

# DHU 111 - Fosse House Call Centre

## Inspection report

Fosse House, 6 Smith Way  
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this location

Outstanding 

Are services safe?	Good 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Outstanding 
Are services well-led?	Outstanding 

# Overall summary

## **This service is rated as Outstanding overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Outstanding

Are services well-led? – Outstanding

We carried out an announced comprehensive inspection of Fosse House Call Centre, 6 Smith Way, Grove Park, Enderby, Leicester between 11 March and 15 March and 2 August 2019 as part of our scheduled inspection programme.

Fosse House Call Centre is one of three NHS111 call centres operated by DHU 111 (East Midlands) C.I.C. The other call centres were located at The Johnson Building, Derby and Ashgate Manor, Chesterfield.

Johnson Building was the primary centre and housed the managerial and administrative functions. Therefore, the findings set out in the report for The Johnson Building are reflected in this report.

At this inspection we found:

- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and advice from the service within an appropriate timescale for their needs.
- Performance had been consistently higher than other similar services.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The service innovated to improve patient outcomes and to benefit the wider health care community and stakeholders.
- There was an effective governance structure with clear lines of responsibility.

- Staff expressed positive feedback about working in the call centres and their employers concern for their well-being.

We saw areas of outstanding practice including:

- The provider had collaborated with the commissioners to ensure that special patient notes had clear and easy to read instructions that helped ensure that health advisors got the patient to the right outcome within their own individualised and care pathway.
- The introduction of interactive voice recognition allowed for appropriate types of calls to be streamed via the telephony to the Service Advisor team. This in turn increased the capacity for Health Advisors to deal with more detailed assessments.
- The provider understood the needs of its population and tailored services in response to those needs. The service had introduced an Interactive Voice Response patient menu. This enabled patients and others calling the service to direct their calls more specifically using menu options relevant to their need. This enabled them to receive the most efficient and timeliest intervention. The options included dental, repeat prescriptions, new or worsening symptoms and care plans for end of life patients. Additionally, there were three silent options for ambulance crew on scene, care homes and health care professionals.
- Data from the Minimum Data Sets showed DHU NHS111 consistently performed better than other NHS111 providers and had done so over a period of time.
- The provider had placed a strong emphasis on staff health and well-being. They had put into place a suite of measures to support their staff's own physical and mental health. This included flu vaccinations at the place of work, physical health checks, health promotion advice, additional support for staff following difficult or distressing calls and free, rapid access to counselling and psychotherapy.
- The provider had recognised that 76% of the workforce was female. In the last year DHU had worked to change the composition of the Senior and Executive Team to make it more balanced and moving forwards they aimed to continue to create a culture that encouraged equal representation in senior positions.

# Overall summary

- The provider had introduced the NHS111 Career Framework which provided career progression such as Senior Health Advisor and Senior Clinical Advisor. These were seen as the foundations for careers in management roles.

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

The inspection team was led by a CQC inspector. The team included an additional CQC inspector, two GP Specialist advisors, a governance specialist advisor, an advanced nurse practitioner specialist and a community matron specialist advisor.

## Background to DHU 111 - Fosse House Call Centre

DHU 111 (East Midlands) C.I.C is a community interest company that provides NHS111 services for Derbyshire, Leicestershire and Rutland, Leicester City, Lincolnshire, Northamptonshire, Nottinghamshire and Milton Keynes. It is registered with Care Quality Commission to deliver the regulated activities of:

Transport services, triage and medical advice provided remotely, from three call centres located at:

- Johnson Building, Locomotive Way, Derby, DE24 8PU.
- Ashgate Manor, Ashgate Road, Chesterfield S40 4AA.
- Fosse House, 6 Smith Way, Grove Park, Enderby, Leicester LE19 1SX.

Johnson Building is the primary location. The governance, managerial and administrative functions are also centred at Johnson Building.

All three call centres can receive calls from any of the geographical areas covered as well as overflow calls routed from other NHS111 call centres in times of peak demand or in the event of failings in other providers systems.

NHS111 is a telephone-based service where patients are assessed, given advice and directed to a local service that most appropriately meets their needs. People can call 24 hours a day, 365 days a year, and calls are free from landlines and mobile phones. The NHS 111 service is staffed by a team of trained health advisors, supported by clinical advisors who are experienced nurses, paramedics, pharmacists and dental nurses.

At the time of inspection, the service employed 420 health advisors and 105 clinical advisors across the three sites.

