHS Pathways training, This included mandatory health and safety training, basic life support, defibrillator training and equality and diversity training. New staff we spoke with, on week four and week six of their Pathways training respectively confirmed they were enjoying the job. One staff member said the training was 'fit for the role'. Both staff members confirmed they had received training in safeguarding, mental health and actions staff could take if they received a distressing call. Both said they felt confident to ask for support.

Records showed that staff received one to one supervision, annual performance appraisal and development review and the use of SMART (Specific, Measurable, Achievable, Realistic and Timely) objectives when a staff member was being supported under the Improving Work Performance policy.

Working with colleagues and other services

We heard that there were positive working arrangements between NWAS and the lead CCG and the CCG clinical leads in Cheshire, Cumbria and Lancashire, Merseyside and Greater Manchester.

The accuracy and quality of information held in the directory of services (DOS) was the responsibility of each CCG. NWAS was working with CCGs to ensure that this was consistently maintained.

We observed both call handlers and clinical advisors move patients through the clinical assessment provided by NHS Pathways, to reach the final outcome (disposition) and then contact the appropriate service, identified by the DOS, for the geographical location of the patient. We observed an Out of Hours service being contacted and the emergency ambulance service.

Are services effective?

(for example, treatment is effective)

NWAS already provided emergency paramedic services in the North West. Relationships with the 999 emergency call centres were already established and we heard of plans to develop and integrate both services for more effective call handling.

Health professional feedback comments were reviewed, investigated and responded too.

NWAS had held three events in 2014 with Healthwatch and had plans to develop these links both with Healthwatch and with local charities that provided support to people with mental health issues. This information would be used to improve the directory of services (DOS) available in a geographical area.

Patient electronic records contained a 'Special Notes' section which allowed call handlers to see records of previous contact, health care history for example palliative care needs and to record information for frequent callers or high intensity users.

Information sharing

All information received from a patient through the telephone triage was recorded on the NHS Pathways system and, with consent of the patient; this information was forwarded to both the service identified by the DOS, (if the end disposition identified this) and to the patient's own GP.

A special notes section was used for people with special needs, such as palliative care needs.

Regular meetings were held with the lead CCG for the North West and the four CCG clinical leads representatives for Cheshire, Cumbria and Lancashire, Merseyside and Greater Manchester.

Consent to care and treatment

We listened to 16 telephone calls to the service. All patients were informed that their call was being listened to and were asked to consent to this. Throughout the telephone clinical triage assessment process the call handlers and clinical advisors checked the patients understanding of what was being asked of them. Patients were also involved in the final outcome (disposition) identified by the NHS Pathways and their wishes respected. For example, one person refused the advice to attend an emergency department.

At the end of each call, the patient was asked to consent to their information being transferred to their GP and the service identified by the NHS Pathways and DOS.

Staff also gave examples when they would override as patients' wishes or did not receive consent for example where they believed there was significant risk of harm of the patient if no action was taken.

Staff confirmed that they received training on the Mental Capacity Act as part of their induction training.

Are services caring?

Our findings

Dignity, respect and compassion

We reviewed the most recent survey result data (April 2014 to September 2014) available from NHS England on patient satisfaction for people who had used the North West Ambulance Service NHS Trust (NWAS) 111 service during this period. The results showed that the service was performing better than the England average with 91.9% of respondents in the North West stating they were 'very or fairly satisfied' with their 111 experience and 3.3% were 'dissatisfied'. The England average responses were 85.7% and 6% respectively.

NWAS NHS 111 routinely monitored patient satisfaction and we observed that call handlers and clinical advisors asked the patient's permission to send them a questionnaire about the service they received. Of those patients who agreed a random sample of 300 patients were sent questionnaires each month. We heard that the average response received from this was 20%. The results from the returned questionnaire were correlated and the information received included in the 111 Call Report, which was provided to the lead CCG, and the four regional CCG clinical leads.

The January 2015 report showed that 242 patient satisfaction surveys were returned by users of the NHS 111 service. Of these 238 responded as follows: 88.65% were either 'very or fairly satisfied', 3.36% were neither satisfied nor dissatisfied or 7.98% were either 'fairly dissatisfied or very dissatisfied' with the service they received. The report also included both a sample of negative and positive comments made by patients. An annual report of the patient satisfaction results was not produced. This type of report may assist the service to identify key themes experienced by patients, so that appropriate action, if required could be implemented.

