North West Ambulance Service NHS Trust, Trust Headquarters NHS 111

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this 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 West Ambulance Service NHS Trust (NWAS) on 23, 24, 25 and 26 May 2016. This inspection was undertaken as part of a joint inspection of the whole Trust with the CQC hospital team.

NWAS is the contract holder for the NHS 111 service in the North West and sub-contracts approximately a 20% share of the service to two GP Out-of-Hours (OOHs) providers, Fylde Coast Medical Services (FCMS) and Urgent Care 24 (UC24). Both FCMS and UC24 are registered with the CQC as GP OOHs providers. Blackpool Clinical Commissioning Group (CCG) is the lead commissioner for the NHS 111 service in the North West and holds the contract for the full service with NWAS.

We carried out this announced inspection of NWAS NHS 111 as part of our comprehensive approach to inspecting NHS 111 services. We did not undertake inspections of FCMS and UC24 NHS 111. However as part of the NWAS NHS 111 inspection we visited the two subcontractors call centres in the evening at peak activity times.

Overall NWAS NHS 111 is rated as good.

Our key findings were as follows:

- NWAS worked closely with the lead CCG who commissioned the NWAS NHS 111 service on behalf of all 33 CCGs in the North West.
- NWAS NHS 111 provided a safe, effective, caring, responsive and well-led service to a diverse population spread across the whole of the North West of England.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- All opportunities for learning from internal and external incidents were discussed to support improvement. Information about safety was valued and used to promote learning and improvement.
- Risk management was embedded and recognised as the responsibility of all staff.
- Staff took action to safeguard patients and they were aware of the process to make safeguarding referrals. Safeguarding systems and processes were in place to safeguard both children and adults at risk of harm or abuse, including calls from children and frequent callers to the service.
- Staff had been trained to ensure they used the NHS Pathways system safely and effectively. (NHS Pathways is a Department of Health approved computer based operating system that provides a suite of clinical assessments for triaging telephone calls from patients

Summary of findings

based on the symptoms they report when they call). Once trained there were comprehensive systems in place to monitor staff usage of NHS Pathways including call auditing. An effective action plan was in place to ensure all call audits were undertaken in accordance with NHS Pathways licence.

- The service was monitored against National Minimum Data Set (MDS) and Key Performance Indicators (KPIs). Due to significant staff attrition in late December 2015 NWAS NHS111 struggled to meet the service KPIs. Effective action was implemented to improve their performance in achieving the key performance indicators and this included the recruitment and training of staff. The service met regularly with the commissioner of the service who was kept up to date about performance.
- 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 effectively to complaints and to patient and staff feedback.
- The leadership within the NHS 111 service was accessible and visible. There was a culture of support, continuous improvement and development of the service.
- All staff spoken with at all four call centre locations were enthusiastic and committed to providing a safe quality service. Staff said they felt supported directly with on the job supervision and support and indirectly with access to online training and guidance.

The areas where NWAS NHS 111 should make improvement are:

- Continue with the implementation of the staff recruitment and training plan to ensure the service is staffed to full capacity.
- Continue with the implementation of the call auditing improvement plan.
- Continue to implement the planned programme to complete staff annual appraisal.

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?

Good

NWAS NHS 111 is rated as good for providing safe services.

- Safety was seen as a priority.
- Service performance was continuously monitored and reviewed and improvements implemented.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- All opportunities for learning from internal and external incidents were discussed to support improvement. Information about safety was valued and used to promote learning and improvement.
- Risk management was embedded and recognised as the responsibility of all staff.
- Staff took action to safeguard patients and were aware of the process to make safeguarding referrals
- Clinical advice and support was readily available to call handlers when needed.
- Capacity planning was a priority the NHS 111 service. Recruitment and retention of staff was identified as an area of high risk for NWAS NHS 111 and its two subcontractors. An action plan to mitigate the risks was in place. The action plan was implemented effectively and staffing numbers had increased on a month by month basis.

Are services effective?

Good

NWAS NHS 111 is rated as good for providing effective services.

