Derbyshire Health United Limited NHS 111 Service (Mallard House Call Centre)

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.

Summary of findings

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Derbyshire Health United Limited (DHU) NHS 111 service at Mallard House Call Centre on 10 and 11 November 2015. Overall the service is rated as good.

Our key findings were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording serious incidents. Staff knew how to and understood the need to raise concerns and report incidents and near misses. However, not all serious incidents identified through complaints were investigated through the serious incident procedure.
- The service was monitored against the NHS 111 Minimum Data Set (MDS) and Key Performance Indicators (KPIs). The data provided information to the provider and commissioners about the level of service being provided. Where variations in performance were identified, the reasons for this were reviewed and action plans implemented to improve the service. For October 2015 data showed that over 95% of calls were answered within 60 seconds for all four contracts compared to the England average of 94.7%.
- Staff were trained and monitored to ensure they used the NHS Pathways safely and effectively.
- Information about services and how to complain was available and easy to understand. Complaints were fully investigated and patients responded to with an apology and full explanation.
- There was strong and clear managerial and clinical leadership. Staff felt supported by senior management and directors who were visible on shifts to support the smooth running of the service.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The service had a clear vision and strategy to deliver high quality, safe and effective healthcare and promote good outcomes for patients. The service was responsive to feedback received from patients and staff and used information available proactively to drive service improvements.

The areas where the provider should make improvement are:

- Ensure that complaints records include details of the outcome and/or the impact for the patient.
- Ensure that when potential serious incidents are identified through complaints, these are investigated through the serious incident procedure.

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording serious incidents. Staff understood and fulfilled their responsibilities to raise concerns, and were encouraged to report incidents and near misses. However, not all serious incidents identified through complaints were investigated through the serious incident procedure.
- Lessons were shared to make sure action was taken to improve safety in the service.
- The service had clearly defined systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff understood their responsibilities and had received training relevant to their role.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- The service was monitored against the Minimum Data Set (MDS) and Key Performance Indicators (KPIs). The data provided information to the provider and commissioners about the level of service being provided. For October 2015 data showed that over 95% of calls were answered within 60 seconds which was an improvement of 10 percentage points on October 2014.
- 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.
- Information received from a patient through the telephone triage was recorded on the system and with consent of the patient was forwarded to both the service identified by the Directory of Services (DOS), (if the end disposition identified this) and to the patient's own GP.
- There were internal DOS leads who were responsible for ensuring the information recorded in the directory was up to date and current.
- Call advisors and clinical advisors were provided with training on mental health awareness and the Mental Capacity Act.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Patient survey information for the period September 2014 to August 2015 demonstrated that the NHS 111 service being provided by the Derbyshire Health United was comparable to or above the England average for the same period.
- We observed that call advisors spoke with patients respectfully and with care and compassion.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Derbyshire Health United (DHU) monitored its performance against the Minimum Data Set (MDS) and Key Performance Indicators (KPIs). Performance was discussed with the lead for each Clinical Commissioning Group and DHU managers at weekly conference calls and the monthly contract monitoring meetings. Where variations in performance were identified, the reasons had been reviewed and action plans implemented to improve the service.
- The provider worked collaboratively with other providers to identify opportunities and develop schemes to improve the services patients received.
- Staff were able to directly book appointments with the GP out of hours service for patients who lived in Leicestershire, Leicester and Rutland (LLR).
- Staff carried out warm transfers (direct transfer of the telephone call from NHS 111 service to another service) to the Nottingham Mental Health Services for patients who lived in Nottinghamshire.
- Call centre staff were supported by a mental health nurse (funded by Derbyshire NHS Mental Health Trust) based in the call centre on Fridays, Saturdays and Sundays.
- Information about how to complain was available and easy to understand. Evidence seen showed that the service responded quickly and sensitively to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

The practice is rated as good for being well-led.

- The service had a clear vision and strategy to deliver high quality, safe and effective healthcare and promote good outcomes for patients. Staff were clear about the vision for the service and their responsibilities in relation to this.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The service had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The service proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

Areas for improvement

Action the service COULD take to improve

Ensure that complaints records include details of the outcome and/or the impact for the patient.

Ensure that when potential serious incidents are identified these are investigated through the serious incident procedure.

