

# Milton Keynes

## Inspection 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.

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

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

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced, comprehensive inspection at 118 Limited, Milton Keynes NHS111 Call Centre on 10 October 2019. This was an inspection undertaken as part of our inspection program.

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 had effective systems to help protect people from abuse but the process of ensuring a referral had been received needed strengthening.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care was delivered according to evidence-based guidelines and in accordance with NHS Pathways.

- Call handling performance in some indicators did not meet the minimum data set targets.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- There was a focus on continuous learning and improvement at all levels of the organisation.
- The staff appraisal process was not yet embedded.

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

- Continually review their call handling process to help achieve higher performance aligned to the minimum data set key performance indicators.
- Implement the digital safeguarding referral system to provide assurance that such referrals have been received.
- Implement and embed a formal process of staff appraisal.
- Review the capacity of senior managers to run the service and provide out-of-hours managerial cover.

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included an additional CQC inspector, a GP specialist adviser, a paramedic specialist adviser and a governance specialist adviser.

## Background to Milton Keynes

This NHS 111 service is operated by 118 Limited. 118 Limited was registered with CQC on 1 February 2019.

118 Limited, also known as Conduit Global, is registered to provide the regulated activity of: Transport services, triage and medical advice provided remotely from two locations at:

- 2 Marlborough Court, Sunrise Parkway, Linford Wood, Milton Keynes, MK14 6DY
- Quayside House, Chatham, Kent, ME4 4QZ

The location at Chatham did not form part of this inspection.

The Milton Keynes location is located on the first floor of an office building and comprises an 89-seat call centre and associated administrative and management functions, together with staff welfare facilities. At the time of inspection, the service employed 109 members of staff, giving a whole time equivalent of 80. In addition to employed staff, the provider also made use of agency call handlers and health advisors.

118 Limited is a sub-contractor of NHS111 services and is used, at the date of inspection, to deliver overflow capacity by two NHS111 providers (clients).

The call centre 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.

On the date of inspection 118 Limited provided around 1000 call handler hours and 275 clinical hours per week to South Central Ambulance Service (SCAS) This was around 20% of the SCAS overall service delivery model.

118 Limited supplied around 400 call handler hours and 210 clinical hours per week to London Central and West Unscheduled Care Collaborative.

NHS111 is a telephone-based service where patients are assessed, given advice and directed to a local service that

most appropriately meets their needs. The disposition can range from self-care, to out-of-hours GP consultations, attendance at accident and emergency department to emergency ambulance dispatch. People can call 24 hours a day, 365 days a year, and calls are free of charge 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.

The service uses NHS Pathways and the Directory of Services (DOS) 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 enables patients to be triaged effectively and ensures that they are directed to the most appropriate service available at the time of contact. 118 Limited only employed call handlers (non- clinical) and clinical advisors (nurses). Where other healthcare assistance is required 118 Limited refer the call back to their client who has the necessary staff in place, for example dental nurses, mental health and pharmacists.

Pathways uses a “ruling out” technique, which is risk averse and will arrive at a disposition to manage the assessed risk.

After the disposition is reached the DOS is launched which lists in ranking order all the services which match the required skill set and are geographically appropriate for the patient.

118 Limited does not hold an NHS Pathways licence and uses Pathways under the umbrella of their clients who are themselves NHS Pathways licence holders.

The licence holders sponsor 118 Limited staff to become Pathways trainers who are then accredited to cascade training to 118 Limited staff.

# 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. The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff on every computer desk top. Policies outlined clearly who to go to for further guidance.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Safeguarding concerns were sent to their clients either digitally or by facsimile machine. We noted that in cases where the client required it to be sent by facsimile there was no acknowledgement that it had been received. We raised this with the provider who gave us assurance that they were imminently moving to digital submission for this client as well. As soon as this was operative the facsimile option would be redundant.
- 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions.

## Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. There was 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 treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system for receiving and acting on NHS Pathways 'Hot topics'
- Joint reviews of incidents were carried out with partner organisations, including ambulance services, GP out-of-hours and urgent care services.
- The service was open and co-operated with its clients in conducting call audits to address any concerns.

## Lessons learned, and improvements made

## Are services safe?

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 adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and acted to improve safety in the service. For example, we

saw examples of where staff had deviated from Pathways resulting in sub-optimal outcomes for patients. Staff had been held to account and additional support and training provided.

- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate 'Hot Topics' to all members of the team including agency staff.
- The provider took part in end to end reviews with other organisations. Learning was used to make improvements to the service for example in those instances where NHS Pathways had not been followed by staff.

# Are services effective?

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

## **Effective needs assessment and care.**

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

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met.
- Telephone assessments were carried out using a defined operating model, NHS Pathways.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Where patient needs could not be met by the service, staff redirected them to the appropriate service.
- Care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable. All staff had received training in the Mental Capacity Act and dementia. Staff had all undertaken safeguarding training as part of their NHS Pathways training.
- We saw no evidence of discrimination when making care decisions.
- Arrangements were in place to deal with repeat and frequent callers. They were identified and dealt with by the provider's clients.
- There was a system in place to identify frequent callers and patients with particular needs, for example palliative care patients, and guidance and protocols were in place to provide the appropriate support.
- 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 senior staff and clear explanation was given to the patient or person calling on their behalf.
- Clinical advisors assessed and helped manage patients' pain where appropriate.

## **Monitoring care.**

The service had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the service 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. As a sub-contractor there was no requirement for 118 Limited to submit data as it was encapsulated in the data submitted by their clients. However, one of the clients provided us with their monthly data that captured the performance of 118 Limited.
- Overall performance metrics around calls answer and calls abandoned were delivered at virtual call centre level by their clients. These were reported at contract level to commissioners. All resources were joined to maximise the service delivery model, meaning 118 Limited performance was contained in that of the overall service provided by the contracting client.
- From the performance report, we saw the 'Not Ready Time' data, which had a target of less than 20%, demonstrated good performance, ranging from 7.01% to 9.62% for the period March to July 2019.
- The average call handling time of 118 Limited staff was at 8.00 minutes, which was 45 seconds lower than one of the client's average call duration. Lower call duration is generally considered to be better. The client told us that they believed the reason was that 118 Limited did not use email for staff to communicate during calls but used an instant messaging system.
- It was evident that 118 Limited worked very closely with their clients in managing and improving performance. There were quarterly Governance meetings. They met with their clients every month for a contract review meeting following a structured framework where 118 Ltd supplied a number of reports including a performance scorecard and a monthly governance report. They also held a weekly Operations call covering resource and any process changes alongside a daily service call looking at intraday resource and service delivery.
- It was confirmed by a client that the 118 Ltd team provided good metrics and always came well prepared for these meetings. They re-affirmed their performance was comparable to their own.
- We looked at the MDS data for the clients for the period March to September 2019 and saw that 118 Limited data compared favourably with that of its clients. However, we noted that this performance was consistently below the key performance indicators for the period stated. For example, the transfer rate to 999 had a target of less

## Are services effective?

than 10%. The provider had breached this target in every month, ranging from 10.49% to 12.15%. The transfer to an emergency department disposition had a target of less than 5%. The provider had missed the target in every month, ranging from 7.62% to 8.99%. We noted that for this particular indicator, the client SCAS, had also missed the target with figures of between 7.9% and 9.1%.

- The service made improvements using completed call audits of both health advisors and call handlers. Effective audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. The number of call audits conducted by 118 Limited in respect of their staff exceeded the guidelines provided by NHS Pathways.
- Independent call auditors had completed an assurance visit and established that 118 Limited were compliant in their call auditing process.