New staff received training in equality and diversity in the first week of their induction training and this training was updated for all staff on an annual basis. Staff spoken with were aware of the language line and text phone facility to assist patients to communicate better. In addition systems were in place to identify high intensity users or repeat callers and staff used the 'special notes' facility to log information. All call handlers and clinical advisors spoken with said they felt supported and if they had a patient who was causing them concern then on the job 'real' time support was provided by a senior manager.

Involvement in decisions about care and treatment

We were unable to speak to patients directly about the service they received. However, we did listen in on 16 calls with the patient's consent. These were calls received by call handlers and clinical advisors. We observed that call handlers spoke with patients respectfully, with care and compassion. Call handlers and clinical advisors were confident in traversing through the NHS Pathways programme and the patient was involved and supported to answer questions thoroughly. The final outcome of the NHS Pathways clinical assessment was explained to the patient and in all cases patients were given advice about what to do should their condition worsen. Staff used, when required, the Directory of Services (DOS) to identify available support services close to the patient's home. We observed a patient being advised that the local GP Out of Hours service would contact them within two hours.

Patient/carer support to cope emotionally with care and treatment

We listened to how patients and or their carers were informed the final outcome of the NHS Pathways assessment. We observed call handlers speaking calmly and reassuringly to patients. For example, one older person rang on behalf of their spouse and was clearly anxious; the call handler was patient and spoke to the carer in a clear and relaxed manner. Throughout the conversation, the call handler adapted their questions to enable the carer to understand what they were being asking for.

We observed that the patient's decision to accept the final outcome was respected. For example, one patient's final disposition identified that they should attend an emergency department. The patient refused. In response to this the call handler, advised the patient that a call back by a clinical advisor had been arranged. The patient's details were routed to the clinical advisors and risk assessed as requiring a call back within an identified timeframe.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

In March 2015, North West Ambulance Service NHS Trust (NWAS) was awarded the contract to provide NHS111 services to the whole of the North West of England for the next five years. Plans to phase in the expansion of the service were available and it was expected that the NWAS 111 service would have capacity by the end of 2015 to accept up to 1.8 million calls per annum. The service will be provided from five locations in the North West, Middlebrook, Carlisle, Blackpool, Manchester and Merseyside.

NWAS monitored daily its performance against the Minimum Data Set (MDS) and National Quality Requirements (NQR) and this was discussed with the lead for the CCG and NWAS managers at weekly meetings. Where variations in performance were identified, the reasons for this were reviewed and action plans implemented to improve the service.

Tackling inequity and promoting equality

The NHS Pathways assessment process ensured patients were supported and assessed on their needs, not their personal, cultural or religious beliefs. Call handlers and clinical advisors had access to language line and a text tone facility was available for patients with hearing impairment. NWAS 111 monitored the use of language line and the geographical demographics of local communities and were able to share this information with CCGs to help them to target their services more effectively. They told us that the language line was used most frequently for patients from Eastern Europe.

Access to the service

The NHS 111 telephone number was a free telephone number to people In England. Asylum seekers and people not registered with a GP were not restricted from using the service.

The key performance indicators (MDS and NQR) identified that NWAS met or exceeded their targets between Oct 2014 and January 2015 in providing interpreter services to patients within fifteen minutes. However, in the same period performance indicators were not met for the direct transfer of calls from a call handler to a clinical advisor (below 80%), and call-backs to patients within 10 minutes for December 2014 and January 2015 were below 65%. NWAS told us that the demand for the service outstripped the planned anticipated need for the NHS 111 service in December and January. The CCG confirmed this and advised that other NHS 111 services and emergency departments nationally reflected this variation in performance and this was reported in the media.

Healthwatch Lancashire carried out a short survey in February 2015 to determine people's awareness and use of the 111 service. Out of 1163 respondents, 397 had used the 111 service; 304 of these said they thought the 111 service helped them.

Listening and learning from concerns and complaints

NWAS 111 had received 177 complaints in the last 12 months. These were reported on monthly in the 111 Call Audit Report provided to the lead CCG and the four clinical leads representatives for Cheshire, Cumbria and Lancashire, Merseyside and Greater Manchester.

Records indicated that all complaints received were investigated and responded too within a short time frame. The investigation included reviewing the actual call made to service to assess the quality of the call and the responses provided to the patient. Where the complaint investigation identified shortfalls in a call handler's or clinical advisor's performance, this was discussed with them and support such as coaching or additional training provided. In some instances staff members were removed from the call lines for further training.

An overall analysis of all complaints received for the last twelve months had not been carried out. This would provide an overview of the types of complaints received and potentially identify themes or trends so that planned action could be taken to improve satisfaction with service delivery.

Are services well-led?

