North East Ambulance Trust NHS 111 Service

Quality Report

Bernicia House
Goldcrest Way
Newburn
Riverside
Newcastle Upon Tyne
NE15 8NY
Tel: 0191 4302000
Website: www.neas.nhs.uk

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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 service	**Good**
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We inspected the NHS 111 service which is provided by North East Ambulance Service NHS Trust (NEAS) on 18, 19 and 20 April 2016. This inspection was undertaken as part of a joint inspection of the whole Trust with the CQC hospital team

The NHS 111 service is delivered from two sites - Bernicia House, Newburn, Newcastle Upon Tyne and Russell House, Hebburn , South Tyneside. We carried out this announced inspection as part of our comprehensive approach to inspecting NHS 111 services. Overall the provider is rated as good.

Our key findings were as follows:

NEAS 111 provided a safe, effective, caring, responsive and well led service to a diverse population spread across a wide area in the North East of England.

- There was an open and transparent approach to safety and an effective system in place to report and record significant events. Staff knew how to raise concerns and understood the need to report incidents and near misses. Front line staff did not directly report incidents. These were escalated through team leaders.
- The service was monitored against National Minimum Data Set (MDS) and Key Performance Indicators (KPI). The data provided information to the provider and commissioners about the level of service being provided. Where variations in performance were identified, the reasons for this were reviewed and action plans implemented to improve the service.
- NEAS worked closely with the four lead Clinical Commissioning Groups (CCGs), (Northumberland CCG, Sunderland CCG, Durham Dales, Easington and Sedgefield CCG, Hartlepool and Stockton on Tees CCG) who commissioned the service on behalf of all 11 CCGs in the North East. Monitoring of the service was managed on behalf of the lead CCGs by NHS North of England Commissioning Unit
- Staff were trained and monitored to ensure they used the NHS Pathway safely and effectively. (NHS Pathways

is a licensed computer based operating system that provides a range of clinical assessments for triaging telephone calls from patients, based on the symptoms they report when they call)

- Patients using the service were supported effectively during the telephone triage process. Consent to triage was sought and their decisions were respected. We saw that staff treated patients with compassion, and responded appropriately to their feedback.
- The service responded to complaints and patient and staff feedback.
- The leadership within the NHS 111 service was accessible and visible. There was a culture of continuous improvement and development of the service.
- Safeguarding systems and processes were in place to safeguard both children and adults at risk of harm or abuse, including frequent callers to the service.
- The provider was aware of, and complied with the Duty of Candour. They encouraged a culture of openness and honesty.

We saw an area of outstanding practice:

- The service had implemented an effective communication and learning system via the Learning Access Meeting Point (LAMP), an electronic based programme by which staff received updates on policies and procedures, service and Trust announcements, training dates and updates and a wide range of additional information. This interactive learning tool and resource helped to improve staff engagement. Team Leaders and Section Managers could monitor how often and for how long each staff member accessed this communication tool. This was reviewed at staff one to one meetings. Staff were very positive about The LAMP and confirmed its frequent use.

There were areas where the provider should make improvements:

- Review the working environment and take action to mitigate the sound levels at Russell House call centre, to improve callers and staff experiences.
- Continue to monitor the availability and access to clinicians for NHS 111 call handlers.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The provider is rated as good for providing safe services.

Good

- There was a system in place for reporting and recording significant events. Call handlers reported any issues to their team leader, who completed the necessary documentation.
- When things went wrong with care and treatment, patients received reasonable support, truthful information, and a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The provider had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Staffing levels and skill mix were planned, implemented and reviewed to keep people safe at all times. The provider used a Work Force Management Tool (WFMT) to help manage and mitigate risks at all times. Staff shortages or peaks in demand were responded to quickly and adequately.
- Some staff told us they were not always able to obtain support from a clinician when needed. The provider showed us evidence which confirmed an on-going recruitment programme for additional clinicians with several clinicians completing induction in June 2016.

Are services effective?

The provider is rated as good for providing effective services.

