

# Derbyshire Health United Ashgate Manor NHS 111 Service

## Quality Report

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Date of inspection visit: 10 November 2015

Date of publication: 12/04/2016

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.

# Summary of findings

## 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

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# Summary of findings

## Overall summary

We carried out an announced comprehensive inspection of Derbyshire Health United NHS 111 service at Ashgate Manor on 10 November 2015. Overall the provider is rated as good.

- There was an open and transparent approach to safety and an effective system in place for reporting and recording serious incidents. Staff knew how to and understood the need to raise concerns and report incidents and near misses. However, not all serious incidents identified through complaints were investigated through the serious incident procedure.
- The provider was monitored against the 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 trained and monitored to ensure they used NHS Pathways safely and effectively.
- Information about services and how to complain was available and easy to understand. Complaints were fully investigated and patients responded to with an apology and full explanation.
- There was strong and clear leadership from a clinical and senior management perspective. Staff felt supported by senior management and directors who were visible on shifts on a daily basis to support the smooth running of the service.

- The provider proactively sought feedback from staff and patients, which it acted on.
- There were robust safeguarding systems in place for both children and adults at risk of harm or abuse as well as frequent callers to the service.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The provider had a clear vision and strategy to deliver high quality, safe and effective healthcare and promote good outcomes for patients. The provider was responsive to feedback received from patients and staff and used information available proactively to drive service improvements.

However there were areas of practice where the provider should make improvements:

- Ensure that records of complaints include details of the outcome and/or the impact for the patient.
- Ensure that when potential serious incidents are identified through complaints, these are investigated through the serious incident procedure.

**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 an effective system in place for reporting and recording serious incidents. Staff understood and fulfilled their responsibilities to raise concerns, and were encouraged to report incidents and near misses. However, not all serious incidents identified through complaints were investigated through the serious incident procedure.
- Lessons were shared to make sure action was taken to improve safety in the service.
- The service had clearly defined systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff understood their responsibilities and had received training relevant to their role.
- Risks to patients were assessed and well managed.

### Are services effective?

The provider is rated as good for providing effective services.

Good



- The service was monitored against the 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).
- There was evidence of appraisals, performance monitoring processes and personal development plans were in place.
- Information received from patients was recorded on the system and with consent of the patient was forwarded to both the service identified by the directory of services (DOS), (if the end disposition identified this) and to the patient's own GP.
- There were four internal DOS leads who were responsible for ensuring the information recorded in the directory was up to date and any problems were acted upon immediately.
- Call advisors and clinical advisors were provided with training on mental health awareness and the Mental Capacity Act. Mental Capacity Act guidance was available on all work stations within the call centre.

# Summary of findings

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.

## Are services caring?

The provider is rated as good for providing caring services.

- Patient survey information for the period September 2014 to August 2015 demonstrated that the NHS 111 service being provided by DHU was comparable to or above the England average for the same period.
- We observed that call advisors spoke with patients respectfully and with care and compassion.
- Feedback from patients about the services provided was strongly positive.

Good



## Are services responsive to people's needs?

The provider is rated as good for providing responsive services.

- The provider understood the needs of the population it served and engaged with the local Clinical Commissioning Groups to provide services that were responsive to the needs of the population.
- Staff were able to directly book appointments with the Out-of-Hours service for patients who lived in Leicestershire, Leicester and Rutland (LLR).
- Staff carried out warm transfers (direct transfer of the telephone call from NHS 111 service to another service) to the Nottingham Mental Health Services for patients who lived in Nottinghamshire.
- Call advisors were supported by nurse advisors, dental nurses and paramedics to provide clinical support in decision making. Pharmacists were also being recruited as part of an NHS 111 pilot.
- Agency nurse advisors trained in NHS Pathways were employed to ensure sufficient staffing levels to meet the demand of patient calls and to support call advisors within the call centre.
- Call advisors were supported by a mental health nurse (funded by Derbyshire NHS Mental Health Trust) based in the call centre on Fridays, Saturdays and Sundays.
- Information about how to complain was available and easy to understand. Evidence seen showed that the service responded quickly and sensitively to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



# Summary of findings

- Dental nurse advisors were appointed to work within the NHS 111 call centre to support the growing demand for dental advice with an aim to reduce the demand for emergency dental services in the Out-of-Hours period. NHS Pathways were working with DHU to cascade their dental processes to other NHS 111 services.

## Are services well-led?

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

- It had a clear vision with quality and safety as its top priority. The service was responsive to feedback and used performance information proactively to drive service improvements.
- DHU monitored its performance against the Minimum Data Set (MDS) and Key Performance Indicators (KPIs). Performance was discussed with the lead for each Clinical Commissioning Group and DHU managers at weekly conference calls and monthly contract monitoring meetings. Where variations in performance were identified, the reasons had been reviewed and action plans implemented to improve the service.
- The views of patients were taken into account and acted upon through active public engagement. The provider had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance and performance management framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The senior management team encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- There was a strong focus on continuous learning and improvement at all levels, staff were encouraged to continually learn and develop their skills.

