# 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 | Inspected but not rated |
|---|---|
| Are services safe? | **Inspected but not rated** |
| Are services effective? | **Inspected but not rated** |
| Are services caring? | **Inspected but not rated** |
| Are services responsive to people's needs? | **Inspected but not rated** |
| Are services well-led? | **Inspected but not rated** |

# Overall summary

A summary of CQC findings on urgent and emergency care services

in Leicester, Leicestershire and Rutland.

Urgent and emergency care services across England have been and continue to be under sustained pressure. In response, CQC is undertaking a series of coordinated inspections, monitoring calls and analysis of data to identify how services in a local area work together to ensure patients receive safe, effective and timely care. We have summarised our findings for Leicester, Leicestershire and Rutland below:

Provision of urgent and emergency care in Leicester, Leicestershire and Rutland was supported by services, stakeholders, commissioners and the local authority.

We spoke with staff in services across primary care, integrated urgent care, acute care, mental health services, ambulance services and adult social care. Staff had worked very hard under sustained pressure across health and social care services.

People reported difficulties when trying to see or speak to their GP. Some GP practices had invested in new technology to improve telephone access. Staff working in GP practices signposted patients to extended and out- of- hours services to prevent people attending emergency department whenever possible.

Staff working in urgent care reported an increase in demand and an increase in acuity of patients presenting to their services. Some staff reported frustrations in relation to urgent care pathways; staff working in advanced clinical practice were not always empowered to make referrals into alternative pathways.

Staff working in urgent care services reported challenges due to the volume of pilots focused on admissions avoidance running across Leicester, Leicestershire and Rutland. Many pilots ran for relatively short periods of time and were often impacted by staffing issues. This made it difficult to maintain oversight of pathways available to avoid acute services. However, some pilots had proved successful and prevented ambulance responses and hospital admissions.

Staff working across urgent and emergency care services raised concerns about their skills set. Some ambulance staff feared the shift from dealing with multiple emergencies to providing longer term care for one patient in a shift, in combination with having less time for training, impacted on their competency. Some staff in urgent care services felt they needed additional training to meet the needs of patients presenting with higher acuity.

Patients seeking advice from NHS111 in Leicester, Leicestershire and Rutland experienced some delays getting through to the service, when compared against national targets. However, at the time of our inspection, performance was better than England averages for key indicators including the percentage of calls answered within 60 seconds, and call abandonment rates. Staffing continued to be a challenge across NHS111, however recruitment was on-going.

Out- of- hours care had been challenging throughout the pandemic as staff were redeployed to other key services, this had particularly impacted on home visiting services.

The emergency department serving Leicester, Leicestershire and Rutland is within a large, city centre hospital and poor patient flow across health and social care has further increased the significant pressure on the emergency department. This pressure has resulted in long delays in care and treatment. Long delays in ambulance handovers have, in turn, resulted in a high number of hours lost to the ambulance service whilst their crews wait outside hospital. This causes further delays in responding to 999 calls to patients in the community with serious conditions.

# Overall summary

Ambulance crews reported an increase in the volume of patients calling 999 who told them they had been unable to see their GP and crews often signposted patients back into primary care.

We found psychiatric liaison services at the city centre hospital were well run and designed to meet people's needs. Staff demonstrated effective partnership working with a person-centred approach and good use of alternative pathways to avoid admission into acute or social care services.

We found that staff working across specialisms in acute services did not always provide sufficient in-reach into the emergency department to improve patient flow and the care received. This was particularly apparent at night. Beds were not allocated to patients until they had been accepted by specialists, this meant some patients spent additional time waiting in ED. During our inspection, between 45 and 60 beds were needed for new patients waiting in ED. Some patient transfers to other hospitals in Leicester, Leicestershire and Rutland stopped at 8pm, this restricted patient flow out of the city centre hospital.

Some staff reported frustrations with escalation processes across health and social care in Leicester, Leicestershire and Rutland. At times when the city centre hospital and the ambulance service was under significant pressure, staff felt there was a lack of diverts available to other sites or services and that system partners were slow to respond. There was a rapid ambulance handover process when services were in escalation; however, staff reported these were not effective.

There was a high number of patients in hospital who were medically fit for discharge but remained in acute services. System stakeholders worked together to consider discharge pathways; however, at the time of our inspections the number of patients awaiting discharge remained very high. Delays were still commonplace and capacity in community and social care services impacted on the ability of staff to safely discharge patients. Communication about discharge and discharge processes were impacting on the quality of transfers of care to social care services.

People living in social care setting experienced long delays, particularly when accessing 999 services. Although advice was provided, this had resulted in significant waits and poor outcome, especially for people who had fallen and remained on the floor. Staff working in social care services told us they had limited access to support and advice and relied on GPs, 111 or 999.

System wide collaboration, accountability and risk sharing needs to improve to alleviate pressure on key services in Leicester, Leicestershire and Rutland

We carried out an announced, focused inspection of DHU 111 Fosse House Call Centre on 31 March and 5 April 2022.

We are mindful of the impact of COVID-19 pandemic on our regulatory function. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

This focused inspection was carried out using our Pressure Resilience methodology which meant that we did not use all the key lines of enquiry and the report has not been rated.

The service was last inspected in March 2019 when it was rated as Outstanding.

This inspection of DHU 111 Fosse House Call Centre formed part of a system review of urgent and emergency care provision in Leicester, Leicestershire and Rutland. The findings of this review relate to the overall system of care provision in this area and are not all specific to this provider alone. The following details the findings of this system wide review:

# Overall summary

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 service it provided. It ensured that advice was delivered according to evidence- based guidelines.
- Staff treated people with compassion, kindness, dignity and respect.
- Patients were able to access advice from the service within an appropriate timescale for their needs.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- Despite acute workforce pressures that had seen many members of staff absent through sickness, the provider had continued to consistently perform highly in respect of call management and had throughout the pandemic period bettered the performance of other NHS111 providers across England. Call abandonment rates were below the pre-pandemic target of 3% which had been raised to 6% during the pandemic period. The time taken to answer calls was significantly below the national average over a protracted period of time and in February 2022 was 31 seconds compared to the national average of 267 seconds.

**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 a CQC Inspection Manager, a Deputy Chief Inspector, a further CQC inspector, a GP specialist adviser and a CQC pharmacist specialist.

## 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, Milton Keynes, Wiltshire, Bath and North East Somerset and some parts of London in conjunction with London Ambulance Service.

It is registered with Care Quality Commission to deliver the regulated activities of:

- Transport services, triage and medical advice provided remotely from:
- Orbis 1 Building, Riverside Court, Riverside Road, Pride Park, Derby DE24 8HY
- Ashgate Manor, Ashgate Road, Chesterfield S40 4AA.
- Chippenham Call Centre, Fox Talbot House, Belinger Close, Chippenham, SN15 1BN
- Fosse House, 6 Smith Way, Grove Park, Enderby, Leicester LE19 1SX.

Orbis 1 Building is the primary location. The governance, managerial and administrative functions of the Fosse House call centre are also centred at this location. We visited this location on 31 March 2022 and Fosse House call centre on 5 April 2022.

All four 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 per day, 365 days a year, and calls are free from landlines and mobile phones. The NHS 111 service is staffed by a team of service advisors, health advisors and clinical advisors who are experienced nurses, paramedics, pharmacists, mental health nurses, paediatric nurses , clinical practitioners and dental nurses.

At the time of inspection, the service employed approximately 550 health advisors (whole time equivalent WTE 400) and 170 clinical advisors (WTE 120) across the four sites.

The service covers a population of 8.8 million which is 15.7% of the England population. Overall, the service receives approximately 2.3 million calls per annum of which approximately 484,000 are for the Leicester, Leicestershire and Rutland area, which has a population of some 1.1 million. DHU 111 is the third 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 1,800 staff across all its services.

The provider website is www.dhuhealthcare.com

Inspected but not rated

# Are services safe?

**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.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.
- 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.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider had HR systems and recruitment process which were fully compliant with requirements.
- 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 were fit for purpose and safe for staff. For example, we saw the new call centre at Orbis 1 House had been designed by experienced NHS111 staff to provide a light, spacious and well-ventilated environment, providing space for 258 advisors. The call centre at Fosse House was much smaller but we were made aware that the provider would be vacating these premises in June 2022 and re-locating to larger premises.

- Equipment were safe for staff and equipment was maintained according to manufacturers' instructions.

- The provider had a effective Business Contingency Process in place. For example, the ability for the provider to use its other call centres enabled seamless business continuity in the event of telephony issues.

**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. We spoke at length with staff responsible for workforce management who took us through the challenges and solutions with providing sufficient staff to meet demand in the face of high sickness rates. The provider had introduced a number of measures to both encourage recruitment and retention of existing staff. These included 'golden hello' payments to new staff, a bonus for introducing new staff and a monthly attendance payment which was payable to staff who did not take sick leave. This measure was primarily intended to reduce the incidence of short-term sickness, which had a positive effect on workforce planning.
- There was an effective induction system for temporary staff tailored to their role.

Inspected but not rated

# Are services safe?

- 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.

- 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.
- 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.
- Details of the on call 'Gold Commander' was displayed for all to see in the call centres on the wall boards used to display real time call handling data.