Derbyshire Health United Limited NHS 111 Service (Mallard House Call Centre)

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector and included another CQC inspector, a specialist advisor with experience in NHS 111 services, a nurse and a practice manager.

Background to Derbyshire Health United Limited NHS 111 Service (Mallard House Call Centre)

Derbyshire Health United Limited (DHU) is a social enterprise and not for profit organisation that holds the contract for the provision of NHS 111 services to the population of Derbyshire, Leicestershire, Leicester and Rutland, Nottinghamshire and Northamptonshire, and an integrated GP Out of Hours service for Derbyshire. The NHS 111 call service covers a population of approximately four million people living in these counties.

DHU operate three NHS 111 call centres, Mallard House Call Centre in Derby, Ashgate Manor in Chesterfield and Fosse House in Leicester. Two of these are registered as locations with CQC – Mallard House and Ashgate Manor. The primary call centre is Mallard House although calls may be answered at any of the three call centres, based on availability of call advisors. From April 2014 to March 2015 the service had received approximately 900,000 calls from patients and others seeking assistance. The volume was projected to increase to 1,100,000 during 2015/2016. The provider employed 209 call advisors and 66 nurse advisors.

Mallard House Call Centre was last inspected in March 2015 as part of the NHS 111 pilot project carried out by CQC. No breaches in regulation were identified at that time.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the NHS 111 service and asked other organisations

Detailed findings

to share what they knew about the service. We also reviewed information that we had requested from the provider and other information that was available in the public domain. During our inspection we:

- Visited Mallard House Call Centre during the evening of 10 November 2015 and on 11 November 2015.
- Observed call advisors and nurse advisors carrying out their role.
- Spoke with a range of clinical and non-clinical staff (including GPs, nurses, shift and team leaders, call advisors, senior managers, directors and non-executive directors).
- Reviewed documentation made available to us.

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?
- Is it well-led?

Good

Are services safe?

Summary of findings

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording serious incidents. Staff understood and fulfilled their responsibilities to raise concerns, and were encouraged to report incidents and near misses. However, not all serious incidents identified through complaints were investigated through the serious incident procedure.
- Lessons were shared to make sure action was taken to improve safety in the service.
- The service had clearly defined systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff understood their responsibilities and had received training relevant to their role.
- Risks to patients were assessed and well managed.

Our findings

Safe track record and learning

The provider had a system in place for reporting, recording and monitoring serious incidents. People affected by serious incidents were offered the opportunity to review the reports and were told about actions taken to improve care. Staff reported any concerns regarding patient safety or any other incidents via the electronic 'Datix' system. The provider carried out an analysis of the serious incidents.

Sixteen serious incidents had been reported between October 2014 and September 2015 for all of the NS 111 contracts held by Derbyshire Health United (DHU). This equated to 13 serious incidents for the contract with North Derbyshire Clinical Commissioning Group (CCG), and one serious incident each for the contracts with Leicestershire, Leicester and Rutland CCG, Northamptonshire CCG and Nottinghamshire CCG. We reviewed the records of four serious incidents and looked at overall summary for each serious incident. Serious incidents were reviewed at the monthly Quality and Patient Safety Sub-Committee meeting. Serious incidents were investigated by the Clinical Governance Lead/Deputy Lead and discussed with the Clinical Commissioning Group Quality Lead. Learning from serious incidents was shared with individual staff as required and with all staff via the DHU NHS 111 Update newsletter. Urgent communication with clinicians was facilitated via alerts on the computer desktop when clinicians logged in for their shift.

There was a systematic method of involving other partners in any incident investigation. DHU held early discussions with the relevant CCG Quality Lead and any multiagency incident investigations proceeded through the commissions, who facilitated communication with the partner agencies. A representative from DHU (Continuous Quality Improvement Lead) attended all reviews and disseminated any learning for the organisation to staff.

Overview of safety systems and processes

The provider had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- The NHS 111 service used NHS Pathways; a licenced computer based operating system. NHS Pathways is a suite of clinical content assessment for triaging telephone calls from the public, 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. Staff received comprehensive training on NHS Pathways and their competency was assessed prior to handling telephone calls independently. In accordance with the NHS Pathways licensing agreement, call advisors and clinical advisors had a number of their calls audited each month to monitor their competency in using the NHS Pathways triage systems correctly.