Good



# Summary of findings

## Areas for improvement

### Action the service **COULD** take to improve

- Ensure that records of complaints include details of the outcome and/or the impact for the patient.
- Ensure that when potential serious incidents are identified through complaints, these are investigated through the serious incident procedure.

# Derbyshire Health United Ashgate Manor NHS 111 Service

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a NHS 111 specialist advisor, a second CQC inspector and a nurse specialist advisor.

## Background to Derbyshire Health United Ashgate Manor NHS 111 Service

Derbyshire Health United Limited (DHU), is a social enterprise and not for profit organisation that is commissioned to provide the NHS 111 service to the population of Derbyshire, Leicestershire, Leicester and Rutland, Nottinghamshire and Northamptonshire. In Derbyshire, DHU also provides the GP Out-of-Hours service which enables the NHS 111 service to provide integrated care for patients delivering a streamlined approach to patient care. The NHS 111 service covers a population of approximately four million people living in these counties.

DHU operate three NHS 111 call centres, Ashgate Manor in Chesterfield, Mallard House Call Centre in Derby and Fosse House in Leicester. Two of these call centres are registered as locations with the CQC, Ashgate Manor and Mallard House. The primary call centre is Mallard House although

calls may be answered at any of the three call centres, based on the availability of call advisors. Both Ashgate Manor and Mallard House were visited during the course of the inspection. From April 2014 to March 2015 the service had received approximately 900,000 calls from patients and other seeking assistance. The volume was projected to increase to 1,100,000 during 2015/2016.

Patients ring the NHS 111 service where their medical need is assessed by a call advisor or a clinical advisor based on the symptoms they report when they call. If a patient needs to be seen by a doctor, appointments are booked directly into the most convenient GP Out-of-Hours service at one of 13 primary care centres across Derbyshire, home visits may also be provided.

## Why we carried out this inspection

We inspected this service as part of our new 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

Before visiting, we reviewed a range of information we held about the NHS 111 service and asked other organisations to share what they knew about the service. We also reviewed information that we had requested from the provider and other information that was available in the public domain. During our inspection we:

- Visited Ashgate Manor NHS 111 service during the afternoon of 10 November 2015.
- Observed call advisors and clinical advisors carrying out their role.

- Spoke with a range of clinical and non-clinical staff (including GPs, nurses, shift and team leaders, call advisors, senior managers, directors and non-executive directors).
- Reviewed documentation made available to us.

To get to the heart of 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?

# Are services safe?

## Summary of findings

The provider is rated as good for providing safe services.

- There was an effective system in place for reporting and recording serious incidents. Staff understood and fulfilled their responsibilities to raise concerns, and were encouraged to report incidents and near misses. However, not all serious incidents identified through complaints were investigated through the serious incident procedure.
- Lessons were shared to make sure action was taken to improve safety in the service.
- The service had clearly defined systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff understood their responsibilities and had received training relevant to their role.
- Risks to patients were assessed and well managed.

## Our findings

### Safe track record and learning

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

- Staff told us if they reported serious incidents including concerns regarding patient safety or any other incidents via an electronic 'Datix' reporting system.
- The provider carried out an analysis of the serious incidents reported via 'Datix'.
- We noted that potential serious incidents had not always been identified from the complaints.
- Staff spoken with told us that they received feedback on serious incident reports and they were able to give examples of shared learning. A NHS 111 update was made available to all members of staff on a fortnightly basis to ensure staff were continually updated on learning from incidents and complaints.
- Sixteen serious incidents had been reported between October 2014 and September 2015 for all of the 111 contracts held by DHU. This equated to 13 serious incidents for the contract with North Derbyshire Clinical Commissioning Group (CCG), and one serious incident each for the contracts with Leicestershire, Leicester and Rutland CCG, Northamptonshire CCG and Nottinghamshire CCG. We reviewed the records of four serious incidents and looked at the overall summary for each serious incident.
- Serious incidents were reviewed at the monthly Quality and Patient Safety Sub-Committee meeting. Significant incidents and serious incidents were investigated by the clinical governance lead/deputy lead and discussed with the Clinical Commissioning Group quality lead.
- Urgent communication with clinicians was facilitated via alerts on the computer desktop when clinicians logged in for their shift.

### Overview of safety systems and processes

The provider 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 adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. Clear information was available outlining who to contact for further guidance if staff had concerns about a patient's welfare. Flowcharts were available to

## Are services safe?

guide staff when making a referral and contact numbers were easily accessible. Staff were supported by named safeguarding leads for children and adults. The safeguarding leads attended regular safeguarding meetings when possible and always provided reports where necessary for other agencies including a monthly report for the Board. A process was in place to review each safeguarding referral made. The lead also updated staff on a regular basis via email providing guidance on various safeguarding topics such as human trafficking and sexual exploitation. Staff spoken with demonstrated they knew who the safeguarding leads were, understood their responsibilities and had received training relevant to their role. During our inspection we saw a notice board for staff containing up to date safeguarding information including policies and referral processes.