- 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. Performance in late December 2015 and January 2016 was below standard and an action plan to recruit and train staff implemented. Week on week improvements were noted in performance from March 2016 onwards.
- NWAS introduced a pilot scheme to improve the patient experience of NHS 111 and assist performance. 'Non-pathway' operators were employed and the telephony systems adapted to provide intelligent call routing. This allowed callers ringing up for advice only (with no medical or health care issue) to

obtain a customer service advice. There was a strict criterion in place to safeguard patients who misunderstood the purpose of the call routing or did have a health concern. The impact of the service had reduced demands on the health advisors by 20%.

- Health advisors and clinicians were appropriately trained and monitored to ensure safe and effective use of the clinical decision tools in use. This included NHS Pathways for health advisors and clinicians and the Manchester Triage Tool for clinicians. (The Manchester Triage System is a clinical risk management tool used by clinicians in Emergency Departments).
- All staff were trained in accessing the 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 was recorded on the NHS Pathways system, and with the consent of the patient, was forwarded to the patient's own GP. Staff liaised with professionals and other agencies within multidisciplinary teams to meet the range and complexity of patients' needs.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff received training appropriate to their role. Regular call audit were undertaken and staff received feedback on their individual performance. Coaching and support plan were implemented if required. Not all the required call audits had been undertaken for all staff since December 2015 due to issues with staffing. However a plan was being implemented to ensure that all staff received the required call audits each month.All staff spoken with at NWAS, FCMS and UC24 told us they felt supported by their managers.

Are services caring?

Good

NWAS NHS 111 is rated as good for providing caring services.

- We heard staff speak with patients in a reassuring manner that was respectful and supportive.
- 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.
- The NWAS NHS 111 service sent out 300 monthly patient surveys to obtain feedback from patients about their experience of the service. These showed that patients consistently responded to being either very satisfied or fairly satisfied with the service they received.
- NWAS NHS 111 and the lead commissioner for the service facilitated and supported a patient engagement group to get

Summary of findings

the views of people who use the service. The patient representative told us NWAS clinicians and GPs wanted better patient feedback on the service they received and the patient engagement group were reviewing ways of achieving this.
- The service had posted patient feedback online for the public to view for the period October 2013 to June 2015. This showed that 92% of callers were either very satisfied or partially satisfied with the service they received from NWAS NHS 111.

Are services responsive to people's needs?

Good

NWAS NHS 111 is rated as good for providing responsive services.

- The service had long and short-term plans in place to ensure staffing levels were sufficient to meet anticipated demand for the service.
- There was a comprehensive complaints system and all complaints were risk assessed and investigated appropriately. Learning from complaints was shared with staff and other stakeholders.
- Action was taken to improve service delivery where gaps were identified.NWAS NHS 111 had implemented a number of pilot schemes to improve the patient experience of NHS 111 service. These included direct appointment booking being trialled in one CCG area. The transfer of calls directly to a GP Out of Hours (OOH) provider at peak periods of demand for patients living in the OOH locality and the use of non pathway operatives. All initiatives were subject to monitoring and ongoing evaluation to identify improvements in service delivery.
- Care and treatment was coordinated with other services and other providers. There was collaboration with partners to improve urgent care pathways.
- The service engaged with the lead Clinical Commissioning Group (CCG) to review performance and agree strategies to improve. Work was undertaken to ensure the Directory of Services (DOS) was kept up to date. (The DOS is a central directory about services available to support a particular patient's healthcare needs and this is local to their location.)

Are services well-led?

Good

NWAS NHS 111 is rated as good for being well-led.

- The service had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed

with staff. The mission statement was: “The Right Care, at the Right Time and in the Right Place.” The three strategic values goals for the organisation were Being A Great Place to Work; Delivering Safe Care Closer to Home and Causing No Harm.

- NWAS recognised the NHS 111 service as an integral part of the services it provided
- There was an experienced NHS 111 senior management team with a clear leadership structure. The senior leaders were visible and accessible to staff and staff said they felt supported by both line managers and senior management.
- Arrangements were in place to ensure that NWAS NHS 111 and the two subcontractors worked in partnership and had a shared oversight of the NHS 111 contract and service delivery. The service effectively implemented improvement plans for staff recruitment and call auditing.
- The NWAS NHS 111 had a number of standard operating policies and procedures to govern activities which were implemented at all locations including the two subcontractors FCMS and UC24 locations.
- 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.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- NWAS NHS 111 gathered feedback from a range of different patient groups using innovative methods including a patient engagement group. Feedback from significant events, internal and external incidents, health professionals and comments and complaints were used to drive improvements.
- There was a strong focus on continuous learning and improvement at all levels within the service, at all locations (including the subcontractors). The innovative and effective use of pilot schemes were trialled to improve the patient experience of the NHS 111 service.