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements, and policies were accessible to all staff. Clear information was available outlining who to contact for further guidance if staff had concerns about a patient's welfare. Flowcharts were available to guide staff when making a referral and contact numbers easily accessible. Staff were supported by a named safeguarding leads for children and adults. Staff spoken with demonstrated they knew who the safeguarding leads were, understood their responsibilities and had received training relevant to their role.
- Special notes were used to identify if children were at risk, for example children on child protection plans, or were vulnerable adults, for example residing in a care home or patients with a learning disability. Systems were also in place to report concerns to health visitors or school nurses for further assessment. The safeguarding leads monitored all referrals for trends, such as within care homes, or if the frequency of contact for a caller increased, which may indicate increased vulnerability.
- There were procedures in place for monitoring and managing risks to patient and staff safety. The provider had up to date fire risk assessments. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The provider had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- Recruitment checks were carried out and the nine files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Arrangements were in place for planning and monitoring the number of staff needed to meet patients' needs. The provider used a model to forecast activity per hour across each shift and this translated into predicted staff required. A buffer of 15% staffing was added to allow for sickness and short notice problems. The rota management team populated the rota with the required numbers of staff.
- We spoke with a member of the senior management team who showed us how their business continuity plan worked in conjunction with their daily situational reports. These reports monitored their key performance indicators (KPIs) which included a KPI to answer all calls within 60 seconds against a target of 95%. The daily situational report was sent to DHU and commissioners on a daily and weekly basis. A manager was responsible for monitoring these reports on a daily basis to ensure targets were achieved and liaised with the rota team to ensure staffing levels were sufficient. Where call demand increased, elements of the business continuity plan were followed to ensure staffing levels were increased to meet demand. Staff would receive text alerts if they were required to work in an emergency to ensure targets were achieved.

Arrangements to deal with emergencies and major incidents

The provider had a comprehensive business continuity plan that was available to staff. Calls could be answered at all three call centres and were diverted to call advisors that were available. If a call centre wasn't operational, the other call centres would take the incoming calls. The provider also had a training centre located in Derby that could be converted to a call centre at short notice. There were also arrangements with the local ambulance trust provide take incoming calls in the case of an emergency.

We observed staff deal with an unexpected incident on second day of our inspection. The IT system in the call centre stopped working and staff reverted to using a paper system. We observed this to be a smooth controlled process even though the call volumes were high.

Good

Are services effective?

(for example, treatment is effective)

Summary of findings

The practice is rated as good for providing effective services.

- The service was monitored against the Minimum Data Set (MDS) and Key Performance Indicators (KPIs). The data provided information to the provider and commissioners about the level of service being provided. For October 2015 data showed that over 95% of calls were answered within 60 seconds which was an improvement of 10 percentage points on October 2014.
- 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.
- Information received from a patient through the telephone triage was recorded on the system and with consent of the patient was forwarded to both the service identified by the Directory of Services (DOS), (if the end disposition identified this) and to the patient's own GP.
- There were four internal DOS leads who were responsible for ensuring the information recorded in the directory was up to date and any problems were acted upon immediately.
- Call advisors and clinical advisors were provided with training on mental health awareness and the Mental Capacity Act.

Our findings

Effective needs assessment

All operational call advisors and clinical advisors had been through a mandatory training programme to become a licensed user of the NHS Pathways. Once trained and licensed to use NHS Pathways, call advisors and clinical advisors had their performance monitored on a monthly basis. A number of 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 advisor 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.

We saw records of call audits and the feedback provided to staff members when performance was not good enough. Calls were listened to by the call advisor during the feedback so they could reflect on their performance and support their learning. 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.

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). DHU monitored how the guidelines and policies and procedures were followed through end to end call reviews, serious incidents and thematic reviews of the care of specific groups of patients, for example those with mental health needs.

Management, monitoring and improving outcomes for people

DHU monitored the performance of NHS 111 against the Minimum Data Set (MDS) and Key Performance Indicators (KPIs), some of which were locally agreed. This was discussed with the CCG and DHU managers at weekly conference calls and the monthly contract monitoring meetings. Where variations in performance were identified,

Good

Are services effective?

(for example, treatment is effective)

the reasons for this were reviewed and action plans implemented to improve the service. We saw examples of the service improvement plans in place, which indicated where improvements had been made.