The service covers a population of 4,899,200. In the year 2018/19 the service received over 1,640,000 calls which represented a 15% increase over the previous year. It is the fourth largest (in terms of population coverage) NHS111 provider in England.

The service used NHS Pathways and the Directory of Services as a clinical tool for assessing, triaging and directing contact from the public to urgent and emergency care services such as GP out-of-hours, urgent care, accident and emergency, emergency and routine dental and mental health services or self- help. It enabled patients to be triaged effectively and ensured that they were directed to the most appropriate service available at the time of contact.

The parent company of DHU 111 (East Midlands) C.I.C is DHU Health Care C.I.C, which provides a wide range of health care services across the East Midlands. This included out-of-hours GP services, evening and night time nursing services, district nursing services, GP practices, GP extended hours hubs and GP streaming in acute hospitals, community hospital GP services and urgent care centres. DHU, formally known as Derbyshire Health United, started in 2006 when it was formed from the merger of Derbyshire Medical Services and Derbyshire Healthcare.

In total DHU employs approximately 1,200 staff across all its services.

The provider website is [www.dhuhealthcare.com](http://www.dhuhealthcare.com)

# Are services safe?

**We rated the service as good for providing safe services.**

## Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- Staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- The provider had systems to safeguard children and vulnerable adults from abuse. The service worked with other agencies to support patients and protect them from neglect and abuse. There was an effective system to protect people from abuse with experienced staff dedicated to that role. The interaction between the service and the patient was usually a brief encounter, with little or nothing generally being known about their background and therefore referrals were based on a 'snapshot' of the presenting moment, with no further involvement in their care. The service ensured any concerns were shared with appropriate stakeholders for example in-hours GP, social services, health visiting and school nursing or adult social care. However, as DHU111 were not generally considered to be an involved party, other agencies seldom fed back with information or progress on referrals. DHU had raised this issue at safeguarding forums with a view to improving feedback.
- In the period 1 February 2018 to 31 January 2019 DHU111 made 2,104 safeguarding referrals. Of those 1,424 were concerns relating to children.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks

identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The provider ensured that facilities and equipment were safe for staff and that equipment was maintained according to manufacturers' instructions.
- The provider had a robust Business Contingency Process in place. This process was invoked during the CQC visit when there was a system issue identified. Staff and leadership teams were witnessed implementing a seamless paper assessment process when the electronic system failed

## Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed and was an effective system in place for dealing with surges in demand.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need.
- 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 advice to patients.

- Individual care records were managed in a way that kept patients safe. All staff followed the NHS Pathways model.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. These differed according to the geographical area.

## Are services safe?

- Clinicians made appropriate and timely dispositions in line with protocols and up to date evidence-based guidance.
- There was 24/7 clinical and operational leadership on site ensuring staff had access to guidance and advice if required. This team undertook real time monitoring of patient care and safety.
- There was senior leadership presence in the call centres including at weekends.

### 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.
- Joint reviews of incidents were carried out with partner organisations, including the local A&E departments, ambulance, GP out-of-hours and urgent care services.

### Lessons learned, and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and 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 effective systems for reviewing and investigating when things went wrong. Serious events numbers were low and had been thoroughly investigated and documented. Learning had been identified and action taken as a result. The learning points had been cascaded to staff both at individual and to all DHU111 staff to help improve safety.
- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including agency staff and remote workers through engagement meetings, staff meetings, email and newsletters.
- The provider took part in end to end call reviews with other organisations. Learning was used to make improvements to the service for example, with ambulance services and GP out-of-hours providers.

# Are services effective?

**We rated the service as good for providing effective services.**

## Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and advice in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed.
- Telephone assessments were carried out using a defined operating model, NHS Pathways. All health and clinical advisors had received training on Pathways and followed the structured assessment tool. The service carried out monthly audits of health advisor and clinical advisor calls to ensure compliance.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Where patients need could not be met by the service, staff redirected them to the appropriate service for their needs. The service had a designated team that investigated and reported any issues to ensure that the Directory of Services (DOS) was regularly updated to help ensure staff were in possession of the most up to date and relevant information to meet patient needs.
- Advice was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- We saw no evidence of discrimination when making care and treatment decisions. Staff had received training in equality and diversity, mental health and had recently had some training in dealing with people with autism.
- The service had recently reviewed its policy and protocol for dealing with frequent callers (high impact patients). This clearly explained and defined what they were and differentiated between them and repeat callers. They had been defined as a person under 16 calling more than five times in a rolling month, if over 16 five or more times in a month or 12 times in a three-month period. This relatively small group of patients place high demand on the provider in terms of time taken to deal with the calls and led to staff

frustrations about how best to deal with them. Many of these callers had mental health problems. In January 2019 alone, 80 high impact users called the service 1,528 times (average 19 times per caller).