Summary of findings

Areas for improvement

Action the service SHOULD take to improve

- Continue with the implementation of the staff recruitment and training plan to ensure the service is staffed to full capacity.
- Continue with the implementation of the call auditing improvement plan.
- Continue to implement the planned programme to complete staff annual appraisal.

North West Ambulance Service NHS Trust, Trust Headquarters NHS 111

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, one CQC inspector, a GP specialist advisor with NHS 111 experience and a specialist advisor with experience of NHS Pathways training and a clinical background.

Background to North West Ambulance Service NHS Trust, Trust Headquarters NHS 111

The North West Ambulance Service NHS Trust (NWAS) was established on 1 July 2006 by the merger of ambulance trusts from Greater Manchester, Cheshire and Merseyside, and Cumbria and Lancashire. The trust headquarters is in Bolton, and there are four area offices, one located in each of these counties. It is the second largest ambulance service in the country and provides 24 hour 365 days emergency services, medical treatment and triage and transport services.

The North West region is the third largest region in the UK in population terms, with approximately seven million people living in this part of the country, despite being the eighth in terms of area at 14,100 square kilometres (sq. km) and covering six per cent of the total area of the UK. Over 87% of the population of the North West live in urban areas, contributing to the second highest regional population density in the UK, with 490 people per sq. km, compared with London at 4,980 people per sq. km.

Merseyside has 1.4 million residents living in 645 sq. km, equivalent to 2,100 people per sq. km. In comparison, Cumbria is largely rural with approximately 0.5 million residents living in 6,800 sq. km, equivalent to 70 people per sq. km.

Data from the 2011 census recorded that the majority (87%) of the population in the North West describe themselves as white British.

There are 33 Clinical Commissioning Groups (CCGs), 1,420 GP practices, 29 emergency departments, 46 Councils, 76 Members of Parliament and five fire & rescue departments.

NWAS took over the running of the NHS 111 service from NHS Direct in the North West on 29 October 2013. In March 2015, NWAS was awarded, following a competitive tendering process, a five-year contract to provide NHS 111 services to the whole of North West of England from October 2015.

NWAS sub-contracts approximately 20% of the service delivery to two GP OOHs providers: Fylde Coast Medical Services (FCMS) and Urgent Care 24 (UC24). Both subcontractors provide a NHS 111 service on specific days and at specific times as agreed with NWAS. The leadership, management and responsibility for the contract to provide NHS 111 in the North West lies with NWAS.

Detailed findings

NWAS and the two subcontractors have developed a partnership approach to delivering NHS 111 services in the North West.

The anticipated call volumes are 1.8 million calls per year. NWAS NHS111 confirmed that to date the projected number of calls after 12 months operation will be approximately 1.75 million.

On the first day of our inspection there were 355 call handlers (health advisors) and 128 clinicians were in post.

NWAS NHS 111 was inspected in March 2015 as part of a pilot to develop the CQC's methodology for regulation of NHS 111 providers. No areas of concern were identified during the pilot inspection.

Why we carried out this inspection

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.

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 NHS 111 service and asked other organisations such as the Clinical Commissioning Groups (CCGs) to share what they knew about the service. We also reviewed the information which NWAS NHS 111 submitted before our visit as well as other information which was in the public domain.

We carried out an announced inspection to NWAS NHS 111 service on 23, 24, 25 and 26 May 2016. We did not inspect the subcontractors FCMS and UC24. 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 Middlebrook and Carlisle call centres (NWAS), and the subcontractors / partners call centres in Blackpool (FCMS) and Liverpool (UC24).
- Interviewed the NWAS safeguarding leads based in Carlisle.
- Observed call handlers and clinicians carrying out their role at all four locations during periods of peak activity.
- Spoke with a range of clinical and non- clinical staff, including non pathway operatives, health advisors, clinicians, team leaders, clinical duty managers, senior managers and a lead trainer which included NHS Pathways training, the Continuous Quality Improvement (CQI) team members and the clinical governance team.
- 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 an effective system in place for reporting and recording significant events. North West Ambulance Service (NWAS) and its two partner organisations (subcontractors) had systems in place to risk assess and to record all significant events. The service used a risk management software tool (Datix) for healthcare incident and adverse events reporting.