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

Our findings

Vision and strategy

The North West Ambulance Service NHS Trust (NWAS) had a clear vision to deliver high quality care and promote good outcomes for patients who used the NHS 111 service. They told us their vision for the organisation was "Going from Good to Great" and their vision for patient care was to "create a seamless access point to urgent and emergency care for all patients in our regions, simplifying access to healthcare and ensuring that they receive safe, high quality care as close to home as possible".

We were told of the plans in place to develop and improve the service provided over the next five years. This process had already commenced, for example, staff employed as call handlers and provided by an external contractor were being recruited onto NWAS employment contracts. All staff we spoke with were positive about the changes in employment contract and were enthusiastic about the future and working for NWAS 111.

Governance arrangements

There was an extensive and effective governance framework in place. There was a clear organisational and leadership structure with named members of staff in lead roles. Calls received by NWAS NHS 111 were subject to daily monitoring of a range of metrics provided by the 111 Minimum Data Set (MDS) and the amended National Quality Requirements (NQR). The data collected was collated and analysed on a weekly and monthly basis. Monthly clinical governance meetings were held with the lead CCG, and with the four CCG clinical leads for the different parts of the North West region. Contract monitoring meetings were also held monthly. Internally a range of meetings were held at weekly and monthly intervals and senior managers reported to NWAS board of directors monthly or as required.

Continuous Quality Assurance (CQA) system was used in conjunction with NHS Pathways performance monitoring tools to ensure call handlers and clinical advisors provided a safe, effective and efficient clinical triage and experience for patients. Staff we spoke with including new staff still being trained were aware and understood the call audit monitoring process. The sample of staff files we looked contained copies of recent performance appraisal and developmental review.

Serious adverse events, complaints and incidents were risk assessed, investigated and responded to and actions taken to minimise future reoccurrence.

NWAS 111 had a dedicated intranet page that staff could access. This resource provided access to policies and procedures, specific information such as hot topics and eLearning. The staff we spoke told us that they were supported by senior managers and they felt valued and confident to raise concerns

The service had arrangements in place for identifying and managing risks. Risk assessments and risk management plans were in place and monitored regularly.

Leadership, openness and transparency

There was a well-established clearly identified management structure with clear lines of responsibility. We spoke to staff with differing roles within the service and they were clear about the lines of accountability and leadership. They all spoke of good clear leadership, which articulated vision and motivated staff to provide a good service.

Staff felt supported in their role. They felt confident in the senior team's ability to deal with any issues, and they told of the 'real' time support they received when they had a challenging call or situation to manage. Staff reported an open and no-blame culture where they felt safe to report incidents and mistakes. All the staff we spoke with told us they felt they were valued.

Public and staff engagement

NWAS had an up to date website that members of the public could access and obtain information on range of services and initiatives provided by them. In response to the announcement of this inspection, NWAS proactively issued a media statement requesting feedback from people who had used the 111 service. The media statement included a link to the Care Quality Commission's 'Share Your Experience' form.

Each month 300 patient satisfaction questionnaires were sent out to a random sample of patients who had used the 111 service and agreed to receive these. We were told that on average 20% of people responded to these. The responses were analysed and reported on each month.

Patient complaints and health professional feedback comments were reviewed investigated and responded to.

Are services well-led?

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

NWAS held three events during 2014 with Healthwatch in different parts of the North West. These were well received and plans were being developed to improve links with Healthwatch and local charities that provided support to people with mental health issues. This information would be used to improve the directory of services (DOS) available in an area.

A range of staff meetings were held and staff forums were available for staff to contribute and influence service delivery.

Continuous improvement

The sample of staff files we looked contained completed performance appraisal and development reviews. The staff we spoke with told us they were had received an appraisal. The annual appraisals looked at staff performance and development needs. Individual performance objectives included spending time at an urgent care centre, spending time with a paramedic ambulance crew and becoming an NHS Pathways trainer.

NWAS induction for new staff included all mandatory health and safety training. It also included basic life support, defibrillator training and equality and diversity. All staff received update training in these subjects on an annual basis. Evidence was available that NWAS 111 strictly followed the licencing requirements of NHS Pathways training. The staff who attended Pathways workshops shared their learning with the staff.

Information was displayed about the change to the Nursing and Midwifery Code of Practice and the requirement for registered nurses to revalidate. (Revalidation is a process that all nurses will need to engage with to demonstrate that they practise safely and effectively throughout their career). We were told that NWAS 111 was looking at ways to assist registered nurses to obtain evidence to support the new requirements of registration with the National Midwifery Council (NMC).