- Special notes were used to identify if children were at risk, for example children on child protection plans, or were vulnerable adults, for example residing in a care home or patients with a learning disability. Systems were also in place to report concerns to health visitors or school nurses for further assessment. The safeguarding leads monitored all referrals for trends, such as within care homes, or if the frequency of contact for a frequent caller increases, which may indicate increased vulnerability.
- During our inspection, we spoke with a member of the senior management team who showed us evidence of a UXL training programme which had been introduced to monitor and improve individual and collective performance of call advisors and clinical advisors against clinical and operational targets. This programme involved one to one coaching from experienced trainers both clinical and non-clinical and also involved regular call reviews and audits of clinical NHS Pathways followed by call advisors and clinical advisors. Staff we spoke with told us that they had regular call reviews carried out and received feedback on their performance on a regular basis following these reviews.
- During our inspection, we saw evidence of an electronic recruitment programme which tracked the progress of prospective employees. The programme showed live data based on how many employees were awaiting recruitment checks such as DBS and reference checks. The manager responsible for this programme received clearance from human resources when an employee had successfully completed all recruitment and security

checks, the employee would then have a corporate induction arranged and all mandatory training booked for them prior to commencing employment within the call centre. We were told that call advisors received an initial three week training programme. Clinical advisors received an initial three week training programme followed by one week of call advisor training followed by one further week of clinical based training.

- Recruitment checks were carried out and the nine files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- The NHS 111 service used NHS Pathways; a licenced computer based operating system. NHS Pathways is a suite of clinical content assessment for triaging telephone calls from the public, based on the symptoms they report when they call. It has an integrated directory of services, which identifies appropriate services for the patient's care if an ambulance is not required. Staff received comprehensive training on NHS Pathways and their competency assessed prior to handling telephone calls independently. In accordance with the NHS Pathways licensing agreement, call advisors and clinical advisors had a minimum of three calls audited each month to monitor their competency using the NHS Pathways triage systems correctly.
- During our inspection, we spoke with a directory of services lead (DOS), DOS is a central electronic directory which is integrated within NHS Pathways. This provided the call advisor with real time information about services available to support a particular patient to ensure a patient is directed to the most suitable service to them at the end of their call assessment. DHU employed four internal DOS leads, each DOS lead were responsible for investigating complaints involving NHS Pathways and communicated with the regional DOS team and Clinical Commissioning Groups to ensure any issues were discussed and resolved. We saw an example of a child who had undergone dental surgery and required a dental dressing change over a weekend. The call advisor was unable to find children's district nursing services for this patient on the DOS. This was investigated by a DOS lead and the outcome showed there was no service available within the DOS. The child was directed to a local accident and emergency

## Are services safe?

department as this was the most appropriate service available for the child at that time. At the time of our inspection the issue had been raised with the regional DOS team and Clinical Commissioning Groups for further discussion as this had highlighted a gap in services available for patients.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The provider had up to date fire risk assessments. The provider had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. All electrical equipment was checked to ensure the equipment was safe to use. During our inspection a member of staff showed us where policies and procedures could be found, we saw evidence of a health and safety policy and a COSHH (control of substances hazardous to health) policy on the intranet which was available for all staff.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- A rota management team were responsible for planning and monitoring the number of staff needed to meet patients' needs including call advisors and clinical advisors. The team used a model to forecast activity per hour across each shift and this translated into predicted staff required. A buffer of 15% staffing was added to allow for sickness and short notice problems. The rota management team populated the rota with the required numbers of staff.
- A member of the senior management team was responsible for managing an electronic system which forecast current staffing levels. This included the number of staff hours lost due to maternity leave and sickness and other absence. The system also forecast the number of hours which would become available when new employees began their employment within the call centre and how many hours were invested in staff training. This system was used to enable the rota management team to plan cover effectively.
- The provider employed agency nurse advisors who were clinically trained in NHS Pathways to ensure there was adequate clinical cover within the call centre to ensure the safety of patients.

- Nurse advice and paramedic advice lines had been introduced to ensure that call advisors received clinical support to aid decision making if required. The paramedic advice line ensured appropriate use of ambulance resources from call advisors.
- We spoke with a member of the senior management team who showed us how their business continuity plan worked in conjunction with their daily situational reports. These reports monitored their key performance indicators (KPIs) which included a KPI to answer all calls within 60 seconds against a target of 95%. The daily situational report was sent to DHU and commissioners on a daily and weekly basis. A manager was responsible for monitoring these reports on a daily basis to ensure targets were achieved and liaised with the rota team to ensure staffing levels were sufficient. Where call demand increased, elements of the business continuity plan were followed to ensure staffing levels were increased to meet demand. Staff would receive text alerts if they were required to work in an emergency to ensure targets were achieved.

### Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training, staff we spoke with confirmed this.
- The provider had a comprehensive business continuity plan that was available to staff electronically via the intranet, a hard copy was located in the call centre and each shift manager held a copy. This document contained detailed escalation information on the actions to be taken in specific situations, such as whole system failure of electronic systems for both NHS111 and Out-of-Hours services, excess incoming call demand and directory of services failure. The plan contained emergency contact numbers for staff. The business continuity plan was monitored on a daily basis and implemented where necessary by a member of the senior management team. During our inspection we viewed a copy which was available within the call centre.