A series of steps had been identified to monitor and deal with these callers including contact with their GP, contact with the patient, a multi-disciplinary meeting with interested parties, special patient notes and prosecution and blocking access to the NHS 111 service if necessary. We were provided with examples of how this approach had reduced call frequency in this group by up to 50%.

- There was a system in place to identify repeat callers (patients or carers with particular needs), for example palliative care patients, and care plans, guidance and protocols were in place to provide the appropriate support.
- In response to pressures on emergency departments DHU was approached by one commissioner of services to provide validation of emergency department outcomes for their county. This was achieved by DHU 111 clinical advisors providing enhanced triage and onward referral if necessary, to appropriate places of care. It is believed that DHU 111 were the only NHS111 provider in the country who are providing emergency department validation through NHS111 online technology.
- When staff were not able to make a direct appointment on behalf of the patient clear referral processes were in place. These were agreed with clinical staff (if required) and clear explanation was given to the patient or person calling on their behalf.
- Technology and equipment were used to improve treatment and to support patients' independence, for example thought the introduction of interactive voice recognition to allow for appropriate types of calls to be streamed via the telephony to the Service Advisor team. This in turn increased the capacity for Health Advisors to deal with more detailed assessments.
- Staff assessed and managed patients' pain where appropriate for example through self-help where a consultation with a clinician was not appropriate and in line with the Pathways assessment model.

## Monitoring care and treatment

## Are services effective?

- The service had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.
- Providers of NHS 111 services are required to submit call data every month to NHS England by way of the Minimum Data Set (MDS). The MDS is used to show the efficiency and effectiveness of NHS 111 providers.
- The percentage of the triaged and non-triaged calls received and where an ambulance was not dispatched, the number that were not recommended to contact any service but given self-care advice was consistently higher than both the midlands and east region and the national average in every month in 2016/17, 2017/18 and 2018/19. Higher percentages indicate better performance.
- The number of abandoned calls (after 30 seconds waiting time) had shown significant improvement from September 2018 through to March 2019, being lower than the national average in every month. Lower percentages indicate better performance.
- Of the total calls received the percentage answered within 60 seconds of being queued for an advisor, DHU 111 performance had in every month from September 2018 to March 2019 been significantly higher than the national average. This had peaked in March 2019 at 96.21% compared to the national average of 85.02%. Higher percentages indicate better performance.
- Of the total answered calls received the percentage that were triaged at some point during the call exceeded the midlands and east and the national average in every month throughout 2016/17, 2017/18 and 2018/19. Higher percentages indicate better performance.
- Of the total answered calls received the percentage that were transferred to a trained clinical advisor was higher than both the midlands and east and national averages in every month in 2018/19. Higher percentages of clinical input indicate better outcomes for patients.
- Of the total calls that were transferred to a clinical advisor, the percentage that were warm transfers were below both the midlands and east and national averages in every month in 2018/19. (Warm transfers are calls that were transferred to a clinician while the caller was 'live' or 'on hold'). The provider had an effective prioritisation and flagging system to ensure patients were called back in prioritised order when not warm transferred. Effective prioritisation meant patients were cared for in a clinically appropriate and timely way.

- Improvements were made through the use of audits across all areas of service delivery.
- The service was actively involved in quality improvement activity and had a dedicated Continuous Quality Improvement Team. This team attended stakeholder and end to end call review meetings to ensure DHU 111 could influence urgent care developments. The team worked closely with NHS Pathways to influence the direction of telephone triage and identified and implemented service innovations.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- All staff were required to complete a programme of training which included 'Prevent' training, aimed at safeguarding people and communities from the threat of terrorism.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The Service Advisor role had now been imbedded into the DHU 111 service and had ensured that DHU 111 maintain timely access for patients into the service. Service Advisors helped patients who did not need a full NHS Pathways assessment. For example, patients who were not feeling unwell but required a repeat prescription or may have a dental problem that can be referred directly to a dental service or dental nurse.
- The service employed clinical pharmacists to support patients with calls regarding medication, toxic ingestions and repeat prescriptions. Evaluation demonstrated that the pharmacist closure rate of calls without referral on to another service was 93% compared to a typical clinical advisor closure rate of 77%.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The provider provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and

# Are services effective?

mentoring, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making.

