

Phoenix House

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 to people's needs?	Good	
Are services well-led?	Good	

Overall summary

This practice 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 of Phoenix House on 29 November, 1 December and 4 December 2022 as part of our inspection programme. The service had not been inspected before.

At this inspection we found:

- The provider had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The provider routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- Improvements were made to the quality of care as a result of complaints and concerns.
- Call handling performance and waiting times in the NHS111 and out-of-hours service had been sub-optimal for some time due to increased demand coupled with staff shortages. The provider had a credible plan to improve.
- The leadership, management and governance assured the delivery of high-quality care, and supported learning and innovation throughout the organisation.

The areas where the provider should make improvements are:

- Continue to improve their performance data to meet the Key Performance Indicators and National Quality Requirements.
- Continue to ensure all staff have received safeguarding training that is appropriate to their role.
- Seek feedback from the mental health team to evaluate patient uptake of that service.
- Continue to identify trends from the new system of reviewing patient surveys to improve patient satisfaction.
- Continue to engage and have visible leadership in all primary care centres.
- Continue to ensure patients are visible to staff in the waiting room at all primary care centres.
- Continue to engage and work with the providers who are responsible for the premises used by IC24, to appropriately maintain the premises.

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Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector and a CQC inspector with sector specific experience. The team included a GP specialist adviser, a CQC pharmacist inspector and three CQC team inspectors.

Background to Phoenix House

The integrated NHS 111 and out-of-hours contract for South and Mid Essex is provided by Integrated Care 24 (IC24). IC24 is a social enterprise (a not for profit organisation) which holds various healthcare contracts across Kent, Sussex, Essex and Norfolk and Waveney. The headquarters for IC24 is in Ashford, Kent.

IC24 operates NHS 111, out-of-hours and a variety of other services including primary care centres in other areas. IC24 commenced delivery of the integrated NHS 111 and out-of-hours service for Mid and South Essex in July 2018.

NHS111 is a 24 hours-a-day telephone-based service where patients are assessed, given advice or directed to a local service that most appropriately meets their needs. For example, their own GP, an out-of-hours GP service, self-care, walk-in centre, urgent care centre, community nurse, community pharmacy, emergency dentist or emergency department. People can call the service 24 hours per day, 365 days a year. The NHS 111 service is staffed by a team of service advisors, health advisors and clinical advisors who are experienced nurses, advanced care practitioners, urgent care practitioners, pharmacists and general practitioners.

GP out-of-hours services provide care to patients who require medical attention outside of normal GP opening hours. Generally, out-of-hours services operate from 6.30pm until 8am Monday to Thursday, and 6.30pm Friday until 8am Monday and all public holidays. Patients access the out-of-hours service via NHS 111 where the information provided is assessed and triaged and patients receive an appropriate response based on their clinical needs. This can be in the form of a clinical telephone assessment, referral to the patient's own GP, a home visit from a clinician or an appointment for the patient to attend an out-of-hours base.

IC24 in Mid and South Essex provides care to a population of 1.2million people residing in the area and is commissioned by the Mid and South Essex Integrated Care Board. The provider recorded an approximate average year to date of 32,000 111 calls per month to IC24 from the Mid and South Essex area. Of these calls 21,000 came into the clinical assessment service (CAS) for clinical triage, 3,553 were seen 'face to face', 2,850 had a home visit, 2,500 required an ambulance disposition and 3000 were referred to their own GP.

Phoenix House is the location responsible for the governance, managerial and administrative functions of the 111 and out-of-hours service. The NHS 111 contact centre operates from Ipswich. Care and treatment for the out-of-hours service are delivered from 9 out-of-hours primary care centres located in Basildon, Braintree, Brentwood, Broomfield, Canvey Island, Grays, Halstead, Maldon and Westcliff-on-Sea. Not all these primary care centres are opened every day during the out-of-hours period. As part of this inspection we visited Phoenix House, the contact centre in Ipswich and the primary care centres in Basildon, Chelmsford, Grays and Westcliff-on-Sea.

The service is registered with the CQC to provide the regulated activities of Diagnostic and screening procedures, Transport services, triage and medical advice provided remotely and Treatment of disease, disorder or injury.