# Are services effective?

(for example, treatment is effective)

## Summary of findings

The provider is rated as good for providing effective services.

- The service was monitored against the 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).
- There was evidence of appraisals, performance monitoring processes and personal development plans were in place.
- Information received from patients was recorded on the system and with consent of the patient was forwarded to both the service identified by the directory of services (DOS), (if the end disposition identified this) and to the patient's own GP.
- There were four internal DOS leads who were responsible for ensuring the information recorded in the directory was up to date and any problems were acted upon immediately.
- Call advisors and clinical advisors were provided with training on mental health awareness and the Mental Capacity Act. Mental Capacity Act guidance was available on all work stations within the call centre.
- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.

## Our findings

### Effective needs assessment

All call advisors and clinical advisors were required to complete a comprehensive mandatory training programme to become a licensed user of the NHS Pathways. Once trained and licensed to use NHS Pathways, call advisors and clinical advisors were required to have their performance monitored on a monthly basis. A minimum of three calls per month were audited against a set criteria such as active listening, effective communication and skilled use of the NHS Pathways functionality.

We spoke with a nurse advisor who told us that they had received three call review audits per month, feedback was delivered on the outcome of the call reviews by a member of the management team. We saw evidence of 20 call review audits for this member of staff showing all results were between 95% and 100%. We spoke with a range of staff who told us that they participated in regular training sessions including specialist topics such as suicide, dementia, recognising a sick child, and mental health.

Call review and NHS Pathway review meetings took place with other health care professionals such as the Police, ambulance services, mental health services and the Coroner's Office to review and audit individual calls and pathways, any issues arising would be addressed and an action plan implemented based on the outcome of the review.

During our inspection we saw various notice boards providing information to call centre staff on topics such as dignity and human rights, how to support people with autism, unexpected patient death, Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff confirmed they had easy access to comprehensive policies and protocols electronically. During our inspection we saw evidence of a safeguarding adults policy which was available to all staff on an intranet, we could see that this policy had been updated on 6 November 2015 in line with changes to the Care Act. We saw a message from the safeguarding team asking all staff to update themselves with the changes to the policy. We also saw evidence of a mental capacity act policy and a deprivation of liberty safeguards policy available on the intranet.

# Are services effective?

(for example, treatment is effective)

## Management, monitoring and improving outcomes for people

The provider monitored the performance of NHS 111 against the Minimum Data Set (MDS) KPIs, some of which were locally agreed. This was discussed with the lead for the CCG and DHU managers during weekly conference calls and monthly contract monitoring meetings. Where variations in performance were identified, the reasons for this were reviewed and action plans implemented to improve the service. We saw examples of the service improvement plans in place, which indicated where improvements had been made.

We looked at key performance indicators data which showed that the provider had made improvements in 2015.

Against a national target of 95% of calls answered in 60 seconds:

- In October 2015, their performance was over 95%, an improvement of 10 percentage points on October 2014.

In October 2015 12,641 patients were offered a call back of which 33.5% were offered a call back within ten minutes. Data showed there had been a significant continual increase since their lowest achievements in March 2014 of approximately 25%.

## Effective staffing

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

- The provider had a corporate induction programme for newly appointed members of staff that covered such topics as integrated clinical governance, information governance, fire safety, health and safety, equality and diversity. Staff then completed an induction, robust training programme and probationary period appropriate to their job role. Staff were also allocated a 'buddy' to support them in their role upon completion of their initial induction and training period.
- The provider had a mandatory training programme that covered topics such as basic life support, safeguarding adults and children and infection prevention and control and Mental Capacity Act training. Staff that we spoke with told us that they had received this training.
- A UXL training programme had been introduced to monitor and improve individual and collective performance of call advisors and clinical advisors against clinical and operational targets. This programme involved one to one coaching from experienced trainers both clinical and non-clinical and also involved regular call reviews, three to five calls per month were reviewed for all call advisors, and audits of clinical pathways were carried out. Staff we spoke with told us that they had regular call reviews carried out and received feedback on their performance on a regular basis following these reviews. Staff told us they received a monthly one to one where they received feedback on their performance.
- Evidence was available which showed us that DHU NHS 111 strictly followed the licencing requirements of NHS Pathways training. Staff were provided with training on any updates relating to NHS Pathways.
- During our inspection we observed a new employee undergoing NHS Pathways training and also training in the use of special patient notes supported by a trainer/coach/auditor. This employee told us that they had undergone ten supervised shifts as a nurse advisor and had received comprehensive training and support and was currently awaiting being signed off before they could work unsupervised with the support of a 'buddy'.
- The learning needs of staff were identified through ongoing assessments and meetings and a system of appraisals was in place. Staff received individual reflective feedback based on their performance, personal objectives and training and development plans were developed and reviewed annually or more frequently if required. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work.
- During our inspection we saw evidence of a clinical update dated September-October 2015 which included updates for staff such as dignity and human rights, fraud in the NHS, Royal College of Nursing (RCN) principals and how to support a person with autism. The updates also included safety netting in primary care information for topics such as, meningitis, influenza, summary care records, unexpected patient deaths, antibiotic prescribing and toxbase.
- The sample of staff files we looked at contained completed performance appraisal and development reviews. The staff we spoke with told us they had received an appraisal. The annual appraisals focussed on staff performance and development needs.
- DHU supported nurses through the change to the Nursing and Midwifery Code of Practice and the requirement for registered nurses to revalidate.