We looked at key performance indicator data which showed that the provider had made improvements in 2015 compared to data provided for 2014.

Against a national target of 95% of calls answered in 60 seconds:

- In October 2015, their performance was over 95%, an improvement of 10 percentage points on October 2014.
- In October 2015 12,641 patients were offered a call back of which 33.5% were offered a call back within ten minutes.Data showed there had been a significant continual increase since their lowest achievements in March 2014 of approximately 25%.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The provider had a corporate induction programme for newly appointed members of staff that covered topics such as integrated clinical governance, information governance, fire safety, health and safety and equality and diversity.
- All call advisors and clinical advisors received NHS Pathway training and were licenced to use the electronic clinical assessment for triaging telephone call from patients. Staff received updates on NHS Pathways as they were introduced. Staff call handling performance was monitored and gaps in performance were discussed with the staff member and appropriate support agreed and implemented. A number of call advisors had received additional training so they could act as coaches to support staff who had recently completed their training and carry out audits of telephone calls.
- The provider also had a mandatory training programme that covered topics such as basic life support, safeguarding adults and children and infection prevention and control.
- The learning needs of staff were identified through ongoing assessments and meetings and a system of appraisals. Personal objectives and training and development plans were developed and reviewed annually or more frequently if required. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work.
- The sample of staff files we looked contained completed performance appraisal and development reviews. The staff we spoke with told us they had received an appraisal. The annual appraisals looked at staff performance and development needs.
- DHU supported nurses through 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). DHU planned to hold workshops to support staff through this process.

Coordinating patient care and information sharing

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

Relevant information about patients was available electronically for call advisors and clinical advisors through summary care records, special patient notes and the Rightcare advanced care planning system (used to support patients who have complex medical needs and to avoid unnecessary hospital admissions within Derbyshire).

DHU had internal four DOS leads who were responsible for ensuring the information recorded in the directory of services was up to date and current. They had the facility in all four contract areas to change the disposition given for services in real time which prevented patients from attending the wrong place at the wrong time.

Consent to care and treatment

We listened to call advisors and clinical advisors speaking with patients (we did not listen in to the patient side of the call). Throughout the telephone clinical triage assessment process the call advisors and clinical advisors checked the patients' understanding of what was being asked of them. Patients were asked to consent to their information being transferred to their GP and the service identified by the NHS Pathways and Directory of Services.

Good

Are services effective?

(for example, treatment is effective)

Call advisors and clinical advisors told us they had received additional training on mental health awareness and they had completed Mental Capacity Act training and Deprivation of Liberty Safeguards training. This training formed part of the service's mandatory training requirements.

Good

Are services caring?

Summary of findings

The practice is rated as good for providing caring services.

- Patient survey information for the period September 2014 to August 2015 demonstrated that the NHS 111 service being provided by the Derbyshire Health United was comparable to or above the England average for the same period.
- We observed that call advisors spoke with patients respectfully and with care and compassion.

Our findings

Kindness, dignity, respect and compassion

We reviewed the most recent survey results (September 2014 to August 2015) available from NHS England on patient satisfaction for people who had used the Derbyshire Health United (DHU) 111 service during this period. The results showed that the service performance was comparable or above the England average for the four NHS 111 contracts in place, which showed satisfaction rates of between 85% and 93% across the four contracts.

- 88.6% of respondents in Derbyshire stating they were 'very or fairly satisfied' with their 111 experience and 5.7% were 'dissatisfied'.
- 87.2% of respondents in Nottinghamshire stating they were 'very or fairly satisfied' with their 111 experience and 6.2% were 'dissatisfied'.
- 90.3% of respondents in Northamptonshire stating they were 'very or fairly satisfied' with their 111 experience and 4.6% were 'dissatisfied'.
- 91.5% of respondents in Leicester and Rutland stating they were 'very or fairly satisfied' with their 111 experience and 2.4% were 'dissatisfied'.

The England average responses were 87.6% and 6.1% respectively.

The provider monitored patient satisfaction for each of the NHS 111 contracts through an external company. A survey had been carried out between April and September 2015, and the findings reported on in November 2015 which showed satisfaction rates of between 85% and 93% across the four contracts.