- There was an effective approach to the audit of health advisor and clinicians Pathways calls and dispositions. The DHU 111 audit team completed audits using the NHS Pathways audit tool using a mix of live audits and retrospective audits. The number of audits were based on the level of experience and competence of the individual. The service had consistently achieved 100% compliance in audit activity.
- There was a clear approach for supporting and managing staff when their performance was poor or variable or when a learning need was identified.

## Coordinating care and treatment

Staff worked together and worked well with other organisations to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services.
- There were established pathways for staff to follow to ensure callers were referred to other services for support as required. The service worked with other agencies to develop personal care plans.
- It had been identified that special patient notes were generally of a clinical nature and often complex. This resulted in health advisors sometimes reaching an ambulance or emergency disposition when it was not necessary. The provider had therefore collaborated with the commissioners for Leicester, Leicestershire and Rutland to ensure that special patient notes had clear and easy to read instructions. Having clear, structured, non-clinical special patient notes helped ensure that health advisors got the patient to the right outcome within their own individualised care pathway. The project had been favourably received and other commissioners are being encouraged to adopt a similar approach.
- 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 had formalised systems within the NHS 111 service with specific referral protocols for patients referred to the service.
- The service ensured that care was delivered in a coordinated way and considered the needs of different patients, including those who may be vulnerable because of their circumstances.
- There were clear and effective arrangements for booking appointments, transfers to other services, and dispatching ambulances for people that require them. Staff were empowered to make direct referrals and appointments for patients with some other services.
- Issues with the Directory of Services were resolved in a timely manner by the DHU CQI/DOS leads.

## Helping patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- The service identified patients who may need extra support.
- Where appropriate, staff gave people advice, so they could self-care. Systems were available to facilitate this.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given.
- Where patient's need could not be met by the service, staff redirected them to the appropriate service for their needs in accordance with the NHS Pathways clinical assessment tool.

## Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to decide.
- The provider monitored the process for seeking consent appropriately through regular audit.

# Are services caring?

**We rated the service as good for caring.**

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information. Health advisors gave people who phoned into the service clear information. There were arrangements and systems in place to support staff to respond to people with specific health care needs such as end of life care and those who had mental health needs.
- There was an effective process, policy and procedure in place to help staff support repeat and high impact (frequent) callers.

## **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.
- British Sign Language and Type Talk options were accessible
- Staff helped patients and their carers find further information.

## **Privacy and dignity**

The service respected and promoted patients' privacy and dignity.

- Staff always respected confidentiality.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Feedback from the provider's external patient survey process demonstrated that patients were satisfied with their interactions with staff.

# Are services responsive to people's needs?

**We rated the service as outstanding for providing responsive services.**

## Responding to and meeting people's needs

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

- The provider understood the needs of its population and tailored services in response to those needs. For example, in May 2018 the service had introduced an Interactive Voice Response patient menu. This enabled patients and others calling the service to direct their calls more specifically using menu options relevant to their need. This enabled them to receive the most efficient and timeliest intervention. The options included dental, repeat prescriptions, new or worsening symptoms and care plans for end of life patients. Additionally, there were three silent options for ambulance crew on scene, care homes and health care professionals.
- The provider website utilised software to enable browsing with enlarged text, conversion to MP3 format, written and spoken translations in several languages and reading the page out loud.
- The provider engaged with commissioners to secure improvements to services where these were identified, for example an agreed increase in funding to meet continued increase in demand.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service.
- Care pathways were appropriate for patients with specific needs, for example those at the end of their life, babies, children and young people.
- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when people found it hard to access the service.
- The service was responsive to the needs of people in vulnerable circumstances.

## Timely access to the service

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

- People were able to access advice at a time to suit them. The service operated 24 hours a day, seven days per week.

- Patients had timely access to initial assessment. We saw the most recent national KPI results for the service from 2018/19 which showed the provider was meeting the following indicators:

Of the total calls received the percentage answered within 60 seconds of being queued for an advisor, DHU 111 performance had in every month from September 2018 to March 2019 been significantly higher than the national average. This had peaked in March 2019 at 96.21% compared to the national average of 85.02%. Higher percentages indicate better performance.