- Investigation of significant events was not confined to those that met NHS England's criteria for a Serious Incident. NWAS NHS 111 treated significant events including near misses as an opportunity for learning and risk reduction measures. Staff confirmed they were informed either directly or through emails of any issues and changes in practice as a result of investigations into incidents. In addition NWAS produced regular newsletters for all employees. The edition for February 2016 focused on clinical safety and safeguarding and included a section titles 'Learning from External Incidents'.
- We spoke with staff at all four locations NHS 111 services were provided from. They told us they would inform their manager of any incidents and there was a recording form available on NWAS's NHS 111 computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- All staff spoken with told us how they could report incidents internally and how they were kept updated on feedback from any investigations. NWAS produced a monthly clinical and operational contract report and this detailed all serious incidents and the actions taken as a result of the incident. The report also detailed the number and type of internally raised incident.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety. Complaints, concerns, health care professional feedback, significant events and non-compliant call audits were reported on in the monthly clinical and operational contract report.

Overview of safety systems and processes

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. The clinical governance manager was the lead for safeguarding and they provided all new staff with three hours induction training on safeguarding children and vulnerable adults. The clinical governance manager was trained to safeguarding level 3 and plans were in place to extend this training to level 4. The clinical governance manager also ensured all staff received an annual update in safeguarding.Each call centre work station had information available for health advisors and clinicians to report safeguarding concerns. All safeguarding concerns or referrals were sent electronically to the NWAS office in Carlisle where these were loaded onto an electronic referral information sharing system. Between March 2015 and February 2016 there had been 1128 adult safeguarding referrals and 790 children's referrals made to local safeguarding teams across the North West. This database was accessible to health and social care professionals in the North West, allowing secure and timely information to be provided about patients who had been identified as at risk or at potential risk of abuse. Staff at the Carlisle location monitored the electronic database and made direct contact with the appropriate safeguarding authority if the concerns were not picked up in a timely manner or if the referral was for someone living outside the North West region.
- NWAS NHS 111 used the Department of Health approved clinical decision support system NHS Pathways. (This is a set of clinical assessment questions to triage telephone calls from patients and is based on the symptoms reported when they call. The tool enabled a specially designed clinical assessment to be carried out by a trained member of staff who answered the call.) Once the clinical assessment was completed a disposition outcome and a defined timescale was identified to prioritise the patients' needs. Health

advisors and clinicians call handling skills using the NHS Pathway systems were monitored regularly to ensure that dispositions reached at the end of the call were safe and appropriate.