Good

- The service was monitored against National Minimum Data Set (MDS) and Key Performance Indicators (KPIs). The data provided information to the provider and commissioners about the level of service being provided. Where variations in performance were identified, the reasons for this were reviewed and action plans implemented to improve the service.
- Staff were appropriately trained and monitored to ensure safe and effective use of NHS Pathways and Directory of Services (DOS).DOS is a central electronic directory of local and national services which is integrated with NHS Pathways.
- Information received from patients through the telephone triage system were recorded on the NHS Pathways system, and with the consent of the patient was forwarded to the patients' own GP.

- Regular call audits monitored quality and supported improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all call handlers. Staff received training appropriate to their role.
- Staff liaised with professionals and other agencies within multidisciplinary teams to meet the range and complexity of patients' needs.

Are services caring?

Good

The provider is rated as good for providing caring services.

- Initial call handler training included customer service skills training. In addition 'Human Factors' training had been provided to all staff. This was bespoke training which enabled call handlers to better understand human behaviour in times of stress.

- Data from the monthly NHS Friends and Family Test (FFT) consistently showed the majority of patients were likely or extremely likely to recommend NHS 111 to friends and family
- Patient feedback submitted to the service and also to the CQC, confirmed they found the staff helpful, reassuring, comforting and calm.
- Information for patients about the services available was easy to understand and accessible.
- During our visit we observed calls with patients. We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Staff had access to and made regular use of Language Line for callers who did not have English as a first language and Type Talk for hearing impaired callers.

Are services responsive to people's needs?

Good

The provider is rated as good for providing responsive services.

- The provider staff reviewed the needs of its local population and engaged with the NHS England Area Team and the four lead CCGs (Northumberland CCG, Sunderland CCG, Durham Dales, Easington and Sedgefield CCG, Hartlepool and Stockton on Tees CCG) Clinical Commissioning Groups to secure improvements to services where these were identified. For example it had been identified that there was a high demand for unscheduled dental care within the region.As a result the service was in the process of developing access to 'Dental Hubs' across the region, which would allow NHS 111 call handlers to book appointments directly with these services for their patients.

- Staff were able to directly book appointments with the out of hours services for patients in County Durham, Northumberland, Tyne and Wear, Darlington, Hartlepool, Middlesbrough, Redcar, Cleveland and Stockton on Tees areas.
- Staff were able to directly book GP appointments with an increasing number of practices across the region.
- There was not an established acute falls response service however staff were able to refer vulnerable patients who required referrals to the Falls Team across the region except for North Tyneside.
- Call centre staff received clinical support from nurses and paramedics supplied by Northern Doctors Urgent Care (NDUC), who were available in house or remotely. Staff told us there were times when access to clinical advice was difficult.
- Care and treatment was coordinated with other services and other providers. There was collaboration with partners to improve urgent care pathways.
- Information about how to complain was available and easy to understand and evidence showed the provider responded quickly to issues raised. Learning from complaints was shared with relevant staff and other stakeholders.

Are services well-led?

Good

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

- The provider had a clear vision and strategy to "deliver unmatched quality of care for every life touched. For Life" Staff were clear about the ethos and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt well supported by their immediate managers. Staff told us they would receive feedback from senior managers when something had gone well.
- The provider had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The information used in reporting, performance management and delivering quality care and treatment was accurate, valid, reliable, timely and relevant.

Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour. The management team encouraged a culture of openness and honesty.
- The provider had systems in place for notifiable safety incidents and ensured this information was shared with staff via their internal newsletter, and their knowledge and discussion based forum known as 'LAMP'.
- The provider proactively sought feedback from staff and patients, which it acted on.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

What people who use the service say

Areas for improvement

Action the service SHOULD take to improve

- Review the working environment and take action to mitigate the sound levels at Russell House call centre, to improve callers and staff experiences.
- Continue to monitor the availability and access to clinicians for NHS 111 call handlers.

Outstanding practice

- The service had implemented an effective communication and learning system via the Learning Access Meeting Point (LAMP), an electronic based programme by which staff received updates on policies and procedures, service and Trust announcements, training dates and updates and a wide range of additional information. This interactive learning tool and resource helped to improve staff engagement. Team Leaders and Section Managers could monitor how often and for how long each staff member accessed this communication tool. This was reviewed at staff one to one meetings. Staff were very positive about The LAMP and confirmed its frequent use.

North East Ambulance Trust NHS 111 Service

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector. The team included an inspection manager, two further CQC inspectors and a GP specialist advisor with NHS 111 experience.