New staff received training in equality and diversity as part of their corporate induction training. Staff we spoke to were aware of the language line (translation service) facility to assist patients to communicate in their own language, and commented that it was used on a regular basis. In addition systems were in place to identify high intensity users or repeat callers and staff used the 'special notes' facility to log information. Call advisors and clinical advisors we spoke with said they felt supported by the shift managers and team managers.

Involvement in decisions about care and treatment

We were unable to speak to patients directly about the service they received. However, we did listen to call

Good

Are services caring?

advisors and clinical advisors speaking with patients (we did not listen in to the patient side of the call). We observed that call advisors spoke with patients respectfully and with care and compassion. Call advisors and clinical advisors were confident in using the NHS Pathways tool 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.

Patient/carer support to cope emotionally with care and treatment

We observed call advisors speaking calmly and reassuringly to patients. For example, a patient rang and was clearly anxious; the call advisor was patient and spoke to the patient in a clear and relaxed manner. Throughout the conversation, the call advisor adapted their questions to enable the patient to understand what they were being asking for. Due to the complexity of the call and the patient's condition, the call was transferred through to a clinical advisor. The call advisor explained to the patient what they were going to do before they transferred the call.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

The practice is rated as good for providing responsive services.

- Derbyshire Health United (DHU) monitored its performance against the Minimum Data Set (MDS) and Key Performance Indicators (KPIs). Performance was discussed with the lead for each Clinical Commissioning Group and DHU managers at weekly conference calls and the monthly contract monitoring meetings. Where variations in performance were identified, the reasons had been reviewed and action plans implemented to improve the service.
- The provider worked collaboratively with other providers to identify opportunities and develop schemes to improve the services patients received.
- Staff were able to directly book appointments with the GP out of hours service for patients who lived in Leicestershire, Leicester and Rutland (LLR).
- Staff carried out warm transfers (direct transfer of the telephone call from NHS 111 service to another service) to the Nottingham Mental Health Services for patients who lived in Nottinghamshire.
- Call centre staff were supported by a mental health nurse (funded by Derbyshire NHS Mental Health Trust) based in the call centre on Fridays, Saturdays and Sundays.
- Information about how to complain was available and easy to understand. Evidence seen showed that the service responded quickly and sensitively to issues raised. Learning from complaints was shared with staff and other stakeholders.

Our findings

Responding to and meeting people's needs

Derbyshire Health United (DHU) worked with the local Clinical Commissioning Groups (CCGs) to plan services and to improve outcomes for patients in the area. DHU monitored its performance daily against the Minimum Data Set (MDS) and Key Performance Indicators (KPIs), some of which were locally agreed, and this was discussed with the lead for the CCG and DHU managers at weekly conference calls and the monthly contract monitoring meetings. Where variations in performance were identified, the reasons for this were reviewed and action plans implemented to improve the service.

Services were planned and delivered to take into account the needs of different patient groups to help provide flexibility, choice and continuity of care. For example:

- Systems were in place to electronically record additional information for patients with complex health and social care needs or who may be at risk to themselves or others; or cannot manage their healthcare themselves. The information was available to call advisors and clinicians at the time the patient or their carer contacted the NHS 111 service and assisted the clinicians to safely meet the needs of these patients.
- Rightcare plans were developed for clinically high demand patients who lived within Derbyshire, such as frequent users of primary and secondary care, patients on a palliative care register or a terminal care pathway, patients with complex medical conditions or complex mental health conditions with an active management plan in place. These care plans were developed by the patient's GP and shared with the NHS 111service. The plans allowed clinicians to manage patients at risk of admission in a more sensitive manner. Calls received from patients identified as having a Rightcare plan were prioritised as urgent and transferred directly to a clinician for assessment.
- Special notes were used to record relevant information for patients such as frequent callers, children subject to child protection plans, patients who are known to be violent or the location of medicines in a patient's home.
- Additional training was available for call advisors to assist them to identify and support confused or vulnerable callers and calls could be transferred to a clinician for further assessment.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- The service was able to directly book appointments with the GP and Community Nursing Out of Hours services for patients who live in Derbyshire, the Urgent Care Centres in Leicestershire, Leicester and Rutland (LLR) and GP Prime Minister Challenge Fund hubs in Derbyshire and LLR. DHU were the only NHS 111 provider in the country to be selected to pilot booking of appointments into EMIS systems in GP Practices.
- The service was able to carry out warm transfers (direct transfer of the telephone call from NHS 111 service to another service) to the Nottingham Mental Health Services for patients who lived in Nottinghamshire.
- The provider worked closely with the Derbyshire NHS Mental Health Trust to support patients who lived in Derbyshire with mental health needs who contacted the service. A mental health nurse (funded by the trust) was based in the call centre on Fridays, Saturdays and Sundays.