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, including Control of Substances Hazardous to Health and Health & 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. They outlined clearly who to go to for further guidance.
- Staff we spoke with during the onsite inspections knew who the safeguarding lead was and how to identify and report safeguarding concerns. The Senior Safeguarding Lead reviewed all safeguarding referrals.
- Between the period of 10 October 2021 to 10 October 2022 there were 671 Adult safeguarding referrals and 376 children safeguarding referrals in the region. The service identified 456 of these referrals were not needed which showed a strong reporting culture. Staff felt encouraged to raise referrals where a cause for concern was identified. The service differentiated between, and reported on, the various types of safeguarding concerns which included (amongst others) child neglect, self-harm, physical and domestic abuse.
- The service worked with other agencies to support patients and protect them from neglect and abuse. For example, the safeguarding team worked with local authorities and mental health teams. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- We saw the service regularly monitored the percentage of staff who had completed their safeguarding training and where levels dropped below the 95% target, the service took action and conducted additional face to face and virtual learning sessions.
- The service provided us with data which showed there was an overall 96% staff compliance of children safeguarding training and an overall 95.5% compliance of staff who had completed adult safeguarding training. The service had a system which did not allow staff to book shifts if mandatory training had not been completed.
- Recruitment processes were effective. We saw appropriate staff checks had been completed at the time of recruitment and on an ongoing basis where appropriate.
- There was a system to ensure all staff had the required recruitment checks documented on to their files. This included staff that had been with IC24 since 2013. Historic documents had all been scanned and were accessible on their system.
- 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).
- We reviewed 7 staff files, a mix of permanent and sessional staff, and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, DBS checks, vaccination status where applicable, contracts, yearly or monthly development reviews and professional registration checks. The system alerted staff 3 months prior to certificates being out of date.
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control, although some strengthening was required at one of the clinical sites.
- The provider ensured facilities and equipment were safe and equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- During our visit to the out-of-hours primary care centre site in Basildon Hospital, we found the reception area was poorly maintained. We identified areas that required cleaning and refurbishment. Although the premises was the responsibility of the NHS Trust, the service conducted monthly health and safety and infection prevention and control

Are services safe?

audits which highlighted these concerns. We were informed that the service had requested cleaning schedules from the hospital which proved difficult to get access to. Following the inspection, we were informed the service was in touch with the Mid and South Essex Foundation Trust who were responsible for the premises regarding the concerns identified at this inspection. In addition to this, we found that patients in the waiting area were not visible to administrative staff at this site, this posed a risk of staff being unable to observe and manage patients with deteriorating symptoms. Following the inspection, the provider took immediate action and rearranged the seating in the waiting area to ensure patients were visible to staff.

- The service had a comprehensive business continuity plan in place for major incidents such as a power failure. The plan had been reviewed by the service and an independent organisation following the COVID-19 pandemic to identify further improvements. We saw that lessons had been learned and implemented into the business continuity planning. Foremost among those lessons was the need for clear lines of responsibility, accountability and maintaining clear documentary evidence of Information Technology equipment dispersal to home and remote workers.

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. However, the service was aware of the workforce challenges in recruitment and retention. Leaders expressed the challenges in the 111 service and the clinical rota-fill and cover for the out-of-hours base sites, these challenges reflected the national picture. Staff we spoke with at a primary care centre expressed concerns about staffing levels. The provider informed us they were in the process of filling vacant positions. The risk register for Mid and South Essex reflected the challenges around the recruitment and attrition of staff at the Ipswich Contact Centre, it also reflected the long waits in the clinical assessment service which affected the 111 call answering time targets. Leaders informed us the service experienced competition from other employers who offered similar call taking posts and IC24 were unable to offer greatly enhanced rates of pay to compete. We saw that IC24 were addressing the situation and taking appropriate action. Despite the national increase in demand for the service and the workforce pressures, we were assured the provider had appropriate measures in place and patient safety was not compromised.
- Overall, we saw that IC24 had been proactive in attempting to improve on performance against these targets. They were continuously working to provide staff with improved terms and conditions. They offered staff flexible employee centric rotas, flexible remuneration, supported home working opportunities and offered hybrid working, retention payments, new pay frameworks and 12-hour minimum contracts on weekends. We saw they were taking part in several quality improvement programmes to streamline the call flow, pathways and reduce wastage of resources and avoid duplication.
- We saw an improvement in the employee turnover rate over the last 12 months. In November 2021, the employee turnover rate was 14.8% for the out-of-hours service. Although the turnover rate fluctuated, there was an overall improvement and in October 2022 the turnover rate was 12.7%. In November 2021, the employee turnover rate was 62.1% at the contact centre. This increased to 74% in February and then started to improve. In October 2021, the turnover rate was approximately 46%.
- There was an effective system in place for dealing with surges in demand through workforce and rota management. Where surges in demand arose through increased telephone activity, IC24 were able to utilise their other NHS 111 call centres to meet demand.
- We saw an increased agency usage as a percentage of total hours in the month. This increased from 10.4% in September 2021 to 20.6% in September 2022. This was a result of meeting the increased demand on the service coupled with staff shortages.