Background to North East Ambulance Trust NHS 111 Service

North East Ambulance Service (NEAS) achieved Foundation Trust status in 2011. The NEAS NHS 111 service was initially developed from the Single Point of Access pilot service and covers County Durham, Northumberland, Tyne and Wear, Sunderland, Darlington, Hartlepool, Middlesbrough, Redcar and Cleveland and Stockton on Tees areas.

The service operates from two call centre locations Trust Headquarters Bernicia House in Newburn, Newcastle upon Tyne NE15 8NY, and Russell House in Hebburn, South Tyneside NE31 2JZ.

NEAS NHS 111 is staffed by call handlers. Call handlers are supported by a management structure which includes team leaders, section managers, assistant contact centre managers and contact centre managers.

Clinical advisors are employed by Northern Doctors Urgent Care (NDUC), and are deployed to NEAS to provide support to call handlers both on-site and remotely via telephone 24 hours a day, seven days a week. There is an agreed minimum ratio of one clinical advisor to each site. There is at least one clinical advisor at each call centre and up to five available remotely depending on staffing levels based on predictive modelling of call volumes. There are 36 whole time equivalent (wte) clinical advisors contracted from NDUC to NHS 111 services. NDUC provides GP out of hours services to the region and is responsible for the recruitment, training and development of clinical staff providing support to the NHS111 service. There were a total of 36 clinical advisors contracted from NDUC to the service, most working on a part time basis. The assistant Contact Centre Managers and the Contact Centre manager are also available providing support to staff. We saw evidence that at peak times (weekends and Bank Holidays) there could be 20 clinical advisors available, either at the call centre or remotely.

The North East Ambulance Service (NEAS) employed a total of 127.3 wte call handling staff for its NHS 111 service - 71.5 wte at Bernicia House and 55.8 wte at Russell House.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

To get to the heart of the patients' experiences of care and treatment we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well led?

Before visiting, we reviewed a range of information we held about the NHS111 service and asked other organisations such as Clinical Commissioning Groups (CCGs) to share what they knew about the service. We also reviewed the information which the provider submitted before our visit as well as other information which was in the public domain.

We carried out an announced inspection to NEAS 111 service on 18, 19 and 20 April 2016. We were unable to speak directly with patients who used the service; however we listened to calls, with patients' consent. During our visit we:

- Visited Russell House and Bernicia House call centres
- Observed call handlers and clinicians carrying out their role
- Spoke with a range of clinical and non- clinical staff, including call handlers, nurses, team leaders, section managers, senior managers and a lead trainer which included NHS Pathways training.
- Reviewed NHS Pathways, Directory of Services (DoS) details and other documentation

Please note that when referring to information throughout the report this relates to the most recent information available to the CQC at that time.

Good

Are services safe?

Our findings

Safe track record

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

- Staff told us if they had experienced a significant event they reported the details to their team leader, who would report the incident on the electronic reporting system. For example we observed that a member of staff sent an email to their team leader to tell them that a patient had been sent to an incorrect location due to the Directory of Services (DoS) not having up to date information of local services.
- The provider carried out detailed analysis of significant events and incidents. We saw documentary evidence to support this. We saw detailed changes to practice when incidents had occurred and they had, had an adverse impact on patients health and wellbeing.This included a team leader being appointed as a family liaison support; they did not investigate but worked in a supportive role with the family.
- We spoke with call handling staff and clinicians (in total 35) who told us they received feedback on any such incidents via their monthly 1:1s, or more immediately when needed. For example following a serious event an amendment to the assessment pathway was implemented to reduce the likelihood of reccurrence.
- The NHS 111 Call Report Activity provided evidence that NEAS analysed feedback and took action where concerns were identified through professional feedback or patient complaints.

Learning and improvements

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. During our visit we were able to review evidence of lessons learned and disseminated

When things went wrong with care and treatment, patients 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 service made use of a shared resource known as The Learning Access Meeting Point (LAMP) which disseminated new protocols and procedures, shared lessons learned from incidents and significant events, and provided a forum for staff discussion and learning.
- The NHS Pathways licensing agreement required all call handlers and clinicians to have a minimum of three of their recorded calls audited each month to check their competency using the NHS Pathways triage system correctly. All staff had their calls audited, with evidence of four call audits in most instances. Some staff had five or more calls audited each month. These included staff who were recently appointed, and those staff who had previously been found to have 'failed' calls and had coaching plans in place. We saw records of these call audits which included comprehensive evaluation, feedback and action plans when required. This included a detailed time limited coaching plan which had specific outcomes dependent upon whether the call handler was employed either on a part-time or full-time basis.
- Internally the Trust had a well-established governance structure which included a clinical advisory group, clinical effectiveness and patient safety group. These fed into the quality governance group which reported to the Quality Committee of the Board.