Access to the service

Derbyshire Health United provided the NHS 111 service for Derbyshire, Leicestershire, Leicester and Rutland, Nottinghamshire and Northamptonshire. The NHS 111 service was available 24 hours a day, every day of the year. Calls were answered at any of the three call centres based in Derby, Chesterfield and Leicester. The NHS 111 telephone number is a free telephone number to anyone living in England, irrespective of whether they were registered with a GP.

Calls to the service were answered by a call advisor, who established the patient's name and contact telephone number so they could contact the patient should the call became disconnected. Call advisors used NHS Pathways to triage the telephone calls from patients and direct them towards the most appropriate service. Calls may be transferred directly to a clinician for advice, or the patient may be telephoned back within specific timescales depending on the severity of their symptoms. The call advisor may refer the patient to the out of hours service for an appointment, dispatch an ambulance if required or advise the patient to attend the accident and emergency department. Call advisors and clinical advisors had access to the Directory of Services, which listed services available in specific areas.

Listening and learning from concerns and complaints

The service had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for NHS 111 Services in England. There was a designated Complaints Officer and Complaints co-ordinator who handled all complaints in the organisation.

Information about how to complain was on the organisation's website. Patients who made a complaint were sent a copy of complaints leaflet, which was available in a number of different languages.

The operational managers were alerted to complaints received about the NHS 111 service. As part of the complaint investigation, calls were listened to and information recorded on a call review document. The complaints officer worked with the relevant director to draft the response. The clinical director also attended all call reviews in order to identify any potential serious incidents.

The service had received 196 complaints between 1 October 2014 and 31 October 2015, which equated to 0.02% of patient contacts with the service. Although all complaints relating to NHS 111 services were handled in the same way, the service was able to differentiate complaints according to the contract involved. The service had received the following number of complaints per contract:

- Leicestershire, Leicester and Rutland – 41 complaints
- Nottinghamshire – 54 complaints
- Northamptonshire – 36 complaints
- Derbyshire – 65 complaints

Data showed that the higher proportion of complaints received were in relation to communication and staff/ attitude for example:

- 37% of complaints received for Leicestershire, Leicester and Rutland were in relation to communication and 34% of complaints received were in relation to staff/ attitude.
- 32% of complaints received for Northamptonshire were in relation to communication and 29% of complaints were in relation to staff/attitude.

We looked at the summary of complaints for each contract for this period. We found that these had generally been satisfactorily handled, demonstrated openness and

Good

Are services responsive to people's needs?

(for example, to feedback?)

transparency and dealt with in a timely manner. We looked at four complaints in detail. We saw that the complaints had been investigated and a response sent to the complainant, which included an apology where appropriate. However, the records did not always record a clear outcome or the impact for the patient. We also noted that potential serious incidents had not always been identified from the complaints.

All complaints were investigated by the Clinical Governance Department and were reviewed at the recently introduced Quality and Patient Safety Sub-Committee Meeting. This monthly meeting was attended by clinical and operational managers, and reviewed complaints received for any trends. This review meeting had only been in operation since August 2015 and it was expected that the more detailed trend analysis would identify any potential serious incidents in the future.

Are services well-led?

Good

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

Summary of findings

The practice is rated as good for being well-led.

- The service had a clear vision and strategy to deliver high quality, safe and effective healthcare and promote good outcomes for patients. Staff were clear about the vision for the service and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The service had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The service proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.

Our findings

Vision and strategy

The provider had a clear mission statement to provide caring, high quality, safe and effective healthcare to the patients and communities that it served. Following staff engagement the provider had developed a set of core values, which were to be Caring and compassion, Always professional, Respect and Everyone matters (CARE). These values were on display and printed on the lanyards used for staff identify badges. Discussions with staff demonstrated they were aware of the mission statement and the values.