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.
- Systems were in place to manage people who experienced long waits.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.
- There were systems in place to ensure the safety of the out-of-hours vehicles. Safety checks were completed at the beginning of each shift. A member of staff we spoke with at a primary care centre informed us the time taken to complete the safety checks was not factored into the shift start time and meant staff were coming in earlier to complete these. The concern was raised with the service who informed us this was being reviewed and leaders wanted to ensure staff had adequate time to complete all safety checks appropriately during their agreed working hours.
- Comprehensive risk assessments were carried out prior to any staff undertaking health advisor homeworking. This included (but not limited to) insurance for working from home, confidentiality and suitable premises.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. 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.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing emergency medicines, including medical gases and controlled drugs minimised risks. Medicines could be prescribed remotely by sending a prescription to a chemist, supplied during a face to face consultation at a primary care centre or during a home visit. Arrangements were in place to ensure medicines and medical gas cylinders carried in vehicles were stored appropriately.
- The service held a range of medicines that were in line with national guidance and carried out audit activity to ensure prescribing was in line with best practice guidelines for safe and appropriate prescribing. Referral processes were in place to enable people to access the correct service should a request for supply of medicines be made for those out of scope.
- The service had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- Staff were all trained in medicine's management and the performance advisory group monitored any prescribing issues picked up by audit.
- The service kept prescription stationery securely and monitored its use.
- Processes were in place for checking medicines and staff kept accurate records of medicines.
- Processes were in place to ensure communication about medicines administered and supplied were in place with patients own GP.
- Palliative care patients were able to receive prompt access to medicines required to control their symptoms.

Are services safe?

- Medicines management meetings took place at a corporate level within the organisation which included a review of medicines incidents. The Chief Pharmacist or the Controlled Drug Accountable Officer attended local Controlled Drug Local Intelligence Network meetings. The Chief Pharmacist attended medicines management meetings for Mid and South Essex Integrated Care System.

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 safety alerts.
- Joint reviews of incidents were carried out with partner organisations, the local Accident and Emergency department and ambulance services.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on incidents (concerning events raised by staff) and serious incidents (concerning events raised by service users).
- We saw detailed reviews of incidents and serious incidents. For example, call handling and clinical incidents were the biggest theme identified in incidents between March to August 2022. The service explored the reasons for why these were the biggest themes and we saw that appropriate action was taken and learning identified. For example, where inappropriate health advisor assessments were reported, or health advisors followed incorrect pathways the service audited these assessments and calls. Health advisors and clinicians were provided with feedback and further training if needed.
- Staff we spoke with understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- Where base audits highlighted there were gaps in staff understanding of reporting incidents, we saw appropriate action was taken and training provided with ongoing monitoring.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service.
- The service reported on all outcomes and learnings following Serious Incidents.
- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.
- The provider took part in end to end reviews with other organisations. Learning was used to make improvements to the service.

Are services effective?

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and 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. The provider monitored that these guidelines were followed.
- Telephone assessments were carried out using a defined operating model. Staff were aware of the operating model which included the use of the NHS Pathways Telephone Triage System.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Where patients needs could not be met by the service, staff redirected them to the appropriate service.
- Staff assessed and managed patients' pain where appropriate.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- There were pathways in place for patients suffering with poor mental health. The provider set up an interactive voice response which enabled patients who experienced poor mental health to be able to press a button and be directed to the local mental health trust for assessment by a mental health professional. This service was run by a separate organisation therefore IC24 did not hold any data on these calls. In addition, the provider had not received any feedback from this organisation and had agreed to follow this up.
- Pathways were in place that ensured palliative care patients had early senior clinical advice where required and were appropriately transferred to local services.
- The provider implemented a Health Care Professionals Portal in partnership with East of England Ambulance service which went live in November 2022. This was a direct portal which reduced the time taken for registered healthcare professionals to refer patients to IC24 for an assessment by allowing a direct refer into the clinical assessment service. This avoided duplication that would have occurred if the standard NHS pathways route was followed and thereby reduced the wait time for these patients.
- There were systems in place to identify frequent callers and patients with particular needs; staff we spoke with knew how to identify specific response requirements.
- Technology and equipment were used to improve treatment and to support patients' independence. The service utilised SystemOne access in the Mid and South Essex region. In addition to this they had a fully integrated urgent care service with 111, clinical assessment service and the out-of-hours GP services on one clinical system called CLEO (Clinical Excellence Online). This was an in-house standalone system which supported the services monitoring systems. Access to GP connect allowed authorised clinical staff to share and view clinical information and data between IT systems and provided direct access to patients GP records. The provider ensured staff were using the latest version of triage software, including NHS pathways.