### Effective staffing

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

- The provider had an induction programme for all newly appointed staff. This covered such topics as fire safety, building safety and security, health and safety, workstation assessments, company policies and procedures, welfare, internet and social media policy and rewards and incentives.
- All staff were appropriately qualified. The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The provider understood the learning needs of staff and provided training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff training was carefully monitored, and team leaders notified when staff need to re-fresh their training. In the event that the member of staff failed to do so, they were automatically prevented from logging into Pathways and as a result were unable to work until the training was completed.
- In those instances where staff were dealing with calls from patients in life threatening situations such as suicide threats, they could summon immediate support from other senior staff within the call centre.

- For calls from one of the client's service, staff had a range of coloured cards to hold aloft when dealing with patients for example, who were administering resuscitation or were threatening suicide and self-harm. This enabled senior staff to be made aware immediately that extra support may be required.
- The provider provided staff with ongoing support. This included one-to-one meetings, coaching and mentoring and clinical supervision. However, we noted that there was no formal written annual appraisal process in place. The provider had already addressed the issue and posters were displayed informing staff of the appraisal process to be introduced. Training for staff conducting the appraisals had already been arranged. It was noted that the provider had only registered with CQC in February 2019 and such annual appraisal would not yet be due.
- The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making. All staff were subject to monthly audit of their calls which were then marked using Pathways scoring model.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. We looked at two examples of performance improvement plans.

### Coordinating care.

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.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The service ensured that care was delivered in a coordinated way and 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/or appointments for patients with other services.



## Are services effective?

- The provider did not have any responsibility in so far as the Directory of Services. This was the responsibility of the providers clients. We were assured that any issues with the Directory of Services were resolved in a timely manner by the provider's clients.

### 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, for example those who may be vulnerable including children and patients with mental health issues.
- Where appropriate, staff gave people advice, so they could self-care. Systems were available to facilitate this.

### 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. Staff had been appropriately trained to assess a patient's capacity to make decisions about their care.
- The provider monitored the process for seeking consent appropriately, through audit of calls.



# 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. Call handlers 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. Staff had received training in mental health awareness including dementia.

## **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. This service was delivered directly by the providers two clients.

## **Privacy and dignity**

The service respected and promoted patients' privacy and dignity.

- Staff respected confidentiality at all times. We observed and listened to the initial interaction between call handlers and clinical advisors and noted they treated callers with empathy and respect.
- Staff understood the requirements of legislation and guidance when considering consent and decision making. Seeking patient consent is an integral component in the NHS Pathways assessment tool and was monitored through call audit.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to decide. All staff had completed training in Mental Capacity as part of their NHS Pathways training

# Are services responsive to people's needs?

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

## **Responding to and meeting people's needs**

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

- The provider engaged with clients to secure improvements to services where these were identified.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service, for example about a person being on the end of life pathway.
- 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.

## **Timely access to the service**

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

- Patients were able to access care and treatment at a time to suit them. The NHS 111 service operated 24 hours a day, seven days a week. However, calls were only routed to Milton Keynes between set hours as agreed with the contact holder. On the day of inspection this was between 5pm and 11pm Monday to Friday and 6am to 11pm Saturday and Sunday for South Central Ambulance Service. For London Central & West Unscheduled Care Collaborative the operating hours were 4pm to midnight Sunday to Friday and 1pm to midnight Saturdays.
- Patients with the most urgent needs had their care prioritised in accordance with the NHS Pathways dispositions.
- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.

- Referrals and transfers to other services were undertaken in a timely way. Although the provider was not able to evidence this directly, representatives from one of the provider's clients were present throughout the inspection and confirmed this was the case, although they were unable to extract the data to evidence this to be the case.

## **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.

- Complaints were the responsibility of the provider's two clients. Members of the public who contacted NHS 111 would not know that they were dealing with 118 Limited and any complaint they had would be directed to and dealt with by the host NHS111 provider.
- Complaints that had been recorded by the provider's clients included a 118 Limited element, even though they may not have been the focus of the complaint or the subsequent investigation. We reviewed complaints that had involved an element of the 118 Limited input and found that they were satisfactorily handled in a timely way. The provider client who was present at the inspection provided us with assurance that complaints involving 118 Limited staff had been brought to the attention of the provider and evidence we saw showed that appropriate action had been taken including additional training and advice to those involved.
- Issues were investigated across relevant providers, and staff were able to feedback to other parts of the patient pathway where relevant.
- The service learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care, for example by ensuring that staff followed NHS Pathways and asked questions of callers using the correct phraseology.