- When a call was received by a health advisor, a patient record was established including name, age and address. We saw how staff double checked information for accuracy whilst at the same time reassuring the caller. Information was recorded directly onto the computer system and all calls were recorded to enable information verification and quality management. Staff were clear on the arrangements for recording patient information and maintaining records. NWAS NHS 111 had been working with GPs and GP Out of Hours (OOHs) services to ensure special patients notes were recorded and in sufficient detail to ensure patients nearing end of life received the most appropriate and sensitive response.
- Staff had had training in recognising concerning situations and followed guidance in how to respond. Clinical advice and support was readily available to staff when needed. We sat beside and listened to a clinical duty manager (CDM) providing real time advice and support to health advisors who were located in the NWAS call centre at Middlebrook, Liverpool and Blackpool. We heard the CDM talk through with the health advisors the issues affecting the patient that the health advisor was dealing with. The CDM's advised about the most appropriate NHS Pathway the health advisor should use and offered the health advisor additional direct support with the call. Examples we listened to included advice about a person who was very confused, another person complaining of chest pain and a person complaining of a swollen throat.
- At the end of each assessment if an emergency ambulance was not required, a search was carried out on the integrated Directory of Services (DoS), to locate an appropriate service in the patient's local area. The service offered the specific clinical skills needed within the time frame required. For example, a referral to the GP OOHs service for a home assessment or referral to the patient's GP. Records of the triage and call were then sent to the out of hour's provider and patient's GP. We saw examples of the use of this system to provide effective outcomes for patients.
- Staff were able to access the advice of clinicians where the patient were not satisfied or did not accept NHS Pathway outcome or disposition. Should the clinician not be available for a direct transfer (warm transfer) the patient could be placed in a 'call back' queue or health advisors could seek the advice of the clinical duty manager or team leader if they were uncertain of the management of the call.
- Staff demonstrated an awareness of how to identify concerning situations. For example, terminated calls, or when patients called from a moving vehicle. For example, calling back telephone numbers where calls were terminated if numbers were available and advising callers to park their vehicle before proceeding with the call.
- Health advisors and clinicians also had a coloured card (or flag) available on their work station. This allowed staff members who were having difficulty in managing a call to raise the card and receive immediate assistance.
- There were clear processes in place to manage the transfer of calls, both internally within the service, and to external providers, to ensure a safe service. Standard operating procedures were available to all staff working for NWAS NHS 111 and the partner agencies at FCMS and UC24.
- Call response times, waiting times, abandoned call data were closely monitored throughout each shift and staff were deployed to manage demand at peak times. Clinical duty managers and team leaders had oversight of call type and calls were triaged to ensure that those callers with more urgent need were prioritised to ensure patient safety.
- Staff were provided with a safe environment in which to work. Risk assessments and actions required had been taken to ensure the safety of the premises. Reasonable adjustments were undertaken to ensure work stations were appropriate for individual staff members. Height adjustable work stations, specialised chairs and IT equipment were available to staff. The call centres were clean and spacious. Middlebrook call centre provided 160 work stations. The call centre room benefited from sound dampening ceiling tiles. The call centre at Blackpool (FCMS) was bright and modern with an acoustic supporting ceiling. Desks were spaced appropriately to ensure that call handlers were not distracted by other calls.

Monitoring safety and responding to risk

Risks to patients were assessed and well managed.

Good

Are services safe?

- Health advisors triaged patient calls by use of a clinical decision support system (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 and their competencies were assessed prior to handling patient telephone calls independently, and continuously through regular call audits for all members of staff.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. In preparation for launch of the NHS 111 service in October 2015, the three providers recruited and trained a number of health advisor and clinicians to undertake the call handling and clinical triaging roles. However, by mid December, 57 staff had left the service leaving the NWAS NHS 111 service with a staffing deficit and struggling to achieve some of their contractual key performance indicators. In response NWAS NHS 111 senior management team identified the risk of poor performance on their risk register and developed a performance improvement plan to address the risks in December 2015. The lead CCG issued NWAS NHS 111 with a contract performance notice on the 7 January 2016 and this was discussed and a remedial action plan implemented later in January 2016. The remedial action plan identified agreed trajectories to meet key performance objectives and focused on recruitment and training of staff. Evidence available demonstrated the action plan was effective in that the identified recruitment and training trajectories were met or exceeded and performance improved. For example data on the 26 May 2016 showed that 167 health advisors and 32 clinical advisors had been recruited.
- The service used a number of staff modelling tools to plan staffing levels including reviewing historical demand and the previous week's demand. This was supplemented by reviews of local demand such as the planned closure of GP practices to undertake staff training and any social events such as football matches, which enabled adjustments to be made to staffing levels to meet anticipated demand. In addition the service had recently introduced a workforce management tool to assist in the staffing of the services at all four call centres.
- Shift rotas were planned and implemented using the workforce management tool and staff were scheduled to work against forecasted/anticipated levels of demand.Staff skill mix was monitored weekly and any shortfalls highlighted and acted upon. Rotas were prepared in advance to ensure enough staff were on duty.
- Procedures to raise concerns about staffing and patient caller demand could be escalated by use of the escalation plan when appropriate.Clinicians were available throughout every shift to provide support to patients through the clinical decision support system and to provide real time support to health advisors. However, staff told us there were occasions when access to a clinician was difficult, which meant patients were held in a queue or received a call back from a clinician.

Arrangements to deal with emergencies and major incidents

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

- NWAS NHS 111 had in place a business continuity plan and had engaged with other providers and commissioners in its development to ensure appropriate timely response to specific situations to mitigate the risk to the operation of the service.
- 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. The service could operate if required from any of the four locations providing call handling services. This provided increased resilience and mitigated the risk of any potential loss of service.
- The NWAS NHS 111 service also had business continuity plans in place to respond to external emergencies such as severe weather. Continuity plans were also in place to work alongside the wider NWAS organisation to respond to major incidents.
- In addition, the service was part of the national contingency plan where in extreme situations calls could be routed to other NHS 111 providers located in different parts of England.