The number of abandoned calls (after 30 seconds waiting time) had shown significant improvement from September 2018 through to March 2019, being lower than the national average in every month. Lower percentages indicate better performance.

- There were no areas where the provider was outside of the target range for an indicator.
- Patients with the most urgent needs had their care and treatment prioritised through the appropriate use of the Pathways clinical assessment tool.
- Referrals and transfers to other services were undertaken in a timely way.

## Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Information on making complaints and patient feedback was clearly signposted on the provider website and included access through several social media platforms.
- The complaint policy and procedures were in line with recognised guidance. 296 complaints were received in the year 2018/19. This represented 0.018% of the call volume. The complaints we reviewed were satisfactorily handled in a timely way. Complaints were discussed at the Clinical Governance Committee. Trends were identified and learning from complaints was cascaded to staff where appropriate through individual feedback to the staff concerned and group feedback through newsletters, email and team meetings. Examples we

## Are services responsive to people's needs?

reviewed showed this to be the case. The service learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care.

- Issues were investigated across relevant providers, and staff were able to feedback to other parts of the patient

pathway where relevant. For example, problems had been experienced in booking patients into one of the Leicester hubs as patients had been given the wrong address. The provider was working with NHS Digital, NHS England and the commissioner to resolve the problem.

# Are services well-led?

**We rated the service as outstanding for leadership.**

## Leadership capacity and capability

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

- The service was led by an experienced board of clinicians and non-clinicians who maintained an effective oversight of safety, performance, effectiveness and staffing.
- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were constantly assessing service delivery to ensure that needs were met.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff reported that executives and senior management were visible across the organisation and said they would have no hesitation in speaking with them if they had concerns. Senior managers and directors had their offices within the Derby call centre, thus promoting greater integration and accessibility.
- The provider had HR systems and recruitment process which were fully compliant with requirements. It was good practice that the HR advisors sat within the centre and were an accessible part of the fabric of the call centre team.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use. We saw that details of the on-call director were clearly displayed in the call centres.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. For example, the provider had introduced the NHS111 Career Framework which provided career progression such as Senior Health Advisor and Senior Clinical Advisor. These were seen as the foundations for career progression to management roles.

## Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities. The published and well communicated objectives of the provider were unequivocal and aligned to CQC quality key questions of being safe, effective, caring, responsive and well-led.
- The service developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- Senior managers we spoke with throughout the organisation were passionate about their role in delivering a high quality, sustainable service to patients whilst at the time having high regard for the health and well-being of their staff.
- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy.
- The provider ensured that staff who worked away from the main base felt engaged in the delivery of the provider's vision and values.

## Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- We asked that staff working in the call centres be given the opportunity to leave anonymous written feedback for the CQC inspectors. The questions included their view on safety, staffing levels, training, staff development, managerial support, complaints as well as space for free text. There were 20 respondents who comprised a mixture of health advisors, clinicians, team managers and Pathways trainers. The respondents provided detailed and thoughtful answers to our questions that demonstrated they had a good awareness of patient safety matters, complaints and significant events. All respondents expressed positive views of management and the way they treated and supported staff.
- Several mentioned changes to the service brought about by staff feedback, clarity around Category 3 ambulance despatches and the process of booking patients into the Leicester GP extended hours hubs.

## Are services well-led?

- Eight respondents expressed negative comments related to a lack of adequate car parking at the Derby call centre and one on the policy relating to the payment of staff while absent from work through sickness.
- The provider had become aware of an increase in mental health issues amongst their staff and had acted positively to this challenge and general well-being.
- They had put into place a suite of measures to support their own staff's physical and mental health. This included flu vaccinations at the place of work, physical health checks, health promotion advice, additional support for staff following difficult or distressing calls and free, rapid access to counselling and psychotherapy.
- DHU111 had successfully met the NHS 111 CQUIN target of 75% of staff vaccinated for flu for the last two years. (The Commissioning for Quality and Innovation (CQUIN) framework supports improvements in the quality of services and the creation of new, improved patterns of care.)
- In addition, the choice of food available to staff in the vending machines had been reviewed with regards to calorie content and sugar content: items that were high in either of these areas had been removed. This too was part of the NHS111 CQUIN.
- The service focused on the needs of patients. Staff reported that effective, safe interactions with patients were at the heart of everything they did.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- The provider had recognised that 76% of the workforce was female. In the last year DHU had worked to change the composition of the Senior and Executive Team to make it more balanced and moving forwards they aimed to continue to create a culture that encouraged equal representation in senior positions.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. We were aware of concerns raised by staff that had been appropriately addressed by the provider.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff received annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were given protected time for evaluation of their clinical work and the opportunity to attend professional development meetings.
- There was a strong emphasis on the safety and well-being of all staff. For example, we saw that the provider had given all staff the opportunity to take part in health and wellbeing sessions to allow them to develop ways to maintain their own well-being in what could be a very stressful, demanding and challenging role.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding.
- Leaders had established effective policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The provider used Data Security & Protection Toolkit to affirm to its stakeholders that they met the national Data Security Standards.

### Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

# Are services well-led?

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider had effective processes to provide oversight and manage current and future performance of the service.
- Performance of clinical staff could be demonstrated through audit of their telephone conversations and disposition decisions.
- Leaders had effective oversight of incidents and complaints.
- Leaders also had a good understanding of service performance against the national and local key performance indicators.
- Performance was regularly discussed at senior management and board level. Leaders were open about performance and shared information with staff and the local CCG as part of contract monitoring arrangements.
- The providers had plans in place and had trained staff for major incidents.
- The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

## Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had enough access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. Where any weakness was identified or anticipated the provider took immediate steps to address it.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The service engaged an external organisation to undertake patient satisfaction surveys. We viewed the results of the surveys completed for the period April to September 2018. There had been 960 responses. There were very high levels of satisfaction regarding telephone access and how helpful the advice was. 86.5% of respondents had said they were very satisfied or fairly satisfied with their overall experience of using DHU111.
- Staff were able to describe to us the systems in place to give feedback. Staff who worked remotely were engaged and able to provide feedback through the staff survey meetings and at the staff engagement events held across the service.
- We saw evidence of the most recent staff survey to which there 588 responses had been received. 81.7% said they were satisfied or very satisfied with the support they got from work colleagues. 85.9% said that DHU took positive action of health and well-being. and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the service.
- DHU utilises their apprenticeship levy in supporting apprentices within a range of roles, with some apprentices being retained as substantive employees to the benefit to DHU.
- The provider had a candidate attraction strategy that had included changes being made to the employee proposition. This includes improved access to learning and development, flexibility around work patterns and access to health support.
- Staff knew about improvement methods and had the skills to use them.

## Are services well-led?

- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Every month a 'patient story' was presented at the DHU111 Board Meeting. These were real-life examples of the patient experience and were aimed at helping senior leaders to maintain focus of patients being at the core of what they do and to review the stories for any learning.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- DHU 111 had a good awareness of the need to develop a workforce for future healthcare demands. They had the NHS career framework embedded and had appointed specific skill sets to meet the varied and developing patient requirements from an NHS 111 service, for example Dental Nurses, Pharmacists and Service Advisors
- There was a strong culture of innovation evidenced by the number of pilot schemes the provider was involved in. There were several examples of DHU 111 being at the forefront of innovation and development of more efficient and safe services which had a positive impact on patient outcomes and on other health care providers. For example:
- DHU were selected to be a test site for the new version of NHS Pathways in the summer of 2018 and been asked to do the same for the next release in 2019. Once tested and signed off by DHU the new release will be cascaded to the rest of the country's 111 providers.
- DHU had pioneered the improvement in special patient notes to having clear, structured, non- clinical special patient notes which helped ensure that health advisors got the patient to the right outcome within their own individualised and care pathway. The project had been favourably received and other commissioners were being encouraged to adopt a similar approach.
- DHU had innovated in the handling of high impact (frequent) callers. The initiative had seen a decrease of up to 50% in the volume of calls from these people and in doing so lessened the demand on resources and the challenges these callers make on health and clinical advisors.
- DHU had introduced the Interactive Voice Response patient menu which allowed patients to direct their calls more appropriately and as a result receive the most efficient and timeliest intervention possible.
- DHU had addressed the issue of 'self-care' with the aim of increasing the incidence of patients being given that disposition, whilst at the same time maintaining safety and appropriateness. The result of an increase would be less pressure on urgent care services, GP practices and emergency departments. The initiative had resulted in an increase in the self-care disposition to 15.8% compared to the England average of 13.28%.
- DHU had responded to the delays experienced by patients waiting for a Category 3 ambulance dispatch and at the same time help to reduce the pressures on ambulance services. The revised procedure had worked very well and had avoided over 65,000 ambulance despatches between February 2018 and January 2019.