# Are services effective?

## (for example, treatment is effective)

(Revalidation is a process that all nurses will need to engage with to demonstrate that they practise safely and effectively throughout their career). DHU planned to hold workshops to support staff through this process.

### Coordinating patient care and information sharing

- All information received was recorded on the system, consent was sought from the patient at all times, this information was forwarded to both the service identified by the directory of services (DOS) if the end disposition identified this, and to the patient's own GP.
- Relevant information about patients was available electronically for call advisors and clinical advisors in a timely and accessible way through the summary care records, special patient notes (created by the patient's own GP and shared with the out of hours provider) and the Rightcare advanced care planning system (used to support patients who have complex medical needs and to avoid unnecessary hospital admissions).
- The service had four internal DOS leads who were responsible for ensuring the information recorded in the directory of services was up to date and current and any problems were reported immediately.
- The provider shared relevant information with other services in a timely and effective way and worked with other health and social care services. For example the safeguarding adults lead attended regular performance and quality sub-groups within Derby City and Derby County to discuss safeguarding referrals made with a view to improve communication and promote best practice. Both the safeguarding children and adults leads also attended regular Patient and Quality Sub-Group meetings which reviewed all safeguarding referrals and frequent caller information.

- The safeguarding children lead told us that an arrangement was in place with child health in Derbyshire to enable the safeguarding children lead to send referrals to a named health visitor. Child social care referral forms were also sent to eight different social services across the East Midlands via a secure email.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Staff we spoke with told us they had completed Mental Capacity Act training and Deprivation of Liberty Safeguards training. This training formed part of the service's mandatory training requirements.
- We observed a number of call advisors and clinical advisors when speaking with patients (we did not listen in to the patient side of the call). Throughout the telephone clinical triage assessment process the call advisors and clinical advisors checked the patients understanding of what was being asked of them. Patients were asked to consent to their information being transferred to their GP and the service identified by the NHS Pathways and Directory of Services.
- The process for seeking consent was monitored through regular call review audits, feedback was delivered to staff during a monthly one to one meeting regarding their performance.

# Are services caring?

## Summary of findings

The provider is rated as good for providing caring services.

- Patient survey information for the period September 2014 to August 2015 demonstrated that the NHS 111 service being provided by DHU was comparable to or above the England average for the same period.
- We observed that call advisors spoke with patients respectfully and with care and compassion.
- Feedback from patients about the services provided was strongly positive.

## Our findings

### **Kindness, dignity, respect and compassion**

We reviewed the most recent survey results (September 2014 to August 2015) available from NHS England on patient satisfaction for people who had used the Derbyshire Health United (DHU) 111 service during this period. The results showed that the service performance was comparable or above the England average for the four NHS 111 contracts in place, with:

- 88.6% of respondents in Derbyshire stating they were 'very or fairly satisfied' with their 111 experience and 5.7% were 'dissatisfied'.
- 87.2% of respondents in Nottinghamshire stating they were 'very or fairly satisfied' with their 111 experience and 6.2% were 'dissatisfied'.
- 90.3% of respondents in Northamptonshire stating they were 'very or fairly satisfied' with their 111 experience and 4.6% were 'dissatisfied'.
- 91.5% of respondents in Leicester and Rutland stating they were 'very or fairly satisfied' with their 111 experience and 2.4% were 'dissatisfied'.

The England average responses were 87.6% and 6.1% respectively.

The provider monitored patient satisfaction for each of the NHS 111 contracts through an external company. A survey had been carried out between April and September 2015, and the findings reported on in November 2015 which showed satisfaction rates of between 85% and 93% across the four contracts.

New employees received training in equality and diversity as part of their corporate induction training. Staff we spoke to were aware of the Language Line facility to assist patients to communicate better, and commented that it was used on a regular basis. In addition, systems were in place to identify frequent users of the NHS 111 service or frequent callers and staff used the 'special notes' facility to log information. A clinical lead and a safeguarding lead attended multi-disciplinary meetings and also vulnerable adult risk meetings involving a patients GP and social worker if applicable to agree an action plan for these patients. A report was produced for all frequent callers under 16 years of age. Each patient was reviewed and all calls audited. We saw two examples of actions taken

## Are services caring?

following a review of a frequent caller. Call advisors and clinical advisors spoken to said they felt supported by their shift managers and team managers and had access to regular meetings and felt listened to.

### Care planning and involvement in decisions about care and treatment

We spoke to two patients about the service they received when contacting the NHS 111 service. One of the patients we spoke with told us that they had used the service on two separate occasions and found the call advisors were helpful and professional. The patient had received a call back from a nurse advisor before being given an appointment at an Out-of-Hours primary care centre.