Monitoring care and treatment

- The provider had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.
- From 1 January 2005, all providers of out-of-hours services were required to comply with the National Quality Requirements (NQR) for out-of-hours providers. The NQR are used to show the service is safe, clinically effective and responsive. Providers are required to report monthly to the Integrated Care Board on their performance against standards which includes audits, response times to phone calls, whether telephone and face to face assessments happened within the required timescales, seeking patient feedback and actions taken to improve quality.

Are services effective?

- We saw the most recent NQR results for the service which showed the provider was outside of the target range for some indicators. The provider was aware of these areas and we saw evidence that attempts were being made to improve. This was reflected in the data which showed progressive improvements over the months. For example:
 - The percentage of calls into the NHS 111 service answered within 60 seconds had been consistently below the 95% national target. In October 2021, the percentage of calls answered within 60 seconds was 13.7%. We saw this figure improve month on month and by September 2022, was 60.3%.
 - Where a patient required a warm transfer (this was when the patient was directly referred to a clinician at the time of the call) or call back within 20 minutes, the service consistently performed below the 90% target. In September 2022, 28.1% of calls received a clinical consultation within the 20-minute time frame.
 - Where a patient required a warm transfer or call back within a timeframe over 20 minutes, the service consistently performed below the 90% target. In September 2022, 14% of calls were assessed by a clinician within a timeframe over 20 minutes.
- The provider held regular performance meetings with Integrated Care Board who informed us they did not have any concerns with the service meeting targets.
- 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. It is important to note that a cyber-attack on 4th August caused a major outage on the Adastra system used by many Intergrated Urgent Care service providers, so it is important to take caution when interpreting figures from August 2022 to September 2022. The clinical system CLEO used by IC24 remained unaffected by the cyber-attack.
- We saw the most recent MDS results for the service between September 2021 and September 2022 which showed the provider was outside of the target range for some indicators. The provider was aware of these areas and we saw evidence that attempts were being made to improve. For example:
 - The number of abandoned calls had risen across the country. A call is considered abandoned if the caller hangs up before an answer. The percentage of calls offered that had been abandoned in the Mid and South Essex region remained above the England average over the last 12 months. However, the call abandonment rates for Mid and South Essex decreased since July 2022 and in September 2022 was 8.8% which was only slightly above the England average of 8.5%. The abandonment rate target is 3%.
 - In September 2022, the average time taken to answer calls in Mid and South Essex was 438 seconds which was above the England average of 394 seconds. The national target was 20 seconds.
 - The clinical input rates for Mid and South Essex were consistently above the England average and national target. In September 2022, the clinical input rate for Mid and South Essex was 60.9% which was above the England average of 46.7%.
- Overall, we found where the service was not meeting targets, the provider had put actions in place. The provider used information about care and treatment to make improvements and regularly monitored their performance. We saw that the provider took part in continuous quality improvement activity and audit activity to improve their performance and enhance outcomes for patients.

Are services effective?

