

# Practice Plus Group - NHS 111 South West

## 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

Outstanding 

Are services safe?

Outstanding 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Outstanding 

# Overall summary

We carried out an announced comprehensive inspection at Practice Plus Group - NHS 111 South West on 9 and 10 December 2021 and continued remotely until 15 December 2021.

Overall, the practice is rated as Outstanding.

Are services safe? – Outstanding

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Outstanding

Following our previous inspection on 12 and 13 June 2019, the practice was rated Outstanding overall. Safe, effective and well-led key questions were rated Outstanding. Responsive and caring key questions were rated Good.

The full reports for previous inspections can be found by selecting the 'all reports' link for Practice Plus Group - NHS 111 South West on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

This inspection was part triggered as a result of a piece of work Care Quality Commission (CQC) was undertaking around the urgent and emergency care integrated pathway for patients in Gloucestershire.

Practice Plus Group - NHS 111 South West covers a wider geographical area than just Gloucestershire and data in this report focuses on the whole geographical footprint with intelligence extracted for the purpose of input into the Gloucestershire review.

The summary of overarching findings can be found in the subheading below.

**We are mindful of the impact of COVID-19 pandemic on our regulatory function. We therefore took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what type of inspection was necessary and proportionate. This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.**

At this inspection, we found:

- The service continued to operate comprehensive and well-embedded systems that proactively kept people safe from discrimination and maltreatment when using the service.
- People who used services were at the centre of safeguarding systems and were protected from discrimination. Innovation was actively encouraged which achieved sustained improvements in safety and continual reduction in harm.

# Overall summary

- The provider continued with their well embedded, proactive approach to safeguarding processes. This included a 24-hour a day safeguarding hub. Two safeguarding leads were available within the call centre to support the team with coaching. In addition regular newsletters which highlighted important topics were sent to the team. There also was a central 'Safe Chat' digital system which allowed staff to raise any safeguarding concerns, questions or suggestions confidentially.
- The service had a proactive safety record. It learned and made improvements immediately when things could have gone better. There were examples where the service had used outcomes of significant incident investigations as a trigger for auditing clinical areas to further improve their processes, including patient safety.
- The provider continued to keep clinicians up to date with current evidence-based best practice. Staff had the necessary skills, knowledge and experience to carry out their roles. Staff worked well together and in collaboration with other organisations to deliver effective care and treatment.
- The service's audit programme for health and clinical advisors remained comprehensive. The management team were in the process of introducing NHS Pathways Gold Standard auditing, where calls were audited, self-audited and feedback given to the health advisor and clinician immediately ensuring responsive and effective learning.
- We saw examples of where the use of technology had improved patient outcomes, increasing efficiency and reduced the impact on the local healthcare system.
- The provider's patient surveys for November 2021 were exemplary and showed the majority of patients overall had a good or very good experience when using the service.
- The service saw complaints and concerns as an opportunity to make improvement. Any concerns raised were treated seriously and responded to appropriately to improve the quality of service provided.
- The entire team continued to demonstrate a culture of high-quality sustainable care. The provider ensured there were experienced staff that were clear on their roles and responsibilities. The provider's governance processes were comprehensive which included proactive risk assessments that enabled them to respond to patient risks quickly. This ensured they received appropriate care and treatment as part of a Real Time team and Clinical Delivery team process. This was where operational and clinical teams reviewed patients risk and the effectiveness and appropriateness of care and performance across the service live 24 hours a day, 7 days a week.
- The service continued to display a culture of learning, continuous improvement and innovation and this included:
  - Trialling the Pathways Clinical Consultation Support Tool (PaCCs). This was a patient assessment and clinical consultation tool designed as an alternative offered nationally to NHS Pathways (a triage software used throughout 111 services). PaCCs gave clinicians who used the software, more autonomy. The trial showed a positive impact of a reduction in referrals to 999 and Emergency Departments. This supported the other areas of the local healthcare economy.
  - Trialling GoodSAM (a video or image sharing technology which is a one-way video call). This allowed clinicians to see the patient and supported them to identify concerns quickly. Clinicians were very positive about the use of this tool, as it allowed them to make a more accurate diagnosis.
- The service had developed its own remote green button accessible to health advisors working remotely from home. It allowed advisors to easily access clinical support where a patient required cardiopulmonary resuscitation (CPR).

The organisation should continue to work closely with all system partners to tackle the capacity pressures on urgent and emergency care in the health and social care system in Gloucestershire

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included an Urgent and Emergency Care GP Specialist Advisor, and a team of CQC inspectors who carried out both the site visits and remote work which included interviewing staff using teleconference facilities.

## Background to Practice Plus Group - NHS 111 South West

Practice Plus Group – NHS 111 South West was rebranded on 1 October 2020 from Care UK NHS 111 South West. It is part of Practice Plus Group Urgent Care Limited.

Practice Plus Group - NHS 111 South West operates from Nicholson House, Lime Kiln Close, Bristol BS34 8SR. The service offers a remote clinical advice service.

Practice Plus Group Urgent Care Limited have four call centres registered with CQC across England in Ipswich (East of England), Dorking (Surrey), Southall (London), and the South West call centre in Bristol. Each is registered as a separate location. The provider also covers integrated urgent care services and standalone GP out of hours services in areas of the country.

Practice Plus Group – NHS 111 South West is registered for the regulated activity of transport services, triage and medical advice provided remotely.

The South West registered location provides urgent health advice for Bristol, North Somerset, South Gloucestershire (BNSSG), Gloucestershire and Somerset 24 hours a day, seven days a week. The area covers 2.2 million people, eight acute trusts and 236 GP practices.

# Are services safe?

**We rated the service as Outstanding for providing safe services because:**

- **The provider continued to operate comprehensive systems to keep people safe, which took account of current best practice.**
- **The whole team continued to be committed and engaged in reviewing and improving patient safety and safeguarding systems.**

## **Safety systems and processes**

- The provider's systems to keep people safe included conducting safety risk assessments. They had safety policies, including Fire Safety, Control of Substances Hazardous to Health and Health & Safety policies that were known to all staff. The policies were regularly reviewed and changes or updates were communicated to staff via team meetings and newsletters.
- The provider had effective systems to safeguard children and vulnerable adults from harm. Safeguarding policies continued to be regularly reviewed and were accessible to all staff. On highlighting a safeguarding concern, staff notified the onward care provider for example the patients GP surgery or the Out of Hours GP service, and if appropriate social services. Clinicians completed a CUPID form (Consent, Urgency, Patient, Indication, Details) within their electronic record and referred patients by email to their 111 Network safeguarding hub.
- The provider continued to operate a well-embedded safeguarding hub that was accessible 24 hours a day, seven days a week. It was designed to support improving referrals for children and adults who were at risk. The provider produced monthly safeguarding reports for each of their locations which looked at themes and trends for each area of the provider's geographical spread. The service's report for November 2021 showed staff made 451 referrals to the safeguarding hub. The themes included, 'support required', 'domestic abuse' and 'self-harm'. The safeguarding hub ensured all employees who raised a safeguarding concern received feedback from the safeguarding board. The service had regular training shared with staff via their "Safeguarding Shoutout" bulletin. The most recent bulletin included information around asylum seekers, refugees, economic migrant status and support. It also explained the terminology, the issues and concerns and who to contact for support and further information.
- Since our last inspection the service appointed their second safeguarding lead who also completed level 4 safeguarding training. This offered greater cover and resilience to the call centre available to support health and clinical advisors with queries, and support with feedback and coaching staff at one to one sessions. The safeguarding leads held regular informal debrief sessions for the staff. The safeguarding hub also offered a central "Safe Chat" email system which is a safe forum to discuss any safeguarding concerns, questions or suggestions, responding to staff confidentially non-clinical or clinical either face to face, by telephone or email supporting their learning and understanding.
- The service continued to work in partnership with local and national agencies to support patient safety. This included local social service departments, and the Police. Staff took steps to protect patients from the risk of abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider continued to ensure all staff pre-employment checks were completed before their appointment and repeated on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training tailored to their roles. Staff were knowledgeable and knew how to identify and report any concerns.
- There was an effective system to manage infection prevention and control. COVID-19 risk assessments had been completed for the premises and we saw numerous steps were taken to reduce the risk of infection. These included leaving unoccupied desks between staff, screens between desks, as well as antiseptic wipes and hand gel being available.

# Are services safe?

## Risks to patients

The provider continued to operate safe systems to assess, monitor and manage risks to patient safety.

- There were comprehensive arrangements for planning and monitoring the number and skills mix of staff needed. The provider continued to have proactive systems in place for dealing with surges in demand. The service created annual long-term forecasts based on historic values. Incoming call volumes and arrival patterns were tracked and reviewed on a weekly basis. Using all information, the service calculated the mix of staff required over 15-minute intervals. A team of real time analysts produced a report showing current service level, average speed to answer calls, abandoned call rate and patients awaiting clinical call back so it could pinpoint specific challenges and arrange support in real time accordingly.
- The provider recognised the retention of staff was a national problem for 111 call centres and they implemented innovative solutions to address this. For example, they offered flexible contracts which enabled them to recruit students from the local university.
- The service had a comprehensive recruitment and training strategy to ensure staff competencies. To combat the challenges around recruitment exacerbated by the pandemic, the provider implemented a new strategy which included a work from home model for clinicians, as well as greater flexibility with contractual hours. This encouraged different areas of the workforce to apply for these roles for example, paramedics and pharmacists. The provider had introduced a system of delivering laptops to self-isolating health advisors to allow them to work from home over a self-isolation period when they were still able to work. Where an area for improvement had been identified, for example to ensure sufficient cover overnight, new shift patterns had been developed for new recruits and an informal consultation was taking place with the current staff to support with filling these shift patterns.
- The recruitment strategy for the service also included joining incentives, local job fairs, university advertising, refer a friend scheme, and retention bonuses for existing staff.
- There was low use of agency staff, and when used, agency staff were provided with an effective induction system and they were required to complete the same training as permanent clinicians
- There was an effective, proactive system in place for dealing with surges in demand. The centrally located Real Time team and Clinical Delivery team, that consisted of experienced clinical and operational team members whom provided service resilience through the management of real time delivery of the service and ensured clinical safety. For example, by reviewing the queue for calls requiring clinical revalidation and reprioritising patients in real time if their condition needed more urgent attention than the health advisor using NHS Pathways had allocated to it. These 24-hour, seven days a week teams also acted as a central point for incidents that could affect business continuity for example power or telephone lines loss.
- Staff understood their responsibilities to manage emergencies and knew how to recognise those in need of urgent medical attention. If health advisors received an emergency call for example a patient required cardiopulmonary resuscitation (CPR) and they were within the call centre, they raised a card in the air to show they needed immediate support from a team leader. If the health advisor was working remotely from home the service had uniquely introduced a green button. When activated, clinical supervisors logged into the green button remotely and if a health advisor was taking a call that required basic life support (BLS), the supervisors double clicked the green button and a clinical advisor was assigned. A clinical advisor would then join the call and supported with BLS instruction until an ambulance arrived. This system ensured health advisors working from home had the same level of clinical support as they would within the call centre.
- Staff knew how to identify and manage patients with severe infections, for example sepsis. In line with the best practice guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need.
- Staff were skilled in signposting patients where to seek further help. They advised patients what to do if their condition deteriorated.

## Information to deliver safe care and treatment

# Are services safe?

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

- Individual patient 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 and accessible to relevant staff.
- The service had established and embedded systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians continued to make appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Track record on safety

The service continued to operate an effective safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed any activity surrounding safety. This helped to understand risks and gave a clear, accurate and current picture that led to safety improvements. For example, the provider's new clinical workforce strategy to recruit and maintain clinical staff.
- There was an established system for receiving and acting on safety alerts.
- Joint reviews of incidents were carried out with partner organisations, including local clinical commissioning groups (CCGs), the local A&E department, GP out-of-hours, and other urgent care services. This demonstrated the provider sought and exhausted the opportunities to learn from external safety events.

## Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was an embedded system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were comprehensive governance systems for reviewing and investigating when things went wrong. Concerns and incidents were logged for investigation by either the patients experience team or the leadership team. The service learned and shared lessons, identified themes and took action to improve safety in the service. Learning was shared locally and within the wider Practice Plus Group by means of feedback to the incident reporter, Local Quality Governance Meetings, Month-end Quality Governance Report and the Executive Board via coordination by the Head of Quality Governance.
- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to share alerts with all members of the team including agency staff.
- We saw examples of when the learning was used to make improvements to the service. For example, the service undertook an audit of cases which had been in the queue for clinical revalidation for one hour and reached a higher disposition (urgency). The service changed the process in order to focus on the higher risk calls, using a shorter version of end to end review. It then contacted other services to understand the outcome. This had resulted in changes to the provider's Real Time team and Clinical Delivery Team processes. As an outcome of a safeguarding incident audit they now ensured safeguarding flags were added to all appropriate patient records. This meant they were visible for further consultations as part of the same episode of care.

# Are services effective?

**We rated the service as Good for providing effective services because:**

- **The service's Real Time team and Clinical Delivery team reviewed patients risk and the effectiveness and appropriateness of care and performance across the service live 24 hours a day, 7 days a week, reprioritising any calls requiring a more urgent clinical response.**

## **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 through audit.
- Telephone assessments were carried out using NHS Pathways, a national operating model with a clinical assessment algorithm based on the patients reported symptoms. This resulted in a number of different outcomes, of which over 50% go to further clinical validation by a clinician. A selection of 111 clinicians had been comprehensively trained on and were trialling the Pathways Clinical Consultation Support Tool (PaCCs). PaCCs is a patient assessment and clinical consultation tool. PaCCs provided NHS pathways content in a consultation format and supported ambulance dispatch requests, Directory of services (DOS) searching and home care advice. It was less restrictive and less algorithmic supporting the clinicians to exercise more autonomy and clinical reasoning, it was guided to rule out symptom's indicative of higher risk (red or amber). An outcome of the initial trial led to a drop in the percentage of calls being referred to 999 and local emergency departments (ED) with an increase in home management. The service's clinicians who were trained on PaCCs and were part of the trial told us, the consultations were more effective overall compared to using NHS Pathways alone pre-trial.
- Staff had received training to use the NHS Pathways tools. NHS Pathways provided regular 'hot topics' updates to ensure staff maintained their awareness and were familiar with the process. For example, aortic aneurysm, illness or injury, palpitations, sepsis, and suicide had been covered.
- Clinicians' and health advisors' skills around NHS Pathways were routinely audited in line with Pathways licencing requirements. The service had been trialling Pathways Gold standard auditing. This was where following a call both health advisor and clinician listened to the call with an auditor who provided immediate feedback. This ensured real-time learning, so reflection and improvement could be implemented immediately. This was seen as best practice in call centres. The provider had a plan to roll out the gold standard auditing across all of its sites by the end of March 2022.
- If patients were experiencing call answer delays, the service's contingency procedure allowed them to seamlessly overflow to one of the other four call centres managed by the provider whilst sharing all information including the Directory of Services to ensure the correct ongoing health or care pathways for the geographical area.
- Patients' needs were fully assessed. This included their clinical needs, mental health and physical wellbeing. Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs such as the social services, stoma care nurse, mental health crisis teams, Out of Hours GPs, dentists, pharmacists, the Police, or the local Integrated Urgent Care Clinical Assessment Service (CAS). CAS comprises of a range of clinicians offering different clinical skills, this decreased the need for face to face assessments.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. The patients' registered GP could provide 'Special Patient Notes, offering information around specific needs, for example for patients receiving end of life care these could be the details of a preferred place of death.

# Are services effective?

- We saw staff continued to display the utmost respect that ensured patients were treated with dignity and their diverse needs were recognised and respected.
- There was a system in place to identify frequent callers and patients with particular needs, for example palliative care patients, and protocols were in place to provide the appropriate support.
- Arrangements were in place to deal with repeat patients. If a patient contacted the service three times or more in a four-day period they were identified as a potentially high-risk caller. After following pathways if the disposition was lower than ambulance or Emergency Department or Dental, the advisor would be instructed to tell the patient they needed to speak to a primary care service within an hour. If Out of Hours (OOH) was indicated, the advisor would electronically transfer the patient to the OOH GP service; during GP practices working hours, patients would be advised to contact their own GP within one hour. Safety advice would also be given.
- When staff were not able to make a direct appointment on behalf of the patient, clear referral processes were in place. These were agreed with senior staff and clear explanation was given to the patient or person calling on their behalf.
- Technology and equipment were used to improve consultations and as a result patient experience. For example, GoodSAM provided a quick link through a smartphone for a one-way video consultation. (GoodSAM, allows clinician to see the patient and also allows the patient to transfer images to the clinician's screen which supports the clinician in getting a better understanding of the patient's concern). Feedback from clinicians using this was very positive.
- Other examples were the summary care record which allowed access to patient's current medication and allergies, and GP connect sharing information from the patient's registered GP. Child Protection Information Service (CP-IS), which, when needed highlighted child protection information. Present Updates, Features, Flow Information and News (PUFFIN) was an information dashboard which showed important information for use during a shift. It was a live service update tool and allowed for the coordination of communication across the network of NHS 111 services and up to date information about service availability across the commissioned services. This ensured health advisors and clinicians could direct patients to the most appropriate service, taking the current status of other providers into account.

## 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. For example, there was comprehensive audits completed monthly of both clinical and health advisors including agency staff. Where appropriate clinicians took part in local and national improvement initiatives including the Pathways Clinical Consultation Support Tool (PaCCs).

- 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). We reviewed the results for this service for September 2021 which showed that although the provider was not meeting all the following national performance indicators, it was generally performing better than the national average amongst 111 providers:

Percentage of patients recommended for self-care at the end of clinical input

KPI Target  $\geq 15\%$

BNSSG 7.80%

Gloucester 6.30%

National 23.50%

# Are services effective?

Proportion of calls initially given a category 3 or 4 ambulance disposition that are spoken to by a clinical advisor or clinician within 30 minutes

KPI Target  $\geq 50\%$

BNSSG 60.10%

Gloucester 56.30%

National 42.50%

Proportion of calls initially given an emergency department disposition that have been spoken to by a clinical advisor or clinician

KPI Target  $\geq 50\%$

BNSSG 61.90%

Gloucester 59.00%

National 57.70%

The percentage of calls recommended to self care were below the national average due to the organisation completing clinical revalidation on calls passed from the health advisor as Emergency Department and Ambulance calls, these are most likely to be downgraded to GP or Out of Hours face to face appointments rather than to self-care.

The Somerset CCG statistics are not displayed as their contract does not include clinical revalidation, that is completed by another providers Clinical Assessment Service (CAS)

Where some of the service's minimum data set statistics were below the required national targets, these reflected the pressure on the system as a whole due to the COVID-19 pandemic.

- To address it, the provider acted promptly and put actions in place to improve the performance. For example, they increased the staffing levels on each shift.
- The service made improvements through the completion of audits. Clinical audits had a positive impact on quality of care and outcomes for patients. All health advisors and clinical advisors were audited monthly. The service completed tail audits (end to end investigation reports). Where the clinical management team identified incidents and complaint cases which held a high risk, calls were reviewed and the service looked for variation in process, which allowed them to identify themes and trends. The provider's governance team would then share the learning across the provider's network.
- The service was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives. An example being the Pathways Clinical Consultation Support Tool (PaCCs). Another example is the Green button a tool they devised to support remote health advisors if they get a Cardiopulmonary resuscitation (CPR) call allowing access to a clinician to support with basic life support until an ambulance arrives.

## Effective staffing

# Are services effective?

- The continuing development of staff skills, competence and knowledge was recognised as being integral to ensuring high-quality care. Staff were proactively supported and encouraged to acquire new skills, to use their transferable skills and share best practice.
- All staff were appropriately qualified. Each new 111 team member was taken through a comprehensive training and induction programme covering NHS Pathways training, clinical and operational competencies were assessed, and individuals training needs were identified and provided. This included topics such as Basic Life Support, Fire training, Infection Control, Safeguarding of Children and Adults, Mental Capacity Act, Information Governance, Equality and Diversity, Human Factors for 111, and Health and Safety. The provider ensured that all staff worked within their scope of practise and had access to clinical support when required. The training period for health advisors was six weeks, and for clinicians around eight weeks but this could vary as it took individual learning into account. Staff told us they have been given the opportunity to do further training and qualifications; for example, management essentials, essential Microsoft Excel, Mental Health first aider training, and first aid courses.
- The provider understood the importance of the learning needs of staff and provided protected time and training to meet them. Up to date comprehensive records of skills, qualifications and training were maintained, the service's required training had an overall compliance of 91%. Staff were encouraged and given opportunities to develop.
- The provider ensured staff received 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 audits of their clinical decision making.
- There was a clear approach for supporting and managing staff when their performance needed to be improved.

## 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. In Somerset, the local clinical commissioning Group (CCG) have introduced a new Mindline service which appears in the Directory of Services (DOS). The service worked with the local CCG to write the script to appear on DOS. The service had worked with the BNSSG Emergency Department (ED) and some of the nurses from the ED had come in and sat with their clinical advisors to see how validation worked.
- Patients received coordinated and person-centred care. This continued when they moved between services, when they were referred, or after they were discharged from hospital. Care and treatment for patients in vulnerable circumstances was coordinated with other services. Patients' registered GPs could use special patient notes to support in directing the 111 service to the correct personal care for a patient if appropriate; for example, an end of life patient could state their preferred place of death. Staff communicated promptly with patients' registered GPs so that the GP was aware of the need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary. 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, 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 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 for people that required them. Staff were empowered to make direct referrals and/or appointments for patients with other services. Issues with the Directory of Services (DoS) were resolved in a timely manner. For example, real-time changes to services such as an unexpected closure of a service, were communicated through the PUFFIN system until the DoS could be changed.

## 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.

- 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 a patient's need could not be met by the service, staff redirected them to the appropriate service for their needs.

## **Consent to care and treatment**

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to 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. Health advisors gave people who phoned into the service clear information. There were arrangements and systems in place to support staff to respond to people with specific health care needs such as end of life care and those who had mental health needs. For example, there had been specific training about responding to callers who reported themselves to be suicidal.
- The service's patient survey for November 2021 showed 68% of patients had a good or very good experience based on responses from 381 patients.

## **Involvement in decisions about care and treatment**

Staff helped patients to 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 their first language.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved. Staff had access to special patient notes including individual care plans. If appropriate, health advisors could exit the NHS Pathways software and directly transfer the phone call to a clinician to avoid the patient struggling with the pre-set questions.
- Staff communicated with people in a way that they could understand, for example, communication aids including text talk for deaf or hearing-impaired patients.
- We observed staff rephrasing questions to support the patient if they were struggling to understand.

## **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 and ensured people were involved in decisions about their care and treatment.

# Are services responsive to people's needs?

**We rated the service as Good for providing responsive services because:**

- **The service responded to COVID-19 demands effectively and introduced new system to support people in accessing appropriate care and treatment.**

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

The provider organised and delivered services in a way that met 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, at the start of the COVID-19 pandemic, the service quickly accumulated over 600 cases in the call queue relating to COVID-19 symptoms. So, the service rapidly created and implemented a "Covid Hub" framework to address the demand. The service did this by using a team of non-NHS Pathways trained advisors working on this COVID-19 pathway alone and managed to clear the growing backlog within three days. By utilising non-NHS Pathways trained advisors they could recruit responsively and train quickly to fulfil this function.
- The provider improved services where possible in response to unmet needs. Such as training in specific areas for example acute kidney injury training to improve staff knowledge as a learning outcome of a specific incident.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. Care pathways were appropriate for patients with specific needs, for example those at the end of their life, babies, children and young people.
- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when people found it hard to access the service. For example, the text talk service for deaf and hearing-impaired patients.
- The service was responsive to the needs of people in vulnerable circumstances.

## **Timely access to the service**

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

- Patients were able to access care and treatment at a time to suit them. The service operated 24 hours per day, seven days per week.
- Patients had timely access to initial assessment, diagnosis and treatment. the provider's most recent national KPI results for the service (June – November 2021) showed the provider was not always meeting all indicators. The call centre team demonstrated active processes for managing high call volumes including redirecting clinicians to the calls where they would have the highest impact. The services figures were better than the national average figures which reflected the pressure on the system as a whole due to the COVID-19 pandemic.
- Proportion of calls abandoned, after waiting 0 seconds was running at 15% calls abandoned compared with the national average for that period was which was approximately 22%.
- Average speed to answer calls, ranged between 213 seconds and 366 seconds the target was under 20 seconds. Although the service was not meeting the minimum data set target it was faster than the national average 111 figures which had been between 247 and 657 seconds.

The provider calculated their KPIs for Somerset, BNSSG and Gloucestershire separately as they are separately commissioned services which affected the overall result.

- The service was able to present their workforce strategy and explain the actions they were taking to mitigate the results, to try and increase the staff capacity for the future.

# Are services responsive to people's needs?

- The service engaged with people who are in vulnerable circumstances and took actions to remove barriers when people found it hard to access or use services.
- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals and transfers to other services were undertaken in a timely way.

## Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care. The service over the last year had taken 102 complaints and received 40 compliments over the same period.

- Information about how to make a complaint or raise concerns was available and there were different ways of making a complaint available. If health or clinical advisors were advised a caller would like to make a complaint, the patient could be transferred or were offered a call back directly with the team manager. Staff treated patients who made complaints compassionately.
- We reviewed ten complaints, of the ten the outcomes showed: one audit to take place, two feedback was given to the clinical advisors, two feedback was given to the health advisors, three were completed as no further action, and two were not upheld as this services complaints (relevant to other providers). We found that complaints were satisfactorily handled in a timely way. The complaint policy and procedures were in line with recognised guidance.
- Issues were investigated across relevant providers, and staff were able to feedback to other parts of the patient pathway where relevant. For example, a pyloric stenosis (an urgent infant condition preventing food from entering the small intestine) issue was fedback to NHS Pathways, and they linked in with the GP Out of Hours (OOH) service to improve Clinical Assessment Service (CAS). Feedback was also shared with the surgical registrar and the child's parents.
- The service learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care.

# Are services well-led?

**We rated the service as Outstanding for leadership because:**

- **The service's strategy, supporting objectives and plans continued to be fully effective and innovative which demonstrated a drive for a continuous improvement.**
- **The service had a well embedded culture of high-quality, sustainable care that was supported by a strong commitment to innovation and staff wellbeing.**
- **Learning from incidents and complaints was an embedded principle and all staff were encouraged to share and learn from each other.**
- **The service had a well-established culture of high-quality sustainable care and there was a demonstrated commitment to system-wide collaboration and leadership.**
- **The service had a strong culture of innovation evidenced by embedding, using and implementing new processes, projects and pilot schemes during exceptional circumstances arising as a result of the COVID-19 pandemic.**

## **Leadership capacity and capability**

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

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership,
- Senior management was accessible throughout the operational period via an effective on-call system that staff were able to use.
- There was a strong culture of innovation evidenced by implementing new processes, projects and pilot schemes during exceptional circumstances arising as a result of the COVID-19 pandemic.
- The provider had effective, embedded processes that developed leadership capacity and the skills of staff, including planning for the future leadership of the service and offering to support managers in further qualifications.
- Regional leaders met routinely across the network to ensure effective management and shared best practice.

## **Vision and strategy**

The strategy and supporting objectives and plans were stretching, challenging and innovative, while remaining achievable. Strategies and plans were fully aligned with plans in the wider health economy and there was a demonstrated commitment to system-wide collaboration and leadership.

- The service developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and fully 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 had been flexible to change over the COVID-19 period; for example, the provider quickly created and implemented the COVID-19 Hub to address the unprecedented demand its services faced.
- The provider monitored their progress against delivery of the strategy.

## **Culture**

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

# Are services well-led?

- Staff continued to feel respected, supported and valued. They were proud to work for the service. Staff told us, that there were good wellbeing initiatives. An example for clinicians being that the service linked in with Nurse Lifeline which is the first nursing and midwifery-led initiative to offer a national, free and confidential peer to peer listening service, by nurses and midwives, for nurses and midwives. This service was striving to promote awareness around mental and emotional wellbeing. The peer-led listening service provided space for those in need to offload and chat with someone who can offer support and understanding.
- There was a strong emphasis on the safety and well-being of all staff.
- The service focused on and was led by the needs of patients.
- Leaders and managers acted on when the behaviour and performance was 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 told us there was an open and transparent approach and they were able to raise concerns and were encouraged to do so.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Most staff had received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- The importance of keeping the skills and knowledge of the clinical staff was recognized by the provider They were given protected time for professional development and evaluation of their clinical work.
- 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 numerous example of positive relationships between staff and teams. The local team management in conjunction with team's ideas, implemented activities to support staff morale, including activities to support local charities by donating toys and supporting a local food bank. Staff were recognised and valued; for example, at Easter all 300 staff received an egg with an individual message, and leaders regularly brought in pizza to the call centre. Another example from a recent Christmas was an advent calendar which randomly generated employees' names who were then awarded small presents during a working shift.

## Governance arrangements

Governance arrangements were proactively reviewed and reflected best practice. A systematic approach was taken to working with other organisations to improve care outcomes.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff continued to be clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Leaders had established effective 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.

# Are services well-led?

- 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 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 local CCG as part of contract monitoring arrangements.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of prompt action to resolve concerns and improve quality. The service had a comprehensive monthly audit that was emailed to all staff as well as discussed in one to one meeting. The team had been trialling an auditing process of Pathways Gold standard where the feedback following a self-audit is shared with the health advisor and clinician immediately.
- The provider had plans in place and had trained staff for major incidents.
- The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

## Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had 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, including to Care Quality Commission as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The service reviewed their monthly patient survey data, there were staff representatives who met monthly with the local management as well as regular meetings with the local CCGs.
- Staff were able to describe to us the systems in place to give feedback. They told us they had a good relationship with their line management and felt comfortable to feedback and were confident if they brought any ideas forward, they would be looked at. We saw evidence of the most recent staff survey and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.
- The provider had comprehensive engagement and communication methods with their staff including 'PPG Together' which shared information across the Practice Plus Group (PPG) to keep the organisation transparent and engaged. This included good news stories, self-care tips e.g. PPG Fit Club and awareness week topics e.g. sexual violence, Black History Month, this goes to all Practice Plus Group (PPG) employees. There was an "IUC specific Director Bulletin" which provided updates to all PPG colleagues across Integrated Urgent Care (IUC) about the service, keeping staff

# Are services well-led?

informed and engaged in the service as a whole. Good news stories were shared, and it promoted local engagement events such as their Pride celebrations. The “111 specific news bulletin” provided a context for the service on how well PPG were doing, what new improvements have been made, and shared some colleague’s experiences as well as advertising engagement initiatives.

## Continuous improvement and innovation

There was strong culture of innovation evidenced by embedding/using/implementing new processes, projects and pilot schemes during exceptional circumstances arising as a result of the COVID-19 pandemic.

The service invested in innovative and best practice information, systems and processes. There were embedded systems and processes for learning and continuous improvement. There was a focus on continuous learning and improvement at all levels within the service. For example, Pathways Gold standard auditing where a call was audited, self-audited and immediate feedback given. This process was to be rolled out network wide by the end of March 2022.

- Staff knew about improvement methods and had the skills to use them.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There was a strong culture of innovation evidenced by new processes, projects and pilot schemes. The provider had been involved in and the provider had a specific team who managed this for example:
  - Covid Hub, where patients with COVID-19 concerns were directed via the phone to a health advisor only handling and specialising in COVID-19 calls.
  - Pathways Clinical Consultation Support Tool (PaCCs) a patient assessment and clinical consultation tool, an alternative offered nationally to NHS Pathways giving clinicians with the correct training more autonomy when triaging a patient.
  - GoodSAM, a video/image sharing tool to aid prompt diagnosis.
  - Green button to support remote health assistants with Cardiopulmonary resuscitation (CPR) calls allowing them immediate access to a clinician to support to manage a patient who required Basic Life Support (BLS).
  - At the time of the inspection, the service had designed and was about to implement the Guided Online Assessment (GOA) where patients calling with low acuity issues are guided through the online version of NHS pathways. This allowed for patients presenting non complex needs to be identified and be handled by staff that had relevant knowledge and could be available quicker.
  - Directory of service (DOS) Emergency Department (ED) Validation, a trial involving the health advisors going directly to the DOS for alternatives other than Emergency Departments. (This had just been introduced to the South West).
  - The provider had completed a Directory of Services (DoS) Emergency Department (ED) Validation pilot from another of their call centres, working closely with commissioners which had led to a reduction of 500 referrals to ED per 20,000 calls taken in 111. This is equivalent of a drop from 8.5% to 6% of 111 calls. They are currently working with commissioners to introduce this innovation in this area.
  - The service was awaiting approval from their commissioners to introduce an SMS texting service for Emergency Department referrals, which after contact would confirm the arrival time they needed to be at the Emergency Department (ED)/where they needed to be/a hyperlink to relevant advice. The provider had already implemented that service in other areas.