Inspected but not rated

# Are services effective?

**Monitoring care and treatment**

- 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. The data is used to show the efficiency and effectiveness of NHS 111 providers.
- DHU 111 annualised activity had increased by 76% since 2016, and there had been a 45% year on year increase in calls offered in the first 2 months of 2022.
- In February 2022 DHU 111 Leicestershire and Rutland answered on average 84% of calls within 60 seconds. The England average was 54.3%.
- The average time taken for calls to be answered had similarly been affected by increased demand. However, this service had performed well, with an average answer time of 31 seconds in February 2022, compared to the England average of 267 seconds. It had been consistently significantly below the England average in every month from July 2021 through to February 2022. Lower answering time indicates better performance.
- The number of abandoned calls had risen significantly across the country as a result of the covid-19 pandemic, with increased call demand and staffing shortages. A call is considered abandoned if the caller hangs up before an answer. In so far as this service was concerned the percentage of calls offered that had been abandoned had tracked below the England average in every month from May 2020 to February 2022. The abandonment rate target is 3%; The abandonment rate for February 2022 for this service was 1.7%, compared to the England average of 12.3%. Lower percentages indicate better performance.
- 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.
- The provider had an effective clinical validation system for ambulance despatches.
- 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 had identified and implemented service innovations through the investigation of one of their serious events which had highlighted an ambiguity in the Pathways model.

**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.
- 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.
- 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.

Inspected but not rated

# Are services effective?

- There were clear and effective arrangements for booking appointments, transfers to other services, and dispatching ambulances for people that required them. Staff were empowered to make direct referrals and appointments for patients with some other services for example into acute care and some GP appointments.

NHS 111 services are allowed to put the Category 3 & 4 ambulances (less urgent) into a queue for their clinicians to validate. There is a 30 minute window to do this, after which they have to despatch the ambulance. The provider validated between 60 and 70% of those in the queue within the 30 minute timeframe. They are not allowed to hold the calls for longer. The provider undertook a pilot at the end of 2021 to extend the time in which an ambulance validation can be done to 60 minutes but the evidence of the benefit was inconclusive as the clinical staffing levels available to do this work reduced due to covid and taking on the a joint contract with another provider in November 2021. Therefore NHSE/I declared there was no benefit as compared to previous months and reduced it back to 30 minutes. They said there was the same amount of validation, but it just took longer. The provider has asked that when clinical staffing levels increase, they do a like for like pilot one month at 30 and one month at 60 minutes.

- The provider has been asked on two occasions recently by the ambulance trust to extend again to 60 minutes for one weekend and over Easter to support them. With regional NHSE/I lead confirmation they were allowed to do this. It worked well and there was an increase in validation numbers when compared to the previous weekend. There were no serious incidents identified from the pilot or the two weekends when the timeline was increased.
- In the 12 months to end of February 2022 the provider had clinically validated 34,324 Category 3 ambulances for Leicestershire, Leicester and Rutland.

- 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.

Inspected but not rated

# Are services 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.
- The service could refer into Leicestershire Mental Health Services for all age groups. They also employed trained Mental Health Clinicians and looked to identify any other ways to can support patients particularly those with suicidal ideation.
- There was an effective process, policy and procedure in place to help staff support repeat and high impact (frequent) callers.

Inspected but not rated

# Are services responsive to people's needs?

**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.
- 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 provider employed paediatric nurses to help meet the need of this group.
- The provider had a 111 dental team, with a designated dental performance manager.
- 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.

Inspected but not rated

# Are services well-led?

**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.
- 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 design of the Derby call centre incorporated a raised dais in the centre of the call centre for managers and team leaders, enabling to see and be seen by staff.
- 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 a 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.
- There were clear lines of effective communication between staff working the call centres and managers with a high ratio of team leaders to health and clinical advisors

**Culture.**

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

- Staff we spoke with felt respected, supported and valued. They were proud to work for the service.
- 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 a 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.
- 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.
- 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. The provider promoted a portfolio approach to staff development, enabling staff to move and work between their various services and enhancing their professional development.

Inspected but not rated

# Are services well-led?

- Staff were supported to meet the requirements of professional revalidation where necessary.

- 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. A prayer room for all faiths was available at both the Fosse House and Derby call centres.

- 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.
- There was strong leadership at the top of the organisation with a Board comprised of directors with wide ranging and diverse backgrounds and experience.
- The governance structure with its various reporting committees and reporting process ensured that effective oversight was maintained but was agile enough to react to demand and changing circumstances.
- Lines of accountability and reporting were clear and unequivocal.
- 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.

- 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 health and clinical advisors could be demonstrated through audit of their telephone conversations and disposition decisions, which showed high levels of compliance.
- 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 commissioning 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.