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.

- The service had systems in place to ensure all staff were kept up to date. Staff had access to guidelines from NICE and NHS Pathways, and used this information to deliver care and treatment that met patients' needs. NWAS NHS 111 monitored that these guidelines were followed. NWAS had negotiated extra time with the lead commissioners for the service, the clinical leads for each of the three North West CCG regional teams (Cumbria and Lancashire, Greater Manchester, Liverpool and Cheshire) and the NHS Pathways licensee to train staff in the most recent version of NHS Pathways. This allowed them time to focus on recruiting staff.
- Telephone assessments were carried out using an approved clinical decision support tool (NHS Pathways). Staff had been trained in use of NHS pathways which provided a range of options for patients. These included health care advice, home management, transfer of calls from health advisor to clinical advisor, arranging call backs for detailed health assessment by a clinician and advice to attend local primary care services.
- All health advisors had completed a mandatory comprehensive training programme to become a licensed user of the NHS Pathways programme. Once training had been completed, health and clinical advisors were subject to structured call quality monitoring. Clinical advisors were also trained in a licensed and approved clinical decision support tool including NHS Pathways and the Manchester Triage Tool.
- As part of NWAS's NHS 111 governance arrangements a quality assurance system (Continuous Quality Improvement (CQI)) was used to audit calls. (CQI is a specific tool that analyses data from all calls handled by an individual, a team or an organisation and provides clear information on trends and performance compared to other users, teams or organisations). As part of the CQI auditing process a clear feedback process was in place which detailed the actions taken when call audits achieved the key performance target of above 86%, partially achieved (60-86%) or not achieved (below 60%) the key performance targets.
- Due to high levels of staff leaving and staff sickness in November and December 2015, performance on call audits was lower than required. A recovery plan and remedial action plans were implemented to recruit and train health advisors and clinicians and improve the required number of call audits. Evidence was provided that showed planned trajectories of month on month improvement in the number health advisor and clinical call audits were achieved. The service provided us with evidence the showed how they had planned to complete the required number of monthly call audits by July 2016.
- For example for health advisors:
  - March 2016:1053 call audits required - 709 completed (67%)
  - April 2016:1201 call audits required - 968 completed (81%)
- For clinicians:
  - March 2016:496 call audits required - 208 completed (42%)
  - April 2016:497 call audits required - 279 completed (56%)
- The CQI call audit system was effective and allowed the call audit team to focus on a theme each month to identify trends. This enabled the service to introduce improvements that delivered better outcomes for patients. For example in January 2016 the audit team reviewed expected death calls, unexpected death calls and the disposition of RED 1 999. (Red 1 calls are the most time critical calls, where patients are not breathing or do not have a pulse and require a rapid paramedic response).The analysis identified that staff were struggling with the expected /unexpected death pathway. Staff received audit feedback and were provided with a flow chart with the step by step pathway process. Additional training was also provided to new staff at induction. The effectiveness of these measures were reviewed in March. It was identified that further learning was required, which was discussed with the clinical assurance team and additional actions taken. In addition call audits identified a recurrent theme that

Good

Are services effective?

(for example, treatment is effective)

identified that staff needed more training on asking questions or probing. At the time of our visit work shops were being held for staff on how to ask probing questions.

- When staff received 100% call audit performance staff received a certificate of achievement. One health advisor told us they had just received a certificate for 100% call audit performance. If a staff member struggled to achieve the key performance target in the quality of their calls, these were discussed with the staff member in one to one meetings. Where necessary staff received additional coaching (the CQI team members were coaches) or formal training, and if necessary were taken off call handling until effective re-training had been completed. This re-training could include a health advisor specific coaching plan and/or re-visiting specific training modules. Following this process, staff had an increased number of calls audited each month until managers were satisfied that the appropriate standard had been reached.
- The clinical governance team provided 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.
- Staff told us they had easy online access to policies, procedures, e-learning and supporting information such as Toxbase (a primary clinical toxicology database of the National Poisons Information Service) and Hot topics (NHS Pathways updates).
- Discrimination was avoided when speaking to patients who called NWAS NHS111 service. The NHS Pathways assessment process ensured patients were supported and assessed on their needs rather than on their demographic profile.Health advisors had access to Language Line and Type Talk for patients who did not have English as their first language, or who had hearing impairment.
- NWAS NHS 111 used a Directory of Services (DoS) which provided health advisors with real-time information about services available to support a particular patient. NWAS worked closely with the lead CCG to ensure the DoS was up to date and fit for purpose.