We observed call advisors and clinical advisors speaking with patients (we did not listen in to the patient side of the call). We observed that call advisors and clinical advisors spoke with patients in a respectful manner with care and compassion, they were confident in the use of the NHS Pathways programme and the patient was involved and

supported to answer questions thoroughly. The final outcome of the NHS Pathways clinical assessment was explained to the patient and in all cases patients were given safety netting advice about what to do should their condition worsen. Staff used, when required, the directory of services (DOS) to identify available support services close to the patient's home.

### Patient and carer support to cope emotionally with care and treatment

We observed call advisors speaking in a calm and reassuring manner to patients whilst also following the NHS Pathways. For example, a patient rang and was clearly anxious regarding possible side effects from medication which the patient had taken. We also observed a call advisor speaking to the mother of a baby who was suffering with breathing difficulties, during both calls, the call advisor spoke to the patients and callers in a clear and calm manner and was patient throughout the call.

# Are services responsive to people's needs?

(for example, to feedback?)

## Summary of findings

The provider is rated as good for providing responsive services.

- The provider understood the needs of the population it served and engaged with the local Clinical Commissioning Groups to provide services that were responsive to the needs of the population.
- Staff were able to directly book appointments with the Out-of-Hours service for patients who lived in Leicestershire, Leicester and Rutland (LLR).
- Staff carried out warm transfers (direct transfer of the telephone call from NHS 111 service to another service) to the Nottingham Mental Health Services for patients who lived in Nottinghamshire.
- Calladvisors were supported by nurse advisors, dental nurses and paramedics to provide clinical support in decision making. Pharmacists were also being recruited as part of an NHS 111 pilot.
- Agency nurse advisors trained in NHS Pathways were employed to ensure sufficient staffing levels to meet the demand of patient calls and to support call advisors within the call centre.
- Calladvisors were supported by a mental health nurse (funded by Derbyshire NHS Mental Health Trust) based in the call centre on Fridays, Saturdays and Sundays.
- Information about how to complain was available and easy to understand. Evidence seen showed that the service responded quickly and sensitively to issues raised. Learning from complaints was shared with staff and other stakeholders.
- Dental nurse advisors were appointed to work within the NHS 111 call centre to support the growing demand for dental advice with an aim to reduce the demand for emergency dental services in the Out-of-Hours period. NHS Pathways were working with DHU to cascade their dental processes to other NHS 111 services.

## Our findings

### Responding to and meeting people's needs

The provider worked with the local Clinical Commissioning Groups (CCGs) to plan services and to improve outcomes for patients in the area. DHU monitored its performance daily against the Minimum Data Set (MDS) and Key Performance Indicators (KPIs), some of which were locally agreed, and this was discussed with the lead for the CCG and DHU managers at weekly conference calls and monthly 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. For example:

- Systems were in place to electronically record additional information for patients with complex health and social care needs or may be at risk to themselves or others; or cannot manage their healthcare themselves. The information was available to call advisors and clinical advisors at the time the patient or their carer contacted the NHS 111 service and assisted the clinicians to safely meet the needs of these patients.
- Rightcare plans were developed for clinically high demand patients who lived within Derbyshire, such as frequent users of primary and secondary care, patients on a palliative care register or a terminal care pathway, patients with complex medical conditions or complex mental health conditions with an active management plan in place. These care plans were developed by the patient's GP and shared with the NHS 111 service. The plans allowed clinicians to manage patients at risk of admission in a more sensitive manner. Calls received from patients identified as having a Rightcare plan were prioritised as urgent and transferred directly to a clinician for assessment.
- Special notes were used to record relevant information for patients such as frequent callers, children subject to child protection plans, patients who are known to be violent or the location of medicines in a patient's home.
- Additional training was available for call advisors to assist them to identify and support confused or vulnerable callers and calls could be transferred to a clinical advisor for further assessment.

# Are services responsive to people's needs?

## (for example, to feedback?)

- Staff we spoke to were aware of the Language Line facility to assist patients whose first language was not English to communicate better, and commented that it was used on a regular basis.
- The service was able to book appointments directly with the GP Out-of-Hours service for patients who lived in Leicestershire, Leicester and Rutland (LLR). Appointments could be booked at the urgent care centre, walk-in centre, certain GP practices and extended hours GP hubs.
- The service was able to carry out warm transfers (direct transfer of the telephone call from NHS 111 service to another service) to the Nottingham Mental Health Services for patients who lived in Nottinghamshire.

### Access to the service

DHU provided the NHS 111 services for Derbyshire, Leicestershire, Leicester and Rutland, Nottinghamshire and Northamptonshire. The NHS 111 service was available 24 hours a day, 365 days of the year. Calls were answered at either of the three call centres based in Chesterfield, Derby and Leicester. The NHS 111 telephone number is a freephone number for people residing in England.

Calls to the service were answered by a call advisor who established the patient's name, date of birth, registered home address and contact telephone number so they could contact the patient should the call become disconnected. Call advisors used NHS Pathways to triage telephone calls from patients and direct them towards the most appropriate service. Calls could be transferred directly to a clinical advisor for advice such as a nurse or paramedic. The patient may be telephoned back within a specific timescale depending on the severity of their symptoms. The call advisor could refer the patient to the Out-of-Hours service for an appointment or dispatch an ambulance if required. A paramedic advisor may review the appropriate use of ambulance resources and advise the patient to attend the accident and emergency department if appropriate. Call advisor and clinical advisors had access to the directory of services, which listed services available for patients in specific areas.