Reliable safety systems and processes and practices

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies and contact details were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A safeguarding champion had been appointed within call handling to pilot and implement the new training and web form that would refer patients to Social Services.
- Staff discussed any safeguarding concerns with team leaders, who collated and forwarded the referral details via their logistics team. All staff were trained to safeguarding level one on induction. Call handlers were trained to level two and team leaders and clinicians received level three safeguarding training for both children and vulnerable adults.

Good

Are services safe?

- Staff demonstrated their understanding of their responsibilities in relation to identifying, documenting and reporting any safeguarding concerns.
- The contact centres maintained appropriate standards of cleanliness and hygiene. We observed the working environment to be clean and tidy. The service had an infection prevention and control protocol in place and staff had accessed appropriate online training. All work stations were provided with antiseptic wipes and signs within the call centre reminded staff that workstations should be cleaned before and after a shift.
- Staff had reported issues with the environment in Russell House contact centre. These included having no windows in the centre, fluctuating temperatures and high noise levels, particularly at peak call periods. The provider told us these issues were reflected in their risk register and an interim piece of work which allowed the temperature to be adjusted locally and the supply of dual headsets to team members who requested them was in place.
- Updates to policies, pathways and protocols were accessed via the LAMP.
- Call handlers followed NHS Pathways to ensure that dispositions reached at the end of the call were safe and appropriate.
- Call response times, waiting times, abandoned call data was closely monitored throughout each shift and staff were deployed to manage demand at peak times. Clinical section managers and team leaders had oversight of call type and calls were triaged to ensure that those callers with more urgent needs were prioritised to ensure patient safety.
- Special notes were available on patient records to identify where additional needs existed, for example when a patient was receiving end of life care, or a frequent caller, or had difficulty hearing or understanding call handler questions.
- Staff had received guidance on how to deal with child callers. We were shown protocols and policies which staff could access to guide them during calls.
- We saw evidence of a visitor policy which offered guidance to staff in relation to visitor access to the building, to maintain the safety of staff and the integrity of the operational running of the call centre.

Monitoring safety and responding to risk

Risks to patients were assessed and well managed.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. All contact centre staffing was scheduled using a workforce management tool (WFMT). This team of analysts, had the responsibility of forecasting demand and scheduling staff to that demand, based on skill. This skill mix was monitored weekly and any shortfalls highlighted and acted upon. Rotas were prepared four weeks in advance to ensure enough staff were on duty.
- Shift rotas were proactively managed by a Workforce Management Tool (WFMT) and shortfalls could be escalated by use of the escalation plan when appropriate. Clinicians were available throughout every shift, either on site within the call centre or remotely via telephone contact. During discussions two members of staff told us there were times when access to a clinician was difficult. The transfer to clinician rate for the Trust was 28% compared with the national average at 35.2%
- Call handlers who needed additional support or advice during or after calls were able to access support from their team leader or from a Subject Matter Expert (SME). SMEs were usually team leaders who had additional knowledge of local services and agencies.
- Call handlers triaged patient calls by use of the NHS Pathways. This guided the call handler to assess the patient based on the symptoms they reported when they called. It had an integrated directory of services (DoS) which identified appropriate services for the patient's care. Staff received comprehensive training and regular updates on NHS Pathways. Their competency was assessed prior to handling patient telephone calls independently, and continuously through regular call audits for all members of staff.
- During our visit we received feedback from staff that noise levels at Russell House call centre were high during busy period. They told us that this made the working environment difficult during these times as they could be distracted by the noise from other calls.

Arrangements to deal with emergencies and major incidents

Good

Are services safe?

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

The service had a comprehensive business continuity plan in place to deal with emergencies that might interrupt the smooth running of the service. This included loss of mains power, loss of utilities, loss of staffing, evacuation of the building and loss of the Directory of Services. The plan included emergency contact numbers for staff.

- Staff told us that in the event of a 999 systems failure a decision may be made to invoke the National 111Contingency; calls are diverted to North West Ambulance Service (NWAS) NHS111 service and Yorkshire Ambulance Service (YAS) NHS 111.
- During our visit we witnessed a break in power to computer systems, and saw that the business continuity plan was put into place swiftly and effectively. We saw that no calls were lost during this period, and that systems and processes were efficiently and timely re-established.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The service assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- All call handlers had completed a mandatory comprehensive training programme to become a licensed user of the NHS Pathways programme. Once training was completed, call handlers were subject to structured and rigorous 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. However most records reviewed showed audits of four calls per month were undertaken.
- Where gaps were identified these were discussed at monthly 1:1s. Where necessary staff received additional coaching or formal training, and if necessary were taken off call handling until such time as effective re-training had been completed. This re-training could include a call handler 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.
- We saw records of call audits and of feedback provided to staff during 1:1s. 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 and helpful.
- Audit data for Disposition outcomes reviewed for 2015 showed an average pass rate of 87% with average score of 91.8%. NHS Pathways requires a pass rate of 86%, demonstrating they were performing at a higher level.
- We were shown evidence from the clinical governance team provision of monthly reports on call activity each month. These reports identified any issues raised and requested changes to NHS Pathways. NHS Pathways clinical assessment tool was updated twice yearly, but updates could be obtained more promptly if gaps were identified which could provide potential risk to patients.
- We saw the training matrix which showed staff had received training on Mental Capacity and dementia awareness. NEAS was also in the process of recruiting a mental health specialist to the service to take forward mental health awareness training and support.
- We spoke with a range of staff who confirmed they had easy access to policies and protocols electronically, via the intranet, newsletters or via The LAMP.
- Discrimination was avoided when speaking with patients who called NEAS NHS111 service. The NHS Pathways assessment process ensured patients were supported and assessed on their needs rather than on their demographic profile.Call handlers had access to Language Line and Type Talk for patients who did not have English as their first language, or who had hearing impairment.

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Management, monitoring and improving outcomes for people

- NEAS NHS111 Service monitored their performance against the National Minimum Data Set (MDS) and Key Performance Indicators (KPIs), some of which were locally agreed. Performance was monitored by their Quality Governance Group as well as by the national NHS 111 service governance via the Regional NHS 111 Governance Committee who included senior CCG managers for safety and GP clinical leads.
- For week ending 10/04/2016, for a number of indicators, NEAS performance was:
- 97.6% Calls answered within 60 seconds, against a local contract target of 95% and a national average of 86.3%.
- 15% Triaged Calls resulting in referral to 999, against a national average of 11.9%
- 6% Triaged Calls resulting in referral to Emergency Department against a national average of 8.5%
- 28% Triaged Calls resulting in transfer to Clinical Advisor against a national average of 21.4%
- 1.1% calls abandoned against a national average of 2.9%
- 14.7% call backs offered against a national average of 12.2%

Good

Are services effective?

(for example, treatment is effective)

- Patient outcomes were closely monitored. In response to higher than national average referrals to A&E or an ambulance being dispatched, the Quality and Performance team reviewed these calls on a monthly basis. This was to monitor the appropriateness of this disposition. Where shortfalls were identified the member of staff in question would receive additional coaching or training to improve their confidence in completing the NHS Pathways assessment. NEAS NHS 111 had already piloted different ways of supporting call handlers to help reduce the emergency department and ambulance final dispositions. Further changes were to be implemented in June 2016.

Effective staffing

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

- We were provided with the induction programme for all newly appointed staff. This was comprehensive, covering which included information governance, safeguarding, infection prevention and control, equality and diversity and confidentiality. In addition call handling staff undertook a six week induction programme, where topics such as 'customer care' and 'human factors' were included, as well as in-depth guidance on the use of NHS Pathways and use of the DoS. Staff were provided with a coach who offered practical support and guidance during this period. At the end of each stage in the induction staff were required to pass an assessment before being allowed to progress onto the next stage of the induction.
- Clinical advisors are employed by Northern Doctors Urgent Care (NDUC), and are deployed to NEAS to provide support to call handlers both on-site and remotely via telephone 24 hours a day, seven days a week. There was an agreed minimum ratio of one clinical advisor to each contact centre. There was at least one clinical advisor at each contact centre and up to five available remotely depending on staffing levels based on predictive modelling of call volumes. There were 36 whole time equivalent (wte) clinical advisors contracted to NHS 111 services. NDUC provides GP out of hours services to the region and was responsible for the recruitment, training and development of clinical staff providing support to the NHS111 service. There were a total of 36 clinical advisors contracted from NDUC to the service, most working on a part time basis. We saw evidence that at peak times (week ends and Bank Holidays) there could be 20 clinical advisors available, either at the call centre or remotely.
- In response to high call handler attrition rates, the recruitment and selection of staff was changed, to a value based recruitment process. This had led to a reduction in attrition and decreased sickness levels in this group of staff.
- Once call handlers had completed their training and probationary period as NHS111 call handlers they were able to enhance their skills and become 'dual role' by training as 999 call handlers as well. All NHS 111 call handlers could be offered further intensive training, on satisfactory completion of their probationary period, to become 999 call handlers or dual trained.
- The service had a mandatory on-line training programme covering topics such as safeguarding adults and children and mental capacity act training. Staff told us they had received this training and we saw the training matrix for 2015 and 2016.
- The learning needs of staff were identified through a system of 1:1 meetings and appraisals. All call handlers in NHS 111 had received an appraisal. Staff received individual reflective feedback based on their performance and personal objectives. Training and development plans were developed and reviewed annually or more frequently if required. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work.

Working with colleagues and other services

The NEAS NHS111 Service was jointly commissioned by four lead CCGs (Northumberland CCG, Sunderland CCG, Durham Dales, Easington and Sedgefield CCG, Hartlepool and Stockton on Tees CCG) and was managed by an NHS commissioning support unit.

The accuracy and quality of information held in the Directory of Services (DOS) was the responsibility of each CCG. The data was continuously reviewed and updated to maintain an up to date and complete record of the local services available for patient referral.

- Call handlers were able to obtain additional support form Subject Matter Experts (SMEs) who were available on site or remotely via telephone access.

Good

Are services effective?

(for example, treatment is effective)

- We observed both call handlers and clinicians move patients through the clinical assessment provided by NHS Pathways to reach the final disposition and then make contact with the appropriate service for the geographical location of the patient , as identified by the DoS. Call handlers and clinicians were able to make appointments directly with the GP out of hours services (OOH) when required. We also observed that emergency ambulances were made available when appropriate.
- NEAS were developing a 'blended service' whereby some call handlers were dual trained in taking 999 calls as well as NHS 111 calls. This was planned to be extended to all call handlers to provide a fluid, more efficient call handling service for patient care. However, call handlers would be deployed each shift to be handling either 111 or 999 calls. Contact centres were shared by 999 and 111 call handlers, with some shared policies, procedures and governance arrangements.
- Staff told us that some patient electronic records contained a 'special notes' section which allowed call handlers to see additional relevant information relating to that patients, for example, frequent callers or other vulnerability factors.

Information sharing

- All information received from a patient through the telephone triage was recorded on the NHS Pathways system and, with the consent of the patient; this information was forwarded to the patient's own GP.
- Staff told us they would make telephone contact with other services such as district nursing teams and mental health services as necessary, and that details of these contacts were recorded on the patient's electronic record.

Consent to care and treatment

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- 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 call handlers 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.

Good

Are services caring?

Our findings

Dignity, respect and compassion

- We reviewed the most recently available Friends and Family Test (FFT) results and found that in February 2016:
    - 87% of respondents said they were likely or extremely likely to recommend the service to friends and family. Comments referred to the service as first class prompt, friendly, reassuring and professional. On average the results for the FFT were in the three top performers of NHS 111.
- We observed call handlers taking calls and saw they were polite, calm, courteous and respectful to patients.
- Staff had received ‘Human Factors’ training in addition to customer service training.These modules helped to support call handlers to respond to potentially anxious and worried callers; with respect and compassion. In addition equality and diversity training was undertaken as part of staff induction training.

Involvement in decisions about care and treatment

We were unable to speak to patients directly about the service they received. However we listened in to several calls, with the consent of the patient/carer. We observed that call handlers spoke respectfully with patients, and treated callers with care and compassion.

- Call handlers were confident in using the NHS Pathways system and we saw that the patient was involved and supported to answer questions thoroughly.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 DoS to identify available support close to the patient’s geographical location.

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 call handlers 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 that the patient’s decision to accept the final disposition was respected. For example, one caller, the parent of a child, had received the final disposition that they should attend accident and emergency. The patient refused.In response to this the call handler advised the patient that a call back by a clinician had been arranged, to review the patient’s symptoms once more. In this case the patient’s details were routed back to the nurse on duty and risk assessed as requiring a call back within an identified timeframe. We saw that this was achieved.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Groups (CCGs) to secure improvements to services where these were identified. For example, it had been identified that there was a high demand and limited access for unscheduled dental care within the region. As a result the CCGs were in the process of developing access to 'Dental Hubs' across the region, which would allow NHS 111 call handlers to book appointments directly with these services for their patients.

- The service monitored its performance against the Minimum Data Set and Key Performance Indicators and these were discussed at regular contract monitoring meetings. Where variations in performance were identified, the reasons for this were reviewed and action plans implemented to improve the service. Services were planned and delivered to take into account the needs of different patient groups to help provide flexibility, choice and continuity of care.
- Systems were in place to electronically record additional information for vulnerable patients via the 'special notes' system. The information was available to call handlers and clinicians at the time the patient or their carer contacted the NHS111 service. This assisted the call handler to safely manage the needs of these patients.
- All call handlers had additional training to help them to identify and support confused or vulnerable callers, and calls could be transferred to a clinical advisor for further assessment.
- The service was able to book appointments, for patients, directly with the GP out of hours services, into an urgent care centre, extended hours 'hubs' and into their own GP practice (currently 12% of GP practices were covered) during surgery hours.
- The Directory of Services (DoS) provided comprehensive details of local services, such as mental health support services, which call handlers, were able to access during calls.
- There was not an established acute falls response service however ambulance staff were able to refer vulnerable patients who required referrals to the Falls Team across the region except for North Tyneside.

Tackling inequity and promoting equality

- The NHS Pathways assessment process ensured patients were supported and assessed on their presenting symptoms, not on their personal, cultural and religious beliefs.
- Call handlers had access to translation services through Language Line for patients who did not have English as a first language and to Type Talk for patients with hearing impairment.

Access to the service

- The NEAS NHS111 telephone number was a free 24 hours a day 365 days a year telephone number for people in the County Durham, Sunderland, Northumberland, Tyne and Wear, Darlington, Hartlepool, Middlesbrough, Redcar and Cleveland and Stockton on Tees areas.
- Calls were answered at either of the two contact centres based in Newburn, Newcastle upon Tyne or Hebburn, South Tyneside.Those patients who were not registered with a GP or who were seeking asylum were not restricted from using the service.
- We saw evidence that the call abandonment rate was lower than the national average, and that average times for calls being answered were better than the national average. Performance for the period covering the inspection visit was:

  On the 18/04/2016 total number of calls received was1896, the number of calls abandoned was 8, and calls answered within 60 seconds was 1839, a 97% rate.
- The service prioritised people with the most urgent needs at time of high demand. Capacity and demand was monitored constantly, and conference calls were held three times each day between section managers and contact centre managers to review call handling data. This helped to assure staff shortages or peaks in demand were responded to quickly and adequately.

Listening and learning from concerns and complaints

Good

Are services responsive to people's needs?

(for example, to feedback?)

The provider had a system in place for handling complaints and concerns. The complaints policy and procedures were in line with recognised guidance and contractual obligations for NHS111 services in England. There was a designated person who handled all complaints in the organisation.

- The service had received 81 complaints, comments, concerns and incidents in the period between April 2015 and March 2016. This represented 0.012% of all calls handled by NEAS NHS111 during that period.
- Records indicated that all complaints received were investigated and responded to within a short time frame. Investigations included reviewing the call made to the service to assess the quality of the call and the responses provided to the patient. Where the complaint investigation identified shortfalls in a call handler's performance, this was discussed with the individual concerned, and additional support, such as coaching or training was provided. In some instances call handlers were removed from the call lines to allow for further training.

Are services well-led?

Good

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

Our findings

Vision and strategy

The Trust's mission and values had been refreshed in 2015 and a clear Trust strategy had been developed. The provider had a clear mission statement which was to provide: "Unmatched quality of care for every time we touch lives. For Life." The operations centre had formulated a 2016-20 strategy to align with the Trust's strategy and corporate objectives.

The key themes of the strategy were being delivered by four project groups. The project groups focused on:

- Culture
- Integration and Collaboration
- New ways of working
- Education and training

The senior management team told us they promoted a culture of continuous improvement.

- Staff we spoke with understood the organisation's vision and values, the ethos of the organisation and their responsibilities towards this.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Service specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the service was maintained. The Quality and Performance Team along with the Patient Experience Team identified key areas of risk and put strategies in place to reduce risks to patients.
- A programme of continuous clinical and internal audit, including regular call audit, was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- A monthly NHS 111 Clinical Governance Report was produced by the NEAS Quality Regional Group 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. Monthly contract monitoring review meetings were held with the lead commissioners and the North of England Commissioning Support Unit . Actions to address any performance issues were highlighted and monitored.A copy of this report was also sent to the National NHS 111 Advisor for discussion at the National NHS 111 Clinical Governance meetings.

Leadership, openness and transparency

- Team leaders and section managers were visible in the call centre.All the staff we spoke with told us they found their immediate manager supportive and approachable.They told us they could approach any team leader with any concerns.
- Staff told us that senior managers were less visible, but described how they received feedback from them via their team leader when something had gone well.
- Clinicians were employed by Northern Doctors Urgent Care (NDUC) the out of hours provider. Clinicians were subject to NDUCs line management, training and governance arrangements. We were provided with evidence (from NDUC) of training, governance and how the clinicians appraisals were to be undertaken throughout the year. In addition the clinicians received operational support and management through team leaders and section managers at NEAS.

Public and staff engagement

- The website for NEAS included a link which enabled the public to make a complaint or provide a compliment on the service they had received.
- The provider received feedback from the public via the Friends and Family Test (FFT) and monitored the responses on a monthly basis. The results were shared with staff via the LAMP.

Are services well-led?

Good

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

The 2015 NHS staff survey showed improvement on the previous year in positive responses to questions from staff. Results from respondents included:

- I would recommend my organisation as a place to work - 43% (2014 31% National average 41%)
- My organisation acts on concerns raised by patients/ service users - 59% (2014 45% National average 59%)
- Support from immediate managers – 3.50 (2014 3.22 National average 3.39)
- Quality of non-mandatory training, learning or development – 38.7% (National average 38.3%)
- Staff suffering work related stress – 46% (2014 56%National average 49%)
- Staff appraised in last 12 months – 82% (2014 84%National average 74%)

The provider acknowledged that further improvements needed to be made with regard to staff satisfaction levels. They told us they were keen to promote an open, supportive 'no blame' culture within the organisation.

- Team leaders acknowledged it was difficult to implement a system of regular team meetings due to shift patterns within a 365, 24 hours a day service. It was clear throughout the inspection that staff felt supported by their immediate line managers and did not raise any concerns in relation to lack of communication.
- The two call centres, Bernicia House and Russell house shared section managers, but call handlers and team leaders were located in one or the other of the contact centres.Staff could access the LAMP to join in staff forums and discussion groups across the two centres.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the service. In response to a serious incident the provider had recognised that a mechanism was needed to allow staff to access up to date, current information and updates. As a result the LAMP was created. This resource was recognised internally as a useful and relevant communication tool. It had also received national recognition. The creators of the LAMP were awarded a special commendation for public service at the National Insight and Quality Awards in September 2015.

In addition NEAS were the only ambulance service to multi-skill call handlers to deal with 999 as well as 111 calls, and the only ambulance service who used the Workforce Management Tool (WFMT) to forecast (initially 5 years, then 18 months and finally 13 week), plan and review safe staffing levels.

In response to the high Ambulance and Emergency Department dispositions there was a plan in place to support call handlers, from June 2016, using 'Smart Voice Assist' (SVA). This will enable call handlers to have active support throughout their calls and either the clinical hub clinicians could take over the call or would direct the call handler to the most appropriate pathway route. Additional clinicians would be in place to support these changes.