# Are services well-led?

## Good

### We rated the service as good for leadership.

#### Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. They were particularly aware of staff dissatisfaction with the remuneration on offer as highlighted in their staff feedback. Managers assured us that they were making every effort to address this issue as it was considered a primary cause of staff leaving. The area had a substantial call-centre industry and staff were relatively easily able to find alternative employment.
- We were aware that the providers parent company had significantly reduced its UK footprint in terms of telephony services. There had been major re-structuring as a result. This had the effect of giving staff uncertainty as to their long- term employment. Senior managers told us that this, together with some adverse publicity received in June 2019 had resulted in a lowering of staff morale. Staff attrition had been high as result, peaking at 4% per month, which meant that recruitment was a continual process. Moreover, the provider's parent company had ceased to support some of the back-office functions, such as recruitment which was now being done in house at Milton Keynes.
- The inspection team's findings did not support the premise that morale was low, and they reported that staff who were spoken with were generally positive and enjoyed working in the call centre.
- Staff we spoke with reported that leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Leaders and administration staff were located within the call centre.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use. The manager and assistant manager took it in turns to provide managerial cover outside of normal working hours.
- While we had no doubts as to the ability of the management team at Milton Keynes to run the service

effectively, we did have concerns regarding the lack of support afforded to them from the parent company. We also had concerns that the burden of, for example, out-of-hours managerial and emergency cover was a lot for two people to manage.

#### Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The provider monitored progress against delivery of the strategy.

#### Culture

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

- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- 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. The patients were 'owned' by the provider's clients. The clients handled the direct contact element with the patients and liaised with any other NHS organisation involved in complaints or serious incidents. The investigation of their element of a complaint was carried out by 118 Ltd. The number of complaints and serious incidents were low. Most involved individual learning.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. There was whistleblowing policy in place that was available on every computer desk top and whistle-blowing information was displayed on notices in staff areas.
- Clinical advisors and call handlers were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their work through call audit.

# Are services well-led?

- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.
- The provider had several schemes and initiatives aimed at supporting and engaging with staff. These had been strengthened because of the poor morale and were aimed at increasing communication and rapport whilst at the same time reducing staff attrition and improving resilience. These measures included regular meetings, newsletters, team manager surveys and reward and recognition schemes for all staff.

## 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.
- We listened to the daily call between one client's three NHS111 call centres (including this one). This telephone conference discussed daily performance, absence through sickness, contingency and clinical cover, including pharmacists, dental and mental health professionals.
- Staff were clear on their roles and accountabilities including in respect of safeguarding.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Policies and protocols were available to staff on computer desk tops.
- The provider operated a 'no mobile' telephone policy whilst at work. This meant that all staff were required to deposit their telephones in a locker whilst at their console. Exceptions could be made, with the agreement of managers, on welfare grounds.
- An email and internet policy guided staff on inappropriate use of the internet, email and social media.

## Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through audit of their telephone consultations and referral decisions.
- Leaders and clinical leads had oversight of NICE guidance, NHS Pathways 'Hot Topics', 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 level.
- The provider had plans in place for major incidents, including loss of telephony services.

## Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- 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. Patients

# Are services well-led?

feedback was undertaken and captured by the providers clients as part of their assurance systems on their particular NHS111 service and as a result there was no data directly attributed to this call centre.

- Staff were able to describe to us the systems in place to give feedback.
- We saw evidence of the most recent staff survey and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The provider produced a quarterly newsletter, Conduit Thrive and held Conduit Circle meetings. We also saw there was an emphasis on 'You said, we did' with the results clearly displayed.
- 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.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.