### Listening and learning from concerns and complaints

The provider had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations

for NHS 111 services in England. There was a designated Complaints Officer and Complaints Coordinator who handled all complaints in the organisation.

Information about how to complain was on the organisation's website. Patients who made a complaint were sent a copy of a complaints leaflet, which was available in a number of different languages for patients whose first language was not English.

Operational managers were informed of complaints received about the NHS 111 service. As part of the complaint investigation, calls were listened to and information recorded on a call review document. The complaints officer worked with the relevant director within the organisation to draft a response. The clinical director also attended all call reviews in order to identify any potential serious incidents. The DOS leads were also responsible for investigating any complaints involving the directory of services.

The service had received 196 complaints between 1 October 2014 and 31 October 2015, which equated to 0.02% of patient contacts with the service. Although all complaints relating to NHS 111 services were handled in the same way, the service was able to differentiate complaints according to the contract involved. The service had received the following number of complaints per contract:

- Leicestershire, Leicester and Rutland – 41 complaints
- Nottinghamshire – 54 complaints
- Northamptonshire – 36 complaints
- Derbyshire – 65 complaints

Data showed that the higher proportion of complaints received were in relation to communication and staff/attitude for example:

- 37% of complaints received for Leicestershire, Leicester and Rutland were in relation to communication and 34% of complaints received were in relation to staff/attitude.
- 32% of complaints received for Northamptonshire were in relation to communication and 29% of complaints were in relation to staff/attitude.

We looked at the summary of complaints for each contract for this period. We found that these had generally been satisfactorily handled, demonstrated openness and

# Are services responsive to people's needs?

(for example, to feedback?)

transparency and dealt with in a timely manner. We looked at four complaints in detail. We saw that the complaints had been investigated and a response sent to the complainant, which included an apology where appropriate. However, the records did not always record a clear outcome or the impact for the patient. We also noted that potential serious incidents had not always been identified from the complaints.

All complaints were investigated by the Clinical Governance department and were reviewed at the recently introduced Quality and Patient Safety Sub-Committee meeting. This monthly meeting was attended by clinical and operational managers, and reviewed complaints received for any trends. This review meeting had only been in operation since August 2015 and it was anticipated that the more detailed trend analysis would identify any potential serious incidents in the future.

# Are services well-led?

Good 

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

## Summary of findings

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

- It had a clear vision with quality and safety as its top priority. The service was responsive to feedback and used performance information proactively to drive service improvements.
- DHU monitored its performance against the Minimum Data Set (MDS) and Key Performance Indicators (KPIs). Performance was discussed with the lead for each Clinical Commissioning Group and DHU managers at weekly conference calls and monthly contract monitoring meetings. Where variations in performance were identified, the reasons had been reviewed and action plans implemented to improve the service.
- The views of patients were taken into account and acted upon through active public engagement. The provider had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance and performance management framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The senior management team encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- There was a strong focus on continuous learning and improvement at all levels, staff were encouraged to continually learn and develop their skills.

## Our findings

### Vision and strategy

The provider had a clear mission statement to provide caring, high quality, safe and effective healthcare to the patients and communities that it served. Following staff engagement the provider had developed a set of core values covering four key areas, Caring and Compassion, Always Professional, Respect and Everyone Matters (CARE). These values were on display and printed on the lanyards used for staff identify badges. Staff we spoke with were able to demonstrate they were aware of the mission statement and the values.

There was a strategic plan in place to achieve the mission statement and core values. This consisted of five objectives; patient safety, focus on prevention and self-care, supporting our workforce, good governance and integration through partnership. The overall strategy was to ensure the provider continually improves the quality of their services to ensure they are safe, effective, responsive and well-led. There were robust systems in place to monitor that the objectives were being met.

### Governance arrangements

The provider 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 strong and clear management structure in place, senior staff were very knowledgeable and an integral part of the team. The Board were very experienced and had diverse professional backgrounds and knowledge. Both the Board and executive team displayed high values aimed at improving the service and patient experience and were taking positive steps to remind and re-enforce those values with all staff.
- There was a clear staffing structure in place and staff were aware of their own roles and responsibilities. Staff were encouraged to continually develop their skills and knowledge.
- Provider specific policies were implemented and were available to all staff electronically across all locations. Staff were regularly updated of any updated they were required to be aware of. During our inspection we saw evidence of two policies which had recently been updated, details of these policy updates appeared on all staff computer screens via an intranet.

# Are services well-led?

Good 

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

- Staff we spoke with told us they were invited to attend regular team meetings every four to six weeks. They were also invited to attend annual staff engagements events and were encouraged to make suggestions for improvement.
- Calls received by the NHS 111 were monitored daily in line with the NHS 111 Minimum Data Set (MDS) and Key Performance Indicators (KPIs). Daily and weekly situational reports were produced and monitored on a daily basis. Weekly conference calls and monthly contract monitoring meetings were held with each Clinical Commission Group.
- A comprehensive understanding of the performance of the provider was maintained. DHU published a quality account booklet for 2014-15 containing full performance information for DHU overall including the NHS 111 service and also the Out-of-Hours services provided.
- A programme of continuous clinical and internal audit was in place which was used to monitor quality and to make improvements including continual auditing of call advisors telephone calls and monitoring individual use of the NHS Pathways.
- A programme of continual appraisal, clinical supervision and performance management was in place to ensure a high level of patient care was delivered.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

## Leadership and culture

There was a clear leadership and management structure in place. The executive team was supported by the board of non-executive directors who were very experienced and had diverse professional backgrounds and knowledge. Both the Board and executive team displayed high values aimed at improving the service and patient experience and were taking positive steps to remind and re-enforce those values with all staff.

Throughout the inspection we found the service encouraged a culture of openness and honesty and were prepared to learn from incidents, complaints and near misses, we found all staff welcoming during our inspection. The leadership of the service was visible and staff we spoke with told us they felt supported by the senior management team.

The provider was committed to developing the workforce and there was evidence that staff were encouraged and

supported to attend training appropriate to their roles. There were robust training programmes in place for all members of staff and training materials were made available to staff either electronically or in paper format. A UXL training programme had been introduced to monitor and improve individual and collective performance of call advisors and clinical advisors against clinical and operational targets. This programme involved one to one coaching from experienced trainers both clinical and non-clinical and also involved regular call reviews, three to five calls per month were reviewed for all call advisors, and audits of clinical pathways were carried out.

The provider ensured that the nurse advisors participated in revalidation. All members of staff participated in appraisal schemes and continuing professional development. All clinical staff received a high level of continual clinical supervision and audit of their competencies. It was evidenced that staff had learnt from incidents, staff received reflective feedback on their performance and were given additional support if needed.

Staff told us that they were invited to attend team meetings every four to six weeks and staff felt confident to raise any issues at these meetings, staff also received copies of meeting minutes. A member of staff we spoke with told us that they had made a recommendation to improve an area of the service and felt listened to and that there was an open and honest culture within the organisation.

We saw from the minutes of meetings that there was an open culture and staff had the opportunity to raise any issues at the team meetings. DHU shared information with staff through the monthly Board Brief. This included information about the overall performance of the organisation including complaints and incidents service and staffing updates; details of compliments including the staff members concerned; staff feedback and staff awards. Staff told us they felt valued and supported by the management team.

The provider had implemented an internal employee recognition award programme called the 'limelight' award. The nomination scheme was open to every employee within DHU. The scheme had been implemented to enable colleagues to nominate each other for a monthly award to recognise each other's efforts and to show appreciation of their colleagues. Details of the winner of the 'limelight' award were shared with staff in the monthly Board Brief.

# Are services well-led?

Good 

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

## Seeking and acting on feedback from patients, the public and staff

The provider encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The provider had an active Patient and Public Involvement Sub-Committee which took place monthly. We saw evidence of meeting minutes which showed there was always DHU representation at each meeting including a mix of clinical and non-clinical representation. Various topics were discussed including patient satisfaction, patient safety, friends and family test results and healthwatch information was also reviewed. A newsletter was also produced to give information to the public about various topics including health promotion and information such as keep warm keep well and influenza vaccination schemes as well as an introduction to new employees of DHU.
- The provider had carried out a staff survey during February and March 2015 and 194 members of staff responded. The survey identified that staff were satisfied with the care that they were able to provide and felt that their role made a difference to patients. However, the survey also identified a number of areas that required addressing, for example how involved staff felt in decision making about changes affecting the service and the effectiveness of communication between senior management and staff. An action plan had been developed and was discussed at the monthly Communication and Engagement Forum, which was attended by representatives from each of the different staff groups.

- A staff engagement event had been held on 30 June 2015, and the results of the survey were shared at this event. Following feedback from staff, the provider introduced long service awards in recognition of an individual's loyalty to DHU and the predecessor organisations and the 'limelight' award, in recognition of employee effort.

## Continuous improvement

- Due to difficulties in recruiting nurse advisors and increasing patient demand of calls to NHS 111, DHU had struggled to achieve a national key performance indicator (KPI) where they were measured against the time it takes for patients to receive a call back within ten minutes from a nurse advisor after being transferred to a nurse triage queue. DHU employed agency nurse advisors who were clinically trained in NHS Pathways to ensure there was adequate clinical cover within the call centre to ensure the safety of patients. It is expected that DHU will improve this target due to the increase in the availability of nurse advisors.
- DHU recruited paramedic advisors over a winter period who reviewed the appropriate use of ambulance resources and advised the patient to attend the accident and emergency department if appropriate to reduce pressure on ambulance services. DHU had a referral rate of 8% of calls to 999 ambulance services compared to a national average of 11%.
- In January 2015, DHU employed dental nurse advisors to work within the NHS 111 call centres to support the growing demand for dental advice with an aim to reduce the demand for emergency dental services in the Out-of-Hours period.