There was a strategic plan in place to achieve the mission statement and core values. This consisted of five objectives; patient safety, focus on prevention and self-care, supporting our workforce, good governance and integration through partnership. There were robust systems in place to monitor that the objectives were being met.

Governance arrangements

The provider had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear organisational and leadership structure with named members of staff in lead roles. The organisational governance structure clearly demonstrated the reporting mechanisms for the range of sub committees through the executive team to the board members. Throughout the organisation staff were aware of their own roles and responsibilities.
- Calls received by NHS 111 service were monitored daily in line with indicators in the NHS 111 Minimum Data Set (MDS) and Key Performance Indicators (KPIs). The data collected was collated and analysed on a weekly and monthly basis. Weekly conference calls and monthly contract monitoring meetings were held with the each Clinical Commission Group.
- A range of internal meetings were held at weekly and monthly intervals and the directors reported to DHU board monthly or as required.
- Provider specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the provider. Staff performance was monitored through calls reviews and appraisals. Staff we spoke with were

Are services well-led?

Good

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

aware and understood the call audit monitoring process. The sample of staff files we looked contained copies of recent performance appraisal and developmental review.

- A system for reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of events actively took place.
- A system of continuous audit cycles which demonstrated an improvement in outcomes for patients.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

There was a clear leadership and management structure in place. The executive team were supported by the board of non-executive directors with a range of experience and backgrounds. Following feedback from staff, directors 'on call' were now more visible and present in the call centres during evening and weekends.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. We found the service to be open and transparent and prepared to learn from incidents and near misses.

The provider was committed to developing the workforce and there was evidence that staff were supported to attend training appropriate to their roles. Support with the newly introduced revalidation for nurses was also available. There was evidence that staff had learnt from incidents and there was evidence of shared learning between staff.

Staff told us that regular staff meetings were held. We saw from the minutes that there was an open culture and staff had the opportunity to raise any issues at the team meetings. DHU shared information with staff through the monthly Board Brief. This included information about the overall performance of the organisation including complaints and incidents; service and staffing updates; details of compliments including the staff members concerned; staff feedback and staff awards.

Public and staff engagement

The service encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

The service engaged the services of an external company to obtain the views of patients who had used the NHS 111 service. Comments made by patients were analysed and investigated. Results from the surveys were discussed at the Patient and Public Involvement Sub-Committee and any actions raised were forwarded to the integrated Governance Committee.

The provider had carried out a staff survey during February and March 2015 and 194 members of staff responded. The survey identified that staff were satisfied with the care that they were able to provide and felt that their role made a difference to patients. Positive comments were also made regarding appraisals and review processes. However, the survey also identified a number of areas that required addressing, for example how involved staff feel in decision making about changes affecting the service and the effectiveness of communication between senior management and staff. An action plan had been developed and was discussed at the monthly Communication and Engagement Forum, which was attended by representatives from each of the different staff groups. A staff engagement event had been held in July 2015, and the results of the survey were shared at this event. Following feedback from staff, the provider had introduced long service awards in recognition of an individual's loyalty to DHU and the predecessor organisations and the 'limelight' award, in recognition of employee effort, centred on their exceptional contribution in providing not only quality patient care but care and compassion for each other. Details of the winner of the 'limelight' award were shared with staff in the monthly Board Brief.

Continuous improvement

- Due to difficulties in recruiting nurse advisors and increasing patient demand of calls to NHS 111, DHU had struggled to achieve a national key performance indicator (KPI) where they were measured against the time it takes for patients to receive a call back within ten minutes from a nurse advisor after being transferred to a nurse triage queue. DHU employed agency nurse advisors who were clinically trained in NHS Pathways to

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ensure there was adequate clinical cover within the call centre to ensure the safety of patients. It is expected that DHU will improve this target due to the increase in the availability of nurse advisors.

- DHU recruited paramedic advisors over a winter period who reviewed the appropriate use of ambulance resources and advised the patient to attend the accident and emergency department if appropriate to reduce pressure on ambulance services. DHU had a referral rate of 8% of calls to 999 ambulance services compared to a national average of 11%.
- In January 2015, DHU employed dental nurse advisors to work within the NHS 111 call centres to support the growing demand for dental advice with an aim to reduce the demand for emergency dental services in the Out-of-Hours period.