- Due to the limited resources and pressures, the data was low on a national level. We were satisfied the provider had a plan in place to continuously improve which included an operational restructure, the use of advanced technology, action taken to improve recruitment and reduce staff turnover, increased focus on staff well-being, increased quality improvement and audit activity. We were assured appropriate measures were in place and there was effective monitoring to ensure patients were not put at risk.
- The provider made improvements through the use of completed audits. For example, audits into the unusual presentations of stroke and audits of the management of patients with suspected deep vein thrombosis had led to additional staff training to improve patient diagnosis and treatment.
- The provider was actively involved in quality improvement activity. There was clear evidence of action taken to resolve concerns and improve quality. For example:
 - There was an ongoing development of homeworking. IC24 were piloting health advisor home working for Pathways trained staff and there were currently 58 home working health advisors. We spoke with the home working managers who stated that the home working pilot had a considerable positive impact in recruitment and retention. It was easier to rota fill some of the less popular shifts and for short periods of time as there were no expenses or time associated with travelling to the call centre. The service found attrition in homeworkers was 16% lower than workers in the contact centre.
 - The service reviewed the onboarding of newly recruited health advisors (non-clinical) and had streamlined the process. This had reduced the time from the appointment of the post as a health advisor to becoming competent and taking calls unsupervised from an average of 106 to 70 days. Shortening the on-boarding process meant that the attrition rate later in the training program was reduced. All health advisors were provided with practical experience of what the call centre was like and the types of call they would receive. This provided the opportunity for new staff to leave earlier on, if they felt the job was not suited to them.
 - The provider improved the process of recording patient demographic information during a 111 call. A survey of call handlers conducted as part of the beginning of the project indicated that patients felt frustrated that one third of the call involved taking patient demographic. Feedback was also sought via a one-week patient experience survey for 111 service users. A thematic analysis suggested a need to streamline the assessment process and reduce unnecessary steps. The results were compared with a Healthwatch Survey where people reported having to answer long lists of questions, often multiple times and felt they were not being listened too. As a result, the provider streamlined certain parts of the call. The pre-recorded message length was reduced by 27% and the demographic duration part of the call was 16 seconds quicker. IC24 felt this project had improved their performance in responding to patients and improved the experience for staff.
 - Speech analytics technology was being trialled to reduce waste activity and automate parts of the process in the auditing of NHS 111 call handlers. The provider procured speech analytics software which replaced manual auditing of retrospective calls. The provider found that voice auditing retrieval took 10 seconds to load compared to the manual 4 minutes 20 seconds. In the context of 16,800 audits that were completed within the year they found it equated to 1500 hours saved compared to the manual auditing process.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. This covered such topics as NHS pathways training, safeguarding, infection prevention and control, health and safety, fire safety and information governance.

Are services effective?

- There was a designated area known as the ‘graduation bay’ at the Ipswich contact centre where non-clinical coaches provided extensive support and coaching to health advisors following completion of their pathways training. This ensured new staff had the opportunity to experience calls in a learning environment before entering the main call centre.
- The provider regularly audited clinicians and exceeded the 1% clinical notes quality audit target. At the time of inspection, they had achieved 2.3%. There was a system to ensure an increased amount of audit was undertaken for certain groups of staff such as new starters, clinicians subject to a complaint and clinicians identified via an audit.
- The provider shared an example of action taken when concerns were identified following an audit of a clinician’s calls.
- 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 protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The provider provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing. Sessional staff were given regular feedback on the clinical audits of the calls.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. Line managers used an improvement support plan tool which set out performance concerns, performance expectations, agreed performance indicators and agreed actions timeframes for completion and required support.

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.
- The clinical workforce was shown to be effective and had a positive impact in supporting 999 and Emergency Departments through clinical validation. The service shared data with us which showed in September 2022, they had validated 90% of Emergency Department dispositions compared to the England average of 38.9% and East of England average of 66.8%. The service also validated 96.5% of Category 3 and Category 4 Ambulance dispositions in comparison to the England average of 86.3% and East of England average 74.9%. As a result of this, 44.3% of Emergency department validations were given a lower acuity outcome and 68.7% of Category 3 and 4 dispositions were given a lower acuity outcome. The impact of this was that by downgrading the acuity, it prevented ambulances being dispatched where it was not clinically necessary and therefore reduced pressures in the accident and emergency departments.
- 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.
- 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 provider ensured that care was delivered in a coordinated way and took into account 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 when required. Staff were empowered to make direct referrals and appointments for patients with other services.
- Issues with the Directory of Services were resolved in a timely manner.

Helping patients to live healthier lives

Are services effective?

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

- The provider identified patients who may be in need of extra support including those presenting with mental health issues.
- Where appropriate, staff gave people advice so they could self-care. Systems including NHS Pathways were available to facilitate this.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given through the timely notification of a patient's contact with the service, provided they gave consent to do so.
- Where patients' needs could not be met, staff redirected them to the appropriate service for their needs in accordance with the NHS Pathways clinical assessment tool.

Consent to care and treatment

The provider 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 make a decision.
- The provider monitored the process for seeking consent appropriately.

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 we spoke with at the contact centre were aware of the procedures in place for repeat and high impact (frequent) callers.
- We observed staff going out of their way to help patients, for example amending prescriptions and seeing children at short notice.

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. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff respected confidentiality at all times.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

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 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. There was a dental pathway set up with an external provider, a dental nurse was available to assess patients on the weekends and arrange face to face appointments if required.
- The provider understood the needs of its population and tailored services in response to those needs. For example, the service was involved in quality improvement projects to improve the care offered to palliative patients by streamlining the palliative patient pathway. One improvement project related to the categorising of palliative care patients on the system so that they would appear as a priority on the CAS list. Another project related to reducing the number of contacts palliative care patients encountered when trying to receive support for end of life symptoms. There was a third project which related to ensuring that all palliative care patients were assessed by CAS clinicians, without the need to be assessed by NHS 111 clinicians.
- An automated comfort messaging service was introduced in January 2022 to support patients and keep them informed at times of increased demand for the 111 service. Patients would receive a text via their mobile or landline ten minutes before the estimated call back time and a second message was sent out 45 minutes after the initial message if there was a still a delay.
- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when people found it hard to access the service for example those with a hearing impairment and whose first language was not English.
- The service was responsive to the needs of people in vulnerable circumstances.
- Home visits were available for patients whose clinical needs resulted in difficulty attending the service or where the disposition was that they needed to be seen in their home.

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 NHS111 service operated 24 hours a day, on every day of the year.
- On average 435 patients per week were seen at the primary care centre in Southend Hospital, 381 patients per week were seen at the primary care centre in Basildon Hospital, 393 patients were seen at the primary care centre in Thurrock Community Hospital and 445 patients per week were seen at the primary care centre in Broomfield Hospital. These primary care centres operated from Monday to Friday 18:30 to 08:00, and a 24 hour service was provided on weekends and bank holidays.
- Patients could access the out-of-hours service via NHS 111. Some patients were transferred to the service when it was possible, as per an agreement between the service and Southend Hospital, Basildon Hospital and Broomfield Hospital Accident and Emergency departments. The provider did not see walk-in patients and a 'Walk-in' policy was in place which clearly outlined what approach should be taken when patients arrived without having first made an appointment, for example patients were told to call NHS 111 or referred onwards if they needed urgent care. All staff were aware of the policy and understood their role with regards to it, including ensuring that patient safety was a priority.
- Patients with the most urgent needs had their care and treatment prioritised using the NHS Pathways assessment tool.

Are services responsive to people's needs?

- The reception staff had a list of emergency criteria they used to alert the clinical staff if a patient had an urgent need. The criteria included guidance on sepsis and the symptoms that would prompt an urgent response. The receptionists informed patients about anticipated waiting times.
- Patients did not always have timely access to initial assessment, test results, diagnosis and treatment. We saw the most recent local KPI results for the service between September 2021 to September 2022.
- For those patients where the disposition for them was to be seen within one hour, 100% of consultations commenced within the time frame. These were patients who required a home visit. This showed the service had a system to prioritise patients who needed to be seen more urgently.
- The service had not met the 95% target for patients with a disposition for them to be seen within 2 hours. This was for patients who needed to be seen at an out-of-hours primary care centre and for patients who required a home visit. This was consistently low over the months and in September 2022, the service had achieved 66.9% and 62.3% (respectively).
- The service had not met the 95% target for patients who had a disposition for them to be seen within 6 hours at an out-of-hours centre and for patients who required a home visit. This was consistently below the target over the months and in September 2022, the service reported to have achieved 79.2% and 76.4% (respectively).
- Although the service did not meet the targets in some areas, we were assured patients received appropriate triage and were not put at risk.
- The provider was aware of the areas where performance was low, we saw evidence that attempts were being made to address them. The service regularly engaged with clinicians at clinical meetings to remind them of the importance of filling up the different shifts and the impact this had on patients. We were informed it was easier to fill up the shifts for CAS clinicians, these were clinicians who dealt with patients that did not require a face to face assessment. The provider found it more challenging to fill up the shifts needed for onsite doctors. Where people were waiting a long time for an assessment or treatment there were arrangements in place to manage the waiting list and to support people while they waited.
- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- The appointment system was easy to use.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. There was a comprehensive online complaints procedure with clear guidelines that related to all aspects of the process.
- The complaint policy and procedures were in line with recognised guidance.
- Staff treated patients who made complaints compassionately.
- Clinical governance officers were responsible for handling all local complaints.
- 161 complaints were received between October 2021 to October 2022. 57 complaints related to the clinical assessment service, 56 complaints related to the 111 service, 46 complaints related to the out-of-hours service and 2 were other. The provider informed us that 126 of these complaints were upheld or partially upheld.
- 46 accounts of feedback were provided by other healthcare professionals between October 2021 to October 2022. 18 related to the clinical assessment service, 17 related to the 111 service, 9 related to the out-of-hours and 1 was other. The provider informed us that 29 of these feedback accounts were upheld or partially upheld.
- We saw examples of complaints received that related to other services and were passed on.
- The service monitored all complaints and the staff involved.
- There were systems in place for staff involved in complaints or incidents to be reviewed and monitored.
- The service learned lessons from individual concerns and complaints and also from the analysis of trends. It acted as a result to improve the quality of care.

Are services responsive to people's needs?

- The service shared some examples of feedback given to staff following complaints investigations as well as apologies offered to patients when incorrect processes were followed.
- Delay in telephone contact was identified as the main theme across all the complaints, this was the delay in the call back for the 111 clinical queue, the CAS queue and out-of-hours appointments. The provider conducted investigations into all of the delays to identify the reason for the delay and ensure delays were not a result of staff following incorrect processes.
- We saw that the provider collected satisfaction information and identified themes from patient compliments. These were published in regular audit reports.
- Previously, the provider categorised compliments into care, commitment and competent. We saw examples of positive comments from patients which related to how the service helped them reach an outcome and how staff were friendly and helpful.
- The provider logged all negative patient experience questionnaires as incidents and investigated them. Call handling was the biggest theme identified in incidents between March 2022 to August 2022.
- We reviewed the national patient survey data for the NHS 111 Mid and South Essex region for the period October 2021 to March 2022. 380 out of 7089 people responded to the survey question relating to satisfaction with the way they were treated: 270 were fairly or very satisfied with the way they were treated (71.05% of respondents). 70 respondents were fairly or very dissatisfied. 23 were neither satisfied nor dissatisfied. 17 did not respond to the question.
- In July, the service changed the way they collected their data. We received the patient experience questionnaire data for the Mid and South Essex 111 service for the period July, August and September 2022. This showed treatment satisfaction was 83.17%. This was an increase from the previous data for the same question.
- The provider planned to monitor satisfaction levels over time to see improvements or deteriorations and identify opportunities for improvement.
- To improve engagement with patients the service changed the way they collected feedback from service users. Previously, printed surveys were sent to a small service user group. The service now sent text messages to a percentage of service users. From July 2022 to the inspection, 8940 service users were contacted which represented 5.8% of 111 contacts in this period. At the time of the inspection the provider had received 318 responses but had not yet identified any themes.
- The provider had made changes following patient feedback, for example changes were made to the call holding message when patients rang the service to provide patients with more information about delays and improve patient satisfaction.

Are services well-led?

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.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Overall, senior management was accessible throughout the operational period. Both a clinical on-call and an operational on-call were available to staff. Most staff we spoke with reported good communication and support from management including during the night. At one primary care centre we visited some staff expressed concerns about the leadership, we made the provider aware of the concerns. Following the inspection, the provider informed us senior management were undertaking more ad-hoc visits at the primary care centres to continue in their efforts be visible and engage with all staff.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

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 strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy.
- The provider ensured that staff who worked away from the main base felt engaged in the delivery of the provider's vision and values. Staff were informed of changes through staff meetings, memos, emails, newsletters and employee groups.

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.
- To support staff with the increase in cost of living a 'positive living' payment of £1000 was agreed for all staff at all levels.
- We saw the service acted positively when they became aware that staff mental health was being affected. For example, we saw there was a standard operating procedure (SOP) to support staff following difficult calls. The SOP came out of the finding that non-clinical staff call handlers felt under-supported and felt that they couldn't approach coaching staff,

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following difficult calls. As a result, if a health advisor took a call that was difficult or challenging the onus now changed to the coach or management to remove the staff member from the 'floor' for a debrief in a private area. A welfare check was also completed at the staff member's next shift. The SOP that was established, set out the process and gave the supporter options for support based on the individual needs of the case.

- 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.
- 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 were processes for providing all staff with the development they need. This included appraisal and career development conversations. Eligible staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. Staff were supported when they were involved in a complaint or investigation.
- 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.
- The provider had introduced several committees to oversee different governance elements such as the Well-Led committee, the Quality committee, the Audit Committee, the Finance Committee and the Remuneration Committee.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

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 consultations, prescribing and referral decisions.
- Leaders had oversight of MHRA alerts, 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. Performance was shared with staff and the Integrated Care Board as part of contract monitoring arrangements.

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- Clinical 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.
- Staff we spoke with at the contact centre informed us about the Trauma Risk Management which was an ongoing support system designed to help staff with traumatic events.
- Health advisors had access to a clinical advice line to directly speak to a 111 clinician if they needed to seek clinical advice.
- An instant messaging system ensured all staff including home workers were kept informed and had access to instant support. Through this system staff could be directed in real time and resources could also be allocated appropriately where needed.
- The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The service acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The provider had established regular partnership meetings with Mid and South Essex NHS Foundation Trust and The East of England Ambulance Service NHS Trust to improve patient flow and disposition outcomes.
- The provider invited members from the ICB on the day of the inspection at Phoenix House. We were informed, the provider chaired daily calls with the ICB where they communicated real time data and highlighted any pressures or demands in the service.
- We spoke with the Quality Manager in the Mid and South Essex ICB who stated the provider demonstrated an open culture, they were aware of the challenges the service faced and did not have any concerns to share. Meetings were held every two months or quarterly and performance reports sent by the provider were reviewed by the Clinical Quality Review Group. The ICB also regularly audited calls and reviewed Serious Incidents.
- Staff were able to describe to us the systems in place to give feedback. There was an employee group called Link24 which had 15 members, who were nominated by fellow members of staff. We spoke with a member of this group who

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told us they attended regular meetings to discuss any concerns. They informed us a query was raised about a pay rise at this meeting which was honoured by the service. We spoke with the Link24 chair who informed us they attended board meetings and meetings with the well-led committee to cascade any issues. The Link24 chair had no voting rights.

- The Link24 group had been responsible for making financial donations to 12 health associated charities (3 from each operational region). The board had agreed to let some health advisors take paid time off to go and witness the charities activities in action.
- The provider had established routine clinical meetings to reach out to staff working during the out-of-hours period. These were held monthly in the evenings and attended by the locality directors. Some staff expressed that due to the time of these meetings, it meant some staff were unable to attend. These meetings were recorded and sent to the relevant staff members.
- There were routine non-clinical meetings. For staff who were unable to join the team meetings such as those who worked overnight, meeting minutes were shared.
- There were weekly newsletters which kept staff informed of development initiatives.
- Staff who worked remotely were engaged and able to provide feedback for example staff we spoke with at the contact centre told us new home workers had weekly check ins with their manager, were assigned a buddy and attended team meetings.
- We saw evidence of the most recent staff survey and how the findings were fed back to staff. A detailed analysis of the results highlighted strengths, weaknesses, opportunities and threats in the service. Some actions taken as a result of the findings include a pay review across every job role; a staff breakout area at the contact centre; 'roadshows' held at the Ipswich contact centre to provide staff with the opportunity to engage directly with the locality managers and directors, these 'roadshows' were also being implemented at the primary care centres.
- The provider was transparent, collaborative and open with stakeholders about performance.
- The regional medical director is a member of the Integrated Urgent Care stewardship group for the Mid and South Essex Integrated Care Service. This gave opportunity to ensure there was collaborative working within the ICS system.

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 provider made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- The provider offered regular training sessions to support staff and improve the quality of care being provided. For example, we saw evidence of a learning session conducted by a senior clinical advisor to raise awareness on the common pregnancy related conditions and offer advice for clinicians taking on these calls. Following staff feedback on training, a mental health nurse provided a session to support staff in taking mental health calls. Following a complaint where a service user felt that 111 did not offer enough care advice at a time they were in pain and were unable to get an emergency appointment, a training session was provided to staff by Community Dental Services.
- Staff knew about improvement methods and had the skills to use them.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work.
- There was a strong culture of innovation evidenced by the number of pilot schemes the provider was involved in. For example, the provider held the contract for the nationwide paediatric clinical assessment service. This was accessed via 111 and meant that calls could be streamlined from 111 directly to a paediatrician.