Management, monitoring and improving outcomes for people

The service monitored its performance through the use of the National Quality Requirements and the national Minimum Data Set.

- In response to a contract performance notice issued by the lead CCG in January 2016, a remedial action plan was implemented. The impact of the staff recruitment strategy and remedial action plan identified agreed trajectories to meet key performance objectives and focused on recruitment and retention of staff, call profiling and rostering of staff to meet call profile demand. The NWAS NHS 111 dashboard for the remedial action plan progress dated the 26 May 2016 showed that 167 health advisors had been recruited, of which 101 were fully trained, 52 were in training and 14 were due to commence training . Thirty two clinical advisors had been recruited, 11 were trained and operational, 14 were in training and 7 were newly recruited. Recruitment of staff continued to ensure there was a 10% over staffing to mitigate the risks of staff sickness and attrition.
- The impact of the staff recruitment programme was evident when reviewing the weekly NHS 111 data for NWAS. Data showed a week on week improvement in performance.

Data for week ending 27 March 2016 showed:

- 44.7% of call were answered with 60 seconds (national average 70.6%)
- 24.1% of calls were abandoned after 30 seconds (national average 8.3%)
- 22.6% of call backs were within 10 minutes (national average not available).

Data for week ending 24 April 2016 showed:

- 86.4% of call were answered with 60 seconds (national average 90.3%)
- 2.6% of calls were abandoned after 30 seconds (national average 1.9%)
- 42.7% of call backs were within 10 minutes (national average 40%)

Data for week ending 29 May 2016

- 91.6% of call were answered with 60 seconds (national average 90.6%)
- 1.9% of calls were abandoned after 30 seconds (national average 2%)

Good

Are services effective?

(for example, treatment is effective)

- 41% of call backs were within 10 minutes (national average 39.1%)
- For each of the four days we were on site inspecting NWAS and the partner organisations the key performance indicator of answering 95% of calls within 60 seconds was achieved each day and the key performance indicator for call abandonment rate of less than 5% was also achieved. The service had projected that by July 2016 the staffing complement would be 400 and it would be fully achieving all of their performance indicators.
- In addition the service had piloted (with consultation and agreement of the lead commissioner) a number of initiatives to improve the patient experience of using the NHS 111. These pilots included the use of non pathway operatives (NPOs) and the use of intelligent call routing technology. NWAS introduced under close supervision a system whereby people calling the 111 service had the option at the beginning of the call to self- select the type of support they require. For example, callers were offered five options to choose from; enquiries regarding call backs, repeat prescriptions, health information, dental enquiries and unwell /symptomatic enquiries. Callers choosing the 'unwell' or non symptomatic option were transferred to a health advisor. Callers choosing the other options were transferred to a NPO who provided a customer service. If however the caller had incorrectly chosen an NPO option and was unwell the NPO automatically transferred the caller to the top of the queue for the health advisor. To ensure callers/ patients received a safe service two team managers were given the responsibility to support and coach NPOs and a clinical auditor was also allocated responsibility for carrying out regular call audits.In addition call activity was scrutinised to ensure safety and quality, to monitor performance and the patient experience. The pilot was reviewed after six weeks and following evaluation in April 2016 the overall success of the pilot led to a recommendation for a contract variation to establish this as part of the NWAS NHS 111 delivery model.
- Other pilots implemented included the direct appointment booking scheme in one CCG area and working with one GP OOHs provider to directly transfer patients waiting in the NHS 111 clinician queue at peak times. The anticipated benefits of these pilots were an improved patient experience and improved call handling capacity particularly at periods of peak demand. Feedback from both pilots indicated that these were having a positive impact.
- The service had recently introduced (with commissioner's approval) clinicians trained in a different approved clinical decision support system, the Manchester triage tool.
- The Manchester triage tool required three days training plus a period of preceptorship as opposed to 10 weeks training for NHS Pathways. The nurses trained in the Manchester Triage tool had strict criteria around which patients they could support. This included patients who had had a full NHS Pathways assessment undertaken by a health advisor and was waiting in the clinical queue and had refused the end disposition. Clinicians we spoke with stated that the use of clinicians trained in the Manchester Triage tool had impacted positively in reducing the clinical queue. The Clinical Quality and Nurse lead for the NHS 111 service confirmed the initial evaluation of the use of the clinicians trained in the Manchester Triage Tool had not identified an increase in reported issues however further analysis and evaluation was required to establish the impact and effectiveness of this.
- Pharmacists were also employed at peak times to speak to patients with medicine enquiries. This ensured patient's requiring pharmacist advice got this quickly and the patient did not have to go through the NHS Pathway, which usually resulted in a call lasting up to 10 minutes.

Effective staffing

Staff had the skills, knowledge and experience to deliver an effective service.

- NWAS induction for new staff included all mandatory health and safety training. It also included basic life support, defibrillator training, mental health, safeguarding adults and children and equality and diversity. All staff received update training in these subjects on an annual basis.
- All call handling staff received the required training and assessment in the approved clinical decision support tool (NHS Pathways or Manchester Triage Tool).
- The learning needs of staff were identified through a system of call audit and review, analysis of feedback for trends and themes and national updates to best

practice and guidance. Staff had access to appropriate training material to meet their learning needs and to cover the scope of their work. Staff confirmed to us that they received on the job support, coaching and mentoring. In order to support new staff a new role of welcome champion had been introduced.

- NWAS confirmed that the service was behind with staff annual appraisals. The demands of recruiting, training and monitoring the influx of new staff had meant that some annual appraisals were behind schedule. However a plan was in place to address this.
- Systems to support nurses with their Nursing & Midwifery Council (NMC) revalidation were in place and 12 nurses had benefited from this support.
- All staff spoken with at all locations demonstrated enthusiasm and commitment to providing a quality service. Staff confirmed that the recent months had been challenging but they felt the situation was improving and they expected this improvement to continue.
- The religious and cultural beliefs of staff were respected by NWAS. A prayer room was available at Middlebrook and we heard that reasonable adjustments had been made to the work roster to accommodate staff working during in Ramadan.

Coordinating patient care

Working with colleagues and other services

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

- NWAS NHS 111 met regularly with the lead commissioner for the 33 CCGs for the North West where all aspects of performance and future development were discussed. In addition regular meetings were held with the clinical leads for each of the three North West CCG regional teams (Cumbria and Lancashire, Greater Manchester, Liverpool and Cheshire).
- NWAS NHS 111 worked closely with NWAS 999 and urgent care services to ensure a safe and effective service was provided. Work had commenced to review a number of services provided by the Trust to develop an integrated urgent care service and a NWAS clinical hub.
- NWAS NHS 111 was aware of the times of peak demand and had communicated these to the ambulance service. This included the arrangements in place when demand was outside of the expected pattern.
- NWAS NHS 111 was proactive in meeting other service providers such as GP OOHs and social care service to facilitate closer working relationships to ensure patients received the best outcome for their situation.
- Staff knew how to access and use patient records for information and when directives may impact on another service for example advanced care directives or do not attempt resuscitation orders.
- NWAS NHS 111 had systems in place to identify 'frequent callers' and high intensity users of the service. This information was shared with the 999 service and patients' GPs were contacted and advised of the frequent contact made by these patients.
- Information about previous calls made by patients was available; staff could use this information where relevant to support the clinical decision process.

Consent to care and treatment

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 calls to the service in three call centre locations. Throughout the telephone clinical triage assessment process the health advisors checked the patient 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 beginning of each call the patient was advised that their information would be shared with their 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. A protocol was in place to support staff to take action when they believed the patient was at significant risk of harm.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We listened to 18 health advisor calls,10 non pathway operatives' calls and 18 clinician calls with consent of the patient. We also observed calls where we only listened to the health advisors or clinical advisor. Our observations showed staff were courteous and helpful to patients and treated them with dignity and respect. We observed health advisors and clinical advisors used the NHS Pathways assessment tool, explaining to patients the reasons for some of the questions that the patