

Care UK (Urgent Care) Limited

Care UK – Surrey

Inspection report

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Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Outstanding 

Overall summary

This NHS 111 service is provided by Care UK - Surrey based in Dorking in Surrey. Care UK - Surrey is contracted by South East Coast Ambulance Service NHS Foundation Trust (SECAmb) for their provision of a NHS 111 service. At this inspection, Care UK -Surrey and SECAmb were inspected at the same time. To read the SECAmb report, please go to <http://www.cqc.org.uk/>. There is a shared management structure in place with SECAmb, to provide the NHS111 service across the same geographical area as SECAmb.

We inspected the service in May 2016 where Care UK-Surrey was rated as requires improvement overall. Specifically it was rated as inadequate in safe; requires improvement in effective and well led; and good in the caring and responsive domains.

We carried out an announced inspection on 17 and 18 May 2017 and the service is now rated as good overall and specifically outstanding in the well led domain.

Summary of findings

We found the service had implemented a comprehensive recovery plan which had been signed off as completed in April 2017, to address the shortfalls found at our inspection in May 2016.

Our key findings from this inspection in May 2017 were:

- The provider had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- Service performance was monitored and reviewed and actions to improve care were implemented.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- All opportunities for learning from internal incidents were discussed to support improvement. Information about safety was valued and used to promote learning and improvement.
- Daily, weekly and monthly monitoring and analysis of the service achievements was measured against key performance targets and shared with the lead clinical commissioning group (CCG). Account was also taken of the ranges in performance in any one time period.
- Appropriate action was undertaken where variations in performance were identified. Staff were trained and monitored to ensure safe and effective use of NHS Pathways, which are clinical triage tools.
- Staff received annual appraisals and personal development plans were in place. Staff had the appropriate skills, knowledge and experience.
- Patients using the service were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated people with kindness and respect, and maintained patient confidentiality.
- There was a comprehensive complaints system and all complaints were risk assessed and investigated appropriately.
- Action was taken to improve service delivery where gaps were identified.
- Care and treatment was coordinated with other services and other providers. There was collaboration with partners to improve urgent care pathways.

- The service had long and short-term plans in place to ensure staffing levels were sufficient to meet anticipated demand for the service.
- There was a clear leadership structure and staff felt supported by management. The senior leaders were visible and accessible to staff.
- The provider had clear and appropriate policies and procedures to govern activity. Regular meaningful engagement with staff took place and there was evidence that this delivered their intended outcomes, whether strategic or operational
- There were effective systems in place to monitor and improve the service.
- High standards were promoted and owned by all provider staff and teams worked together across all roles.

We saw one area of outstanding practice:

There was a well-developed leadership structure that had supported innovative practice and new systems to be developed and embedded across the service. For example, the diamond pod training structure where staff had instant access to supervisory help on the floor, allowing new staff to be nurtured and valued without pressure of call targets, with more experienced staff able to give their time appropriately. There were initiatives to increase safety and welfare in the call centre for staff and patients, such as bright orange cards that could be used by call handlers to easily signal that immediate help was required. There was also a focus on continuously improving working relationships within the service management with SECamb and the wider health and care service. Care UK management was striving to find more efficient and responsive ways of sharing and utilising knowledge from the acute and primary health providers, social care providers and voluntary agencies in order to improve service to patients and the working environment for all staff.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

The provider is rated as good for providing safe services.

- Service performance was monitored and reviewed and improvements implemented.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- All opportunities for learning from internal incidents were discussed to support improvement. Information about safety was valued and used to promote learning and improvement.
- Risk management was embedded and recognised as the responsibility of all staff.
- Staff took action to safeguard people using the service and were aware of the process to make safeguarding referrals
- Clinical advice and support was readily available to health advisors when needed.
- Capacity planning was a priority for the provider and there were sufficient numbers of trained, skilled and knowledgeable staff available at all times; even at times of fluctuating demand.

Good



Are services effective?

The provider is rated as good for providing effective services.

- Daily, weekly and monthly monitoring and analysis of the service achievements was measured against key performance targets and shared with the clinical commissioning group. Account was also taken of the ranges in performance in any one time period.
- Appropriate action was undertaken where variations in performance were identified. Staff were trained and monitored to ensure safe and effective use of NHS Pathways, which are clinical triage tools.
- Staff received annual appraisals and personal development plans were in place. Staff had the appropriate skills, knowledge and experience to deliver care.
- Staff ensured that consent as required was obtained from people using the service and appropriately recorded. There was an effective system to ensure timely sharing of patient information with the relevant support service identified for the patient and their GP.
- Patient's records were well managed, and, where different care records existed, information was coordinated.
- Staff used the directory of services and the appropriate services were selected for onward referral.

Good



Are services caring?

The provider is rated as good for providing caring services.

- Feedback from patients about the service was positive.

Good



Summary of findings

- Patients using the service were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated people with kindness and respect, and maintained patient confidentiality.

Are services responsive to people's needs?

The provider is rated as good for providing responsive services.

- The service had long and short-term plans in place to ensure staffing levels were sufficient to meet anticipated demand for the service.
- The provider implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback.
- There was a comprehensive complaints system and all complaints were risk assessed and investigated appropriately.
- Action was taken to improve service delivery where gaps were identified.
- Care and treatment was coordinated with other services and other providers. There was collaboration with partners to improve urgent care pathways.
- Staff were alerted, through their computer system, to people with identified specific clinical needs and for safety issues.
- The service engaged with the lead Clinical Commissioning Group (CCG) to review performance, agree strategies to improve and work was undertaken to ensure the Directory of Services (DOS) was kept up to date. (The DOS is a central directory about services available to support a particular person's healthcare needs and this is local to their location.)

Good



Are services well-led?

The provider is rated as outstanding for being well-led.

- There was a clear leadership structure and staff felt supported by management. The senior leaders were visible and accessible to staff.
- The provider had clear and appropriate policies and procedures to govern activity. Regular meaningful engagement with staff took place and there was evidence that this delivered their intended outcomes, whether strategic or operational
- There were effective systems in place to monitor and improve the service.
- The provider had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- A systematic approach was taken to working with other organisations to improve care and treatment outcomes, tackle health inequalities and obtain best value for money.
- High standards were promoted and owned by all provider staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- The provider carried out proactive succession planning.

Outstanding



Summary of findings

- There was a high level of constructive engagement with staff, including staff who did not work conventional office hours (e.g. night shift workers) and a high level of staff satisfaction.
- The leadership had focused on innovative ways to improve service to patients and to retain and motivate staff.
- The management were continually researching and implementing new approaches to collaborative working with other health and social providers.

Care UK – Surrey

Detailed findings

Background to this inspection

The contract holder for the NHS 111 service provided in Kent, Medway, Surrey, Sussex and North Hampshire is South East Coast Ambulance Service NHS Foundation Trust (SECAmb). SECAmb subcontracts and works in partnership with Care UK - Surrey to provide NHS 111 services to people living in Brighton & Hove, East Sussex, West Sussex, Kent, Surrey, and North East Hampshire.

Care UK - Surrey is contracted by SECAmb for their provision of NHS 111 and Care UK - Surrey and SECAmb was inspected at the same time. To read the SECAmb report, please go to <http://www.cqc.org.uk/>.

The joint NHS 111 service is known locally as KMSS 111 (Kent, Medway Surrey Sussex). Management responsibilities are shared between Care UK - Surrey and SECAmb and managers worked across both call centres.

The service is available 24 hours a day, 365 days a year and the population it serves across Kent, Medway, Surrey and Sussex amounts to approximately 3.5 million people, generating a call volume into the KMSS 111 service in 2016-17 of over 1.1 million calls. As such, KMSS 111 is one of the largest NHS 111 service provider's nationally.

The KMSS 111 service is provided to 17 clinical commissioning groups (CCG's) whose boundaries do not always locate to the established country geographic

boundaries NHS 111 is a free-to-call single non-emergency medical helpline number operating in England. The aim of the service is to provide people with medical help and advice quickly in situations that are urgent but not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year.

The NHS 111 service is commissioned on a regional basis and covers Kent, Medway, Sussex, Surrey and North Hampshire. Swale Clinical Commissioning Group (CCG) is the coordinating commissioner for the service and includes 17 CCGs, services a total population of 4.7 million and covers a geographical area of 3,600 square miles.

Care UK - Surrey is part of the Care UK brand, which is a large independent provider of NHS services in the country. They provide a range of primary medical services including urgent care and NHS 111 services in several locations in the country.

The Care UK - Surrey NHS 111 service was delivered from the following location:

Glassworks 2
Station Road
Dorking
Surrey
RH4 1HJ

Are services safe?

Our findings

At our previous comprehensive inspection in May 2016, the NHS 111 service delivered by Care UK - Surrey was rated as inadequate for providing safe services. This was because:

- Patients were at risk of harm because systems and processes were not in place to keep them safe.
- The provider was unable to demonstrate the safety of its patients that abandoned their calls, or experienced long delays.
- The provider did not conduct audits of abandoned calls to provide evidence of patient outcomes.
- Service performance for some aspects of the NHS 111 service were monitored, reviewed and action taken to improve. However, improvements had not yet happened and patients

had difficulty accessing the service.

At our comprehensive inspection in May 2017 we rated the provider as good and found the following:

Safe track record

There was an effective system in place for reporting and recording significant events.

- Investigation of significant events was not confined to those that met NHS England's criteria for a Serious Incident or Never Event. The provider treated significant events including near misses as an opportunity for learning and risk reduction measures. The provider had a clearly defined and embedded system in place for investigating significant events. This included fact finding investigations and a review by a panel to determine whether an incident was a never event, near miss or significant events. Records showed that each incident was risk assessed and categorised prior to a full investigation. Significant events that met the threshold for a Serious Incident or Never Event were declared and investigated in accordance with the NHS England Serious Incident Framework 2015.

We found that learning and risk reduction measures were widely shared in a variety of ways, for example use of notice boards in the call centre and newsletters. These included a summary of the event; details of root cause analysis; and areas identified for improvement and how this was to be achieved. Staff told us that significant events were also discussed in ones to ones, or more immediately when

needed. For example, a call was received by a member of staff working in a care home about a patient. Usually these types of callers are offered another number to contact and this was not done. This resulted in a delay to the patient receiving appropriate care. The service changed their protocol in relation to these types of calls to ensure that all patients were assessed in a timely manner.

- Staff told us they would inform the provider or manager of any incidents and there was a recording form available on the service's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that service/provider of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong, people were informed of the incident, received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The provider used a computer incident recording system on which they logged all incidents, complaints, risk registers and safety alerts. This enabled them to produce a report on activity and work in progress. We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety. Complaints, concerns, health care professional feedback, significant events and non-compliant calls were reported on in a monthly clinical governance report and these were reviewed at the monthly NHS 111 Quality and Patient safety meetings. Following the review, the managers were able to identify any themes and make changes needed. During 2016- 2017, the service introduced headset 'splitters' to every pod in the call centre following an investigation of a serious incident. The 'splitters' enable clinical advisors to listen into a call whilst it is in progress and provide advice to the health advisor, if necessary. The clinical advisor can also speak directly to the patient if needed.
- Shared Learning for all staff was disseminated through a number of communication channels, including; Shared Learning Bulletins specific to an incident and monthly Training Bulletins which updated staff regularly on all aspects related to training and changes to processes.



Are services safe?

Overview of safety systems and processes

The service had clearly defined and embedded systems, processes and practices in place to keep people who used the service safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a person's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. We were listening into calls and were able to see this process in action. The clinical advisor identified during a call that there were safeguarding concerns and once the disposition had been reached, the clinical advisor made a referral to the relevant local authority. A disposition is the next action which should be taken, for example referral to a GP or advice to go to a walk in centre.
- All call handling workstations had a folder containing easy read desktop advice, which included the safeguarding referral procedure. We saw there were also notices in the call centre with flowcharts of the safeguarding process and contact telephone numbers for other agencies.
- There was an effective system in place for recording and monitoring all safeguarding referrals. This was used to identify any referrals which were rejected and reasons why. Records showed that the combined service identified 99 safeguarding concerns in January 2017, from 96,799 calls; 70 safeguarding concerns in February 2017 from 78,601 calls and 71 safeguarding concerns in March 2017 from 82,153 calls. ; 17% were rejected in February 2017; and 21% were rejected in March 2017. Further analysis was undertaken to determine the cause of any inappropriate referrals and the rise experienced in March 2017. Analysis showed that out of 17 referrals from the Dorking site only six were rejected; however this amounted to 35% of the total which caused an overall rise. The safeguarding team continues to review rejected referrals and the low numbers of referrals generated from the Dorking site, which was raised as an incident. There is also ongoing education for clinical advisors and health advisors.
- Staff were clear on the arrangements for recording patient information and maintaining records. Special notes were used appropriately for patients with specific conditions or needs.
- Staff had had training in recognising serious situations and followed guidance on how to respond. Clinical advice and support was readily available to staff when needed. The Dorking call centre had an orange flag process which was introduced in 2016. Health advisors would raise an 'Orange Flag' to indicate to supervisors and clinical advisors that they needed assistance on a call which was complex and potentially life threatening. The service's analysis of use of the 'Orange Flag' process showed that initially it worked well, but then significant events were raised where the process had not been used and should have been. As a result all staff received further refresher training on the use of the process and auditing of its use showed that it was now being used appropriately and when needed.
- There were clear processes in place to manage the transfer of calls, both internally within the service, and to external service providers, to ensure a safe service. There was a range of local operating procedures, used at both call centres, to maintain consistency and effectiveness when handling calls. This included 'warm transfers' when a 'live' call was passed to a clinician for advice and assessment. When these policies were reviewed and required updating, this was achieved with the involvement of health and advisors and clinicians, to ensure that they were suitable for use in practice. These updates were shared via the shared computer system, as well as hard copies being available to staff.
- There were systems in place to monitor call handling and response times to ensure a safe service. These systems had been reviewed and improved to ensure that calls were handled in a timely manner. Call response times, waiting times and abandoned call data was monitored closely throughout each shift and staff were deployed to manage incoming calls at peak times. Clinical section managers and team leaders had oversight of call types and calls were triaged to ensure that those callers with more urgent needs were prioritised to ensure patient safety.
- We reviewed the recruitment processes for the NHS 111 Service and found records were maintained of appropriate recruitment checks which had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in

Are services safe?

previous employment in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The member of staff responsible for recruitment said that they worked closely with the human resources department to ensure all required information was available prior to a new member of staff commencing employment. Some information was kept securely on the computer system, such as evidence of DBS checks and clearance received from human resources that all required checks were satisfactory. They added that they also worked with trainers to make sure staff received induction and on-going training as specified by the service.

- The service had a 12 month rolling recruitment tracker which was updated on a weekly basis to monitor staffing levels and shortfalls. The tracker also included information on why staff had left the service and initiatives had been put into place to promote retention, such as the opportunity to listen to anonymous calls to understand the type of work involved.
- Staff were provided with a safe environment in which to work. Risk assessments and actions required had been taken to ensure the safety of the premises. All staff had had a work station assessment and suitable adjustments had been made to meet the needs of individual staff members. We noted that folders which contained information for easy access had colour coded sections. Guidance was written in different colours and a standard font size to assist staff who may have dyslexia to read.

Monitoring safety and responding to risk

Risks to patients using the service were assessed and well managed.

Call response times had improved significantly and the number of calls abandoned had reduced significantly from our previous inspection in May 2016.

In addition, improvements had been made in answering calls in a timely manner, to avoid long delays for patients.

The Service Quality Database used enabled managers and staff to monitor all aspects of the service and provided a

direct link to actions plans which were risk rated. The progress of the action plans were reviewed regularly and at the time of this inspection all outstanding actions had been completed and the service was carrying out routine auditing of calls. Observations during the inspection and data provided showed that targets were being met for calls abandoned and answering times.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patient's needs. The rota system in place for all the different staffing groups ensured the service fully understood how many staff were required to meet the demand and where there were shortfalls.
- Since our previous inspection the processes for monitoring staffing levels and rotas was managed by Care UK Surrey for both providers. Expertise in resource and call centre planning supported changes in processes across the providers. This enabled each location to now respond and adjust quickly to changes in call volumes and provide an oversight of what staff roles were needed in both locations. Staff responsible for this work explained that they worked closely with other staff who were responsible for recruiting, training and auditing to ensure the service provided was safe, effective and responsive to patients' needs. This included daily telephone conferences to monitor service performance and staffing levels at both call centres. We looked at rotas and found these had been produced for the next eight weeks and the majority of shifts were filled. Shifts which were still vacant had been highlighted and work was underway to fill these vacant shifts.
- Capacity risks affecting current or short term performance were also accommodated within the KMSS 111 service 'escalation plan'. The lead clinical commissioning group Commissioner agreed this plan and an NHS England validated document has been ratified through all KMSS 111 clinical governance procedures and was shared both locally and nationally. This highlighted the service's engagement and notification processes whilst mitigating against risks associated with the service's ability to meet demand. The plan was under constant internal review for development and improvement. The plan was a

Are services safe?

management tool to be used in the event of performance issues affecting the KMSS 111 service. Each escalation level has a set of triggers, considerations and sensitivities resulting in supervisor/ manager actions.

- Actions included the use of 'front end' messages which could be deployed in case of a disruption to service. 'Front end' messages are what the patient hears when they first contact the NHS 111 service and may give advice to hang up and dial 999 if it is an emergency. Content of these messages had been agreed with patient focus groups and staff, to ensure information was understandable and relevant.

Arrangements to deal with emergencies and major incidents

The service had adequate arrangements in place to respond to emergencies and major incidents.

- The provider had a comprehensive business continuity plan in place for major incidents such as power failure or building damage, as well as those that may impact on staff such as a flu pandemic. The plan included emergency contact numbers for staff. The plan also addressed fluctuations in demand for the service and staff shortages.
- The provider had engaged with other services and commissioners in the development of its business continuity plan.
- If the Care UK - Surrey call centre was unable to take calls, it was possible to transfer them to the SECamb call centre, the Care UK network which provided extra layers of support.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous comprehensive inspection in May 2016, the NHS 111 service delivered by Care UK - Surrey was rated as requires improvement for providing effective services. This was because:

- Care UK - Surrey only identified limited actions to improve their performance against National Minimum Data Sets and when these failed to provide the necessary results, there was a lack of an improved action plan.
- Recruitment and retention of staff was identified by the provider as an area of high risk and an action plan to mitigate the risks was in place. The action plan was reviewed on a weekly basis and remedial actions taken to improve the effectiveness of the plan, however, this had not made a significant impact on the numbers of staff in post.

At our comprehensive inspection in May 2017 we rated the provider as good and found the following:

Effective needs assessment

Care UK - Surrey assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including the National Institute for Health and Care Excellence (NICE) best practice guidelines. The service had systems in place to ensure all staff were kept up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The provider monitored that these guidelines were followed.

Care UK - Surrey used the Department of Health approved NHS Pathways system (a set of clinical assessment questions to triage telephone calls from patients). The tool enabled a specially designed clinical assessment to be carried out by a trained member of staff who recorded the patients' symptoms during the call. When a clinical assessment had been completed, a disposition outcome (such as what the patient needed next for the care of their condition) and a defined timescale was identified to prioritise the patients' needs. Health advisors and clinicians call handling skills and their use of the NHS Pathway systems were monitored regularly to ensure that dispositions reached at the end of the call were safe and appropriate.

We saw evidence that all health advisors and clinicians had completed a mandatory training programme to become a licensed user of the NHS Pathways programme. Once training was completed, health advisors and clinicians were subject to structured call quality monitoring. A minimum of three calls per month were audited against a set of criteria such as active listening, effective communication and skilled use of the NHS Pathways functionality. We were shown evidence that all required call audits for staff had been completed for example:

Data for audits carried out for health advisors showed:

- January 2017- A total of 528 audits required were completed, with a pass rate of 88%.
- February 2017- A total of 490 audits required were completed, with a pass rate of 89%.
- March 2017- A total of 488 audits required were completed, with a pass rate of 88%.
- April 2017- A total of 504 audits required were completed, as well as two additional audits, with a pass rate of 88%.

Data for audits carried out for clinical advisors showed:

- January 2017- A total of 243 audits required were completed, with a pass rate of 98%
- February 2017- A total of 268 audits required were completed, with a pass rate of 99%
- March 2017- A total of 288 audits required were completed, with a pass rate of 99%
- April 2017- A total of 291 audits required were completed, with a pass rate of 98%.

The percentage required to pass an audit using NHS Pathways is 86%.

Where any gaps were identified from random audits, or from any learning from an incident or investigation, these were discussed at staff one to ones, or before a scheduled one to one if needed. Where necessary, staff received additional coaching or formal training, and may be taken off call handling duties until effective re-training had been completed. This re-training could include a health advisor specific coaching plan and/or re-visiting specific training modules. Following this process, staff would have an increased number of calls audited each month until managers were satisfied that the appropriate standard had been reached.

Are services effective?

(for example, treatment is effective)

Care UK - Surrey used the Directory of Services (DoS) which provided health advisors and clinicians with real-time information about services available to support a particular patient. Care UK - Surrey had a nominated member of staff whose role it was to ensure the DoS was up to date and they also reported any concerns to the CCG related to the system or changes which needed to be considered to improve the services available for onward referral.

Staff were able to book relevant appointments for patients at the service nearest to them. We saw examples of appointments made at an out of hour's provider service. When staff were not able to make a direct appointment on behalf of the patient clear referral processes were in place, we observed that these were agreed and a clear explanation was given to the patient.

Management, monitoring and improving outcomes for people

Care UK - Surrey NHS 111 service monitored its performance against the National Minimum Data Set (MDS) targets and Key Performance Indicators (KPIs), some of which were locally agreed. Performance was monitored by their NHS 111 Quality and Patient Safety Committee as well as by the national NHS 111 service governance framework via the Regional NHS 111 Governance Committee who included senior clinical commissioning group managers for safety and GP clinical leads.

After our previous inspection in May 2016, the service implemented a service recovery plan, which addressed shortfalls in call handling. This was shared with the commissioners and regularly progress meetings were held throughout the year. The recovery plan was signed off as completed in April 2017.

Data from June 2016 to April 2017 showed that Care UK - Surrey NHS service had improved on call handling performance since our previous inspection in May 2016.

For example:

- In November and December 2016, call waiting times were 77.53% and 80.74% respectively; this had improved to 92.48%, 92.52% and 95.52% in February, March and April 2017 respectively. The England average was 91.36%. The key performance indicator is that more than 95% of calls are answered within 60 seconds.
- In November and December 2016, abandoned calls were 3.71% and 4.03% respectively; this had improved

to 0.74%, 0.90% and 0.55% in February, March and April 2017. The England average was 1.90%. The key performance indicator is that less than 2% of calls are abandoned. (Calls abandoned is a marker of patient experience, a high call abandoned rate is considered not to be safe and may reflect a high level of clinical risk for patients).

- The percentage of calls, in January 2017, where patients were referred to A&E was 6.43% compared to the England average of 7.06%. (The key performance indicator is less than 7% of patients are referred to A&E.)
- The percentage of calls where an emergency ambulance was arranged, in January 2017, was 9.30% compared to the England average of 9.93 %.(the key performance indicator is less than 9% of patients are referred for an emergency ambulance.)

Data for calls back by a clinical advisor within 10 minutes showed:

- In November and December 2016 calls backs by a clinical advisor were 60.42% and 60.37% respectively. In February, March and April 2017, the figures were 62.26%; 62.46% and 67.71% respectively. These were significantly higher than the England average of 45.12%. This demonstrated that patients received appropriate advice in a timely manner.
- There were boards in the call centre which displayed performance by defined county areas. Calls were shared equally amongst the call handlers. The screens showed calls waiting and time waiting, availability of clinical staff, and calls answered. This supported managers to see incoming call demand, other pressures in the call volumes and enabled them to consider redeploying staff to support changes in the demand levels or other areas of pressure. This was done in consultation with the staff of SECamb with whom the provider worked. There were several information systems in the call centre, which were used to coordinate care and monitored to deliver effective care across services. During our inspection we saw staff were redeployed to assist in call answering during a spike in call volumes and when another NHS 111 Service was unable to operate for a period of three hours. There was evidence of quality improvements through the use of completed audits.

Real time data during our visits showed:

Are services effective?

(for example, treatment is effective)

- At 12pm on 17 May 2017 calls answered within 60 seconds for Kent were 93.03%; 91.07% for Surrey; and 91.5% for Sussex. There were no calls waiting and there were six out of 16 health advisors available between the Ashford and Dorking call centres and two out of four clinical advisors available between the call centres.
- At 1.25pm on 17 May 2017 calls answered within 60 seconds were: Kent 94.47%; Surrey 92.48%; and 92.53%. There were four out of 16 health advisors available between the call centres and no calls waiting. All three clinical advisors were engaged on calls.
- At 6.30pm on 17 May 2017 before the unexpected increase in call volumes, the figures for calls answered within 60 seconds were: Kent 95.56%; Surrey 93.95%; Sussex 92.08%. There were three out of 20 health advisors available and all clinical advisors were engaged on calls.
- At 7pm on 17 May 2017 when the service was experiencing the unexpected increase in volumes of calls. The number of calls answered within 60 seconds was: Surrey 91.1%; Sussex 81.87%; Kent 92.8%. The numbers of calls abandoned were six for Surrey; eight for Sussex; and five for Kent. There were no calls waiting and seven of 21 health advisors available.
- Figures provided by the service showed that in the hour between 6pm and 7pm the predicted number of calls was 192 against the actual number received of 243, which was an increase of 51 calls; the majority of these were received within a 15 minute timeframe. The number of calls answered within the 60 second timeframe was 91.11% (95% target) on average for the hour with 1.24% of calls abandoned. An exception report was produced which showed that the action the service had taken to manage the increase in calls included removing health advisors from off call activities and obtaining extra support from two additional health advisors from another provider.

Staff were supported to deliver effective care and treatment through meaningful audit feedback and any areas for learning were identified. Audits, including call reviews, were carried out regularly with staff involvement. We saw records of call audits and feedback provided to staff during

meetings. Staff told us they understood the importance of regular call audits to maintain the standard of care provided to patients. Staff told us they found the process supportive, constructive and helpful.

Care UK- Surrey produced a monthly audit report which identified areas of best practice and those which needed improvement. The analysis enabled the service to identify themes and trends, for example: lack of explanation to patients; not ensuring that correct details were taken; and adapting to the needs of the situation. This information was sent out to health advisors and displayed in the call centre. Further training and support were given as needed to improve performance.

The service identified that some health advisors who had high referral rates for emergency ambulances would benefit from further support. The service liaised with a 999 call centre and all health advisors were given the opportunity to shadow the work of call handlers receiving emergency ambulance calls. Some staff had also been able to go out with ambulance crews as an observer. Feedback from the staff that attended was extremely positive. Staff commented that this experience had given them insight into the work of the 999 call centre and it was a beneficial learning experience. Staff reflected on the calls they managed in the NHS 111 service and said that they were more confident in managing life threatening situations and identifying important information when a caller is distressed and panicking. Others said that they were now more aware of the importance of providing sufficient information to the ambulance service to ensure patients received appropriate treatment.

Figures collated by the NHS 111 service showed that prior to the shadowing sessions in November 2016, the 999 referral rates for the outlier health advisers involved in this project were 14.3% on average, and following the shadowing these were 13.3% in December 2016 and 12.5% in January 2017. Underlying figures for each health advisor showed that there were reductions as well as increases in referrals to 999, which the service attributed to health advisors handling emergency calls in a safer manner.

Effective staffing

We saw Care UK Surrey's provision of the NHS 111 service had experienced a number of challenges in the past to the delivery of its service which included staff recruitment and retention. This had been reflected on the risk register and

Are services effective?

(for example, treatment is effective)

discussed in the monthly integrated corporate performance reports, NHS 111 governance reports, and Trust board meetings and various actions had been put in place to support with addressing these challenges.

The service ensured that there was a comprehensive recruitment process in place to assist potential employees to gain an understanding of the work. This included competency based questions; a clear explanation of the role requirements; and an opportunity to listen to anonymised calls. Once staff had completed the induction process and training in line with NHS Pathways requirements; staff would work in the 'diamond pod'. The 'diamond pod' had a coach assigned to it and the coach would support new staff members with live call handling for a period of two weeks, prior to taking calls on their own. The new health advisors and clinicians were then placed into one of seven health advisor or two clinicians' teams for ongoing one to ones; audits and coaching support.

Care UK-Surrey and South East Coast Ambulance Service (SECamb) held twice weekly conference calls with senior managers and rota planners to review previous performance and to plan performance for the week/ weekend ahead, taking appropriate actions to mitigate any risks.

The previous week's performance (and rota fill) is analysed in detail at the weekly Senior Leadership Team meeting held every Tuesday morning. Any actions that result from this are then reviewed on the Friday Operations conference call.

The medium term plans focus on identifying staffing, rota fill and issues that cover the period of up to two months ahead. These are reviewed and show the improvements or new challenges to performance each week and generate new actions and that are then cascaded appropriately.

The forecasts track trends and ensured that the workforce plans can be adjusted accordingly. These are followed by weekly forecasts down to 15 minute intervals and individual health advisors and clinical advisors, which facilitated the precise generation of schedules to accurately match patient needs and call profile.

Special events including Easter, Christmas and significant sporting fixtures were planned using intelligence insight gathered from previous occasions and known factors. Whilst

the business as usual process still forms the basis of this extraordinary planning, greater stakeholder engagement with Commissioners and NHS England to provide assurance also takes place.

KMSS 111 shared its weekly rota plans with Commissioners twice each week and the Head of Service invited feedback if the Commissioners have any queries or concerns that need to be addressed. Where agency staff were required, the service liaised with one agency to promote consistency in staffing.

The service had a system in place to share learning across Care UK - Surrey and SECamb and ensure opportunities were used to embed learning into practice. They had adapted the frequency and style of communication to ensure it was accessible to all staff. The staff that we spoke with during the inspection commented on how much communication they received and this assisted them in their work.

The service had actions in place to ensure job applicants understood the nature of call centre working, the demands of the NHS 111 service and requirement of unsocial hours working before they commenced training. This included time spent with health advisors and clinicians to discuss working in the call centre. This had resulted in an improvement in retaining staff.

The service had an induction programme for all newly appointed staff. Once training commenced this was provided in the evening and at weekends to reflect the reality of the actual working hours. This covered topics such as safeguarding, information governance, display screen equipment, recent Pathways hot topic bulletins, staff support systems and processes, and awareness of mental health and domestic violence. The learning needs of staff were identified through a system of appraisals, meetings and reviews of their development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included use of the clinical pathway tools, how to respond to specific patient groups, the Mental Health Act, the Mental Capacity Act, safeguarding, fire procedures, and information governance awareness. Figures provided by the service showed that a total of 89% of staff had an appraisal within the last 12 months and plans were in place to complete the appraisals by the end of May 2017. Appraisals were carried out in line with the anniversary of a member of staff commencing employment.

Are services effective?

(for example, treatment is effective)

The service recognised the challenges that working in an NHS 111 environment included, for example dealing with emergency calls in emotive situations. The service had measures to support staff. For example, an independent counselling service was available for staff. In addition a quiet prayer/reflection space had been created in the call centre, to enable staff to observe their daily prayers as part of their religious practices, or for other staff to take quiet time away from the call centre. Staff were also able to participate in 'Talk to Paul' sessions, where they could meet with a senior member of staff to talk openly about any concerns they may have in a safe environment.

The service demonstrated how they ensured role-specific training and updating for relevant staff. The service used the shared drive, emails, face to face training and one to one supervision to update staff on any identified changes to best practice, updates to guidelines and learning from investigations or complaints.

The service identified areas for training and development from a range of sources, including national and locally identified areas for increased awareness, and from updates to practice and guidelines. For example, recent 'Hot Topics' included assessing confusion; breathing problems and signposting to an update local operation procedure when dealing with dental concerns. Training uptake for areas which the service considered were mandatory was 97.44% at April 2017. Staff received training on a variety of topics which included basic life support, safeguarding, the Mental Capacity Act 2005 and patient consent.

Working with colleagues and other services

Staff worked with other providers to ensure patients received co-ordinated care.

- Care UK - Surrey had in place a range of protocols setting out who they would work with including ambulance services, and primary and secondary care services.

- The provider was aware of the times of peak demand and had communicated these to the ambulance service. This included the arrangements in place when demand was outside of the expected pattern.
- There were arrangements in place to work with social care services including information sharing arrangements. We saw positive examples of care pathways adjusted with liaison and consultation with social services and other providers, for example referral of patients to GPs during the out of hours' time periods.
- Staff knew how to access and use patient records for information and when directives may impact on another service for example advanced care directives or do not attempt resuscitation orders.
- The provider had systems in place to identify 'frequent callers' and staff were aware of any specific response requirements.
- Information about previous calls made by patients was available; staff could use this information where relevant to support the clinical decision process.

Consent

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. We listened to several calls to the service. Throughout the telephone clinical triage assessment process the health advisors checked the patient's understanding of what was being asked of them. Patients were also involved in the final disposition (outcome) identified by the NHS Pathways, and their wishes were respected.

At the end of each call the patient was asked to consent to their information being transferred to their own GP.

Staff also gave examples of when they might override a patient's wishes, for example when they believed there was a significant risk of harm to the patient if no action was taken.

Are services caring?

Our findings

At our previous comprehensive inspection in May 2016, the NHS 111 service delivered by Care UK - Surrey was rated as good for providing caring services.

At our comprehensive inspection in May 2017 we found the following:

Kindness, dignity, respect and compassion

Staff were provided with training in how to respond to a range of callers, including those who may be abusive. Our observations were that staff handled calls sensitively and with compassion.

We listened to active calls at the Care UK - Surrey call centre with consent of the patients. We observed the health advisors and clinical advisors using the NHS pathways assessment tool. We also observed calls where we only listened to the health advisors or clinical advisor. Our observations showed staff were courteous and helpful to patients and treated them with dignity and respect.

The combined NHS 111 service used monthly patient surveys to obtain feedback from patients via text messaging service. We noted from these results that:

- From April 2016 to March 2017, the service had been rated between 79.2% to 85.1% when patients were asked if they would recommend the service to others. This was based on an average of just over 410 respondents per month.
- There was evidence that the trends in responses were showing overall improvements, particularly regarding the likelihood to recommend the service and whether the caller felt that they had been treated with respect.

KMSS 111 had compiled their own database of compliments that the service had received in the year April 2016 to March 2017. These included over 40 positive comments on the good service received and the professionalism of the call handler or clinician involved in the call.

All the caller interactions we heard were non-judgmental and treated each patient as an individual whatever their

circumstances. In addition, systems were in place to identify high intensity users or repeat callers and staff used the 'special notes' facility to log information. Special notes were a way in which the patient's usual GP can raise awareness about their patients who might need to access the out-of-hours service, such as those nearing end of life or those with complex care needs and their wishes in relation to care and treatment.

Care planning and involvement in decisions about care and treatment

Health advisors were confident in using the NHS Pathways programme and we saw that the patient was involved and supported to answer questions thoroughly. Health advisors always double checked with the patient that they had the right contact details for home address, GP and telephone contact details. The final disposition (outcome) of the clinical assessment was explained to the patient and in all cases; patients were given advice about what to do should their condition worsen.

Staff used the Directory of Services (DoS) to identify available support close to the patient's geographical location. Health advisors and clinical advisors were clear on the local operating procedures in place which detailed the actions they would take in the event that a patient declined the final disposition.

Patient/carer support to cope emotionally with care and treatment

We listened to calls and heard how patients and/or their carers were informed the final outcome of the NHS Pathways assessment. We observed health advisors speaking calmly and reassuringly to patients. We also saw that call handlers repeatedly checked that the patient understood what was being asked of them and that they understood the final disposition (outcome) following the clinical assessment.

We observed staff taking the time to answer patient's questions and to ensure they understood the information they were being provided with.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous comprehensive inspection in May 2016, the NHS 111 service delivered by Care UK - Surrey was rated as good for providing responsive services.

At our comprehensive inspection in May 2017 we found the following:

Responding to and meeting people's needs

- The service offered a 24 hours a day, 365 days a week service.
- The service took account of differing levels in demand in planning its service, such as bank holidays.
- The service reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified.
- The joint senior management team worked collaboratively across the Care UK - Surrey and South East Coast Ambulance NHS Foundation Trust (SECamb) locations to review the care that was being delivered to the local community. The management team had tailored services to meet the needs of individuals and patients with complex care needs.
- There were examples of proactive innovative measures taken to tailor services and improve the care to patients whose circumstances may make them vulnerable. This included engaging other service providers and ensuring a patient centred approach to develop integrated models of care. This included end of life care and frequent callers. For example in January 2017, 323 frequent callers were identified and the 212 GP practices where these patients were registered were contacted. Discussions were held on how to support these patients and direct them to the correct service without the need to telephone the NHS 111 if this was more appropriate.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a patient. This included special patient notes and care plans.

Tackling inequity and promoting equality

- There were translation services available. For example in January 2017, 118 advisors requested the use of this service for a range of languages. Wallboard displays at the Dorking call centre identified specific clinicians with their area of expertise. This meant other clinicians and health advisors could speak with a clinician who had a

‘speciality’ experience such as mental health, safeguarding and sexual health. New staff received training in equality and diversity during their induction and this training was updated for all staff on an annual basis.

- Reasonable adjustments had been made so that disabled people could access and use services on an equal basis to others for example they used a text talk service for patients with hearing impairment.

Access to the service

The service was monitored against the national Minimum Data Set (MDS) and adapted National Quality Requirements (NQRs).

- In November and December 2016 call backs by a clinical advisor within 10 minutes were 60.42% and 60.37% respectively. In February, March and April 2017, the figures were 62.26%; 62.46% and 67.71% respectively. These were significantly better than the England average of 45.12%..
- The telephone system was easy to use and supported patients to access advice. Technology was used to support timely access.
- Action was taken to reduce the length of time people had to wait for subsequent care or advice where possible. For example, the estimated demand was measured against staff resourcing at 15 minute intervals to try to provide the correct staffing levels. We observed that staffing levels increased incrementally every 15 minutes during the peak period after 6.30pm.
- Calls transferred for clinical advice were in line with the England averages.
- The service prioritised people with the most urgent needs at times of high demand. For example a senior clinician had responsibility for overseeing any waiting calls and identifying the call priority for clinical advice, or escalating to the 999 service if required.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

There was an effective system in place for handling complaints and concerns. Information about how to complain was available and easy to understand and evidence showed the provider responded quickly to issues raised. There was openness and transparency in dealing with and managing complaints.

Are services responsive to people's needs?

(for example, to feedback?)

We reviewed complaints records and found that all concerns were taken seriously and any opportunity to share any learning or ways to improve the service identified from complaints was valued. Feedback was seen as an opportunity to learn and develop; this culture was evident throughout the inspection.

In response to complaints, learning was shared across both locations in a number of ways. For example, a shared drive for all staff where access to up to date local operating procedures, current information from for example hot topics and other updates was readily available. In addition, a spreadsheet of lessons learnt from complaints and incidents had been uploaded so that staff could see quickly the action taken and outcome of the investigations.

Quality Team leaders from both organisations were responsible for recording and monitoring all complaints and concerns received. Both quality leads had worked together to create specific criteria and methodology for logging different elements of the complaint and concern.

This allowed the quality team to analyse more effectively the issues raised by the complainant and pull out themes

and trends. The identification of these themes and trends were used to target specific training of staff to improve their performance. Training included ensuring that probing questions were asked to ensure all symptoms were addressed correctly to achieve the most appropriate disposition and ensuring if an emergency ambulance was needed that this disposition was carried out.

SECamb had a defined target of 25 working days to respond to complaints, Care UK-Surrey adopted a 20 day response time, due to SECamb being the overall lead on complaints. Of the 286 complaints received by the combined service; 278 were responded to within this 20 day timeframe which is approximately 97%. Root cause analysis was undertaken on types of complaints received and the largest concern was patients not being satisfied with the triage process. Areas for learning were shared across the two locations

.Any identified themes were shared through direct learning, on a shared intranet drive, staff wallboards, bulletins and through training materials.

Are services well-led?

Outstanding



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

Our findings

At our previous comprehensive inspection in May 2016, the NHS 111 service delivered by Care UK- Surrey was rated as requires improvement for providing well-led services. This was because:

- Both Care UK - Surrey and South East Coast Ambulance NHS Foundation Trust (SECAMB) had recognised the challenges to effective collaborative working and in response to meet these challenges developed a senior management team consisting of people from both organisations.
- Care UK - Surrey was aware that their performance in achieving the expected standards for the NHS 111 service (the national minimum data set) was not good enough and regularly failed to meet the required performance indicators.

At our comprehensive inspection in May 2017 we found significant improvements had been made and we rated the provider as outstanding for well-led. We found the following:

Vision and strategy

The vision and strategy was based on three 'Ps': Patients, People and Performance. This encompassed ensuring there were the right staff with the appropriate skills to manage calls from patients, with safety and effectiveness at the heart of the service. To provide a high quality patient focussed service, which drives improvement and exceeds key performance indicators. The vision and strategy was developed and owned by all staff who worked for Care UK-Surrey, with the involvement of patient focus groups.

Care UK - Surrey worked in partnership with SECAMB to provide the NHS 111 service. They have been subcontracted to provide 50% of the service. Whilst SECAMB are the contract holders, there is a shared management structure with Care UK - Surrey across both providers.

The management team were committed to promoting a culture of working together and openness. Staff we spoke with in a variety of different roles knew who their counterpart colleagues were at the Ashford call centre, and there were effective systems of communication and supportive working implemented.

We spoke with staff that had lead roles for example, in managing complaints and safeguarding referrals. All confirmed that there were positive working relationships between the different teams. Care UK - Surrey and SECAMB are both large organisations providing a range of services and since our previous inspection they had worked together to promote a combined vision and strategy to deliver high quality, safe and effective services placing the patient at the centre of service provision.

An executive summary was produced yearly on the performance of the service overall and included areas for continued development, such as ensuring there were sufficient numbers of staff to provide the service. The report also details joint learning from events such as significant events and complaints received and the action plans that were produced to monitor recommended actions, for example, the use of bypass numbers for other health care professionals who contact the NHS 111 service.

Governance arrangements

The leadership, governance and culture were used to drive and improve the delivery of a high quality patient centred care. These arrangements are proactively reviewed and based on best practice.

Care UK - Surrey is part of a large national organisation with strategic and operational policies and procedures in place supported and monitored by their own governance structures and arrangements. Senior managers reported to and attended governance meetings in line with their organisational governance structures. In addition, both organisations had developed a governance structure for the NHS111 service with clear arrangements for monitoring all aspects of the service provided. The service had an overarching governance framework which supported the delivery of care. This outlined the structures and procedures in place.

- Since our previous inspection the processes for monitoring staffing levels and rotas was managed by Care UK Surrey for both providers. Expertise in resource and call centre planning supported changes in processes across the providers to enable each location to now respond and adjust quickly to changes in call volumes and provide an oversight of what staff roles were needed in both locations. Staff responsible for this work explained that they worked closely with other staff who were responsible for recruiting, training and

Are services well-led?

Outstanding



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

auditing to the service provided was safe, effective and responsive to patients' needs. This included daily telephone conferences to monitor service performance and staffing levels at both call centres.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Staff in similar roles at each call centre had developed productive working relationships which involved face to face working, as well as each call centre. All staff now took responsibility for performance since the previous inspection and health advisors and clinicians attended governance meetings to provide feedback on how the service operates on the front line.
- Local operating procedures (LOP) had been agreed between the two organisations which ensured that staff employed to provide the NHS 111 service were working to the same procedures and protocols. We found these were routinely reviewed and updated when needed. Health advisors and clinicians were consulted on LOPs and if they did not consider that these would be effective in practice then amendments were made. If trends analysis of complaints or significant events showed that a LOP had not been followed then updates were provided to all staff. For example, information on managing dental concerns.
- A comprehensive understanding of the performance of the service was maintained. The senior management team for NHS 111 service had developed a Service Quality Database for the NHS 111 service, which monitored all aspects of the service. The database provided an overview with direct links into action plans with risk ratings for several areas such as audit, clinical governance, human resources, health and safety, local operating procedures, operational processes, performance, planning and training. The progress of the action plans were reviewed regularly and reported on to the NHS 111 Quality and Patient Safety Committee.
- Clinical governance procedures and reporting pathways were well established and regular clinical governance meetings were undertaken at provider, service, commissioner and national level. A monthly NHS 111 Clinical Governance Report was produced to summarise the ongoing work across the region and included statistical data relating to call activities, audits and trends. This gave an overview and assurance of the service for members of the commissioning CCGs.

- Actions to address any performance issues were highlighted and monitored through the NHS 111 contract meetings with commissioners of the service. A programme of continuous clinical and internal audit, including regular call audit, was used to monitor quality and to make improvements. Regular end to end call reviews were carried out and call reviews in February 2017 focused on palliative care. These reviews identified areas of good practice and areas where improvements could be made. Identified shared learning was cascaded to staff.

Leadership, openness and transparency

All staff we spoke with were proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to contribute to the how the service was operated.

The management team provided a consistent approach across both Care UK - Surrey and SECamb NHS 111, there was a Senior Management Team (SMT) who worked across both call centres to ensure that patients would receive the same level of care and treatment regardless of which location answered the NHS 111 call. Staff told us the senior leadership team were visited at the Dorking call centre regularly and could be contacted when needed. Meetings were held at each call centre on a rotating basis, to enable all levels of staff to be involved with the strategy for the service. The medical director considered that health advisors views in particular were integral to promoting a high quality service and drive improvements.

Examples of engagement with staff included working/focus groups, staff surveys and a 'no door' policy for staff to be able to communicate freely with the management team. For example, one of the recent staff surveys included an invite to feedback directly if required to the medical director. Care UK - Surrey had a well-established staff forum with representatives from different staff groups to discuss issues and concerns that affected them. Staff spoke positively about this and felt it was an effective way to share their views and to get answers to their questions. Meeting minutes confirmed this. For example, to improve working conditions, a prayer space was identified within the call centre and a microwave for vegetarian dishes to be heated was purchased.

There were clear lines of accountability within the service at both locations. Staff understood the structure and had

Are services well-led?

Outstanding



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

access to their team managers and senior managers. The Head of Service for SECamb 111 had the overall responsibility and accountability for the overall contract. Operational staff were clear who to go to for guidance and support. They were clear about their line management arrangements as well as the clinical governance arrangements in place. Staff were positive about engaging with senior managers and comments included that they were able to speak with the Head of Service, who regularly visited the Dorking call centre. Staff considered that management teams were approachable and supportive. Examples given, included managers having regard for personal concerns as well as work concerns and being able to take time to manage personal commitments outside of the working environment.

There were arrangements in place to provide support to staff in the event of any traumatic event or serious incident. For example, during staff induction examples of potentially difficult calls or situations were discussed. Staff were advised how to gain support from their line managers. The service had an 'Orange Flag' policy, which staff could raise and received immediate assistance and support with calls that were traumatic. Analysis of orange flag incidents showed that since April 2016 this had been used on 702 occasions. Staff confirmed that after each use of the 'orange flag,' time was immediately given to reflect on the call.

Notices in the call centre environment and in communal staff areas highlighted the importance of seeking support and help if they had experienced any difficult or traumatic calls. Staff spoken with were aware of the counselling and well-being support available.

There was a nominated member of staff responsible for overseeing all health and safety aspects related to staff safety. This included the environment, workstation assessments and fire safety. Arrangements were in place for Legionella testing, managing confidential waste and staff training. There was a comprehensive health and safety audit process in place and quarterly meetings were held to act on any concerns.

Public and staff engagement

The NHS 111 service sent out monthly patient surveys to obtain feedback from patients, the service also sent out surveys via text messages.

The Care UK - Surrey team was proactive in engaging with their staff teams. Staff were provided with opportunities to feedback formally through one to one meetings, staff surveys, staff forum meetings and twice yearly appraisals where staff were asked to provide feedback on the working conditions, training and development, management and support and their overall job satisfaction. The sample of staff appraisal we reviewed showed that staff had scored the service highly on all these areas. All staff we spoke with considered they were well supported both professionally and personally and received appropriate training for their role.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the service. This was driven by management teams, who ensured that there was staff and patient involvement. In response to serious incidents and complaints, the service responded in an open and transparent manner and always gave an apology under the Duty of Candour if needed. The service was continuing to work on developing an integrated urgent care hub and senior staff from Care UK- Surrey were involved with Care UK's first integrated urgent care hub development in the Midlands and were planning on developing this at the Dorking site when able. Staff, which included senior managers as well as health advisors, commented that the previous CQC inspection had enabled them to reflect fully on how the service operated. All said they had seen a dramatic improvement in how the organisations worked together as a whole to provide the KMSS 111 service and all staff now took responsibility for service improvement. This was reflected in the strong audit processes in place and the readiness to learn and improve at all levels.

Systems that improved staff welfare and patient care were becoming embedded into the organisation, such as the diamond pod protected training method and the call handlers' use of the orange flag for emergency assistance in the call centre.

The KMSS 111 service was providing a comprehensive 'Clinical In-line Service' (CIS) with floor-walking clinicians using blue-tooth guided transfer headsets to validate 'green' non-emergency ambulance referrals since April 2016. This process was in operation in both Ashford and Dorking between 7am and midnight every day. This had resulted in an average of 6,000 additional clinical

Are services well-led?

Outstanding



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

interventions each month and was a factor in the improved rate of 999 ambulance referrals for the service over the past twelve months. The CIS had enabled KMSS 111 to achieve a rate of clinician contact for its triaged cases of almost 30%, in line with national targets for 111 operating models. The data for this CIS is collated monthly and shared with commissioners.

Employees were seen to be appreciated and communicated with, and there were regular informal and formal meetings taking place. All staff had the opportunity to discuss any concerns that they may have with a clinical supervisor in the monthly “Talk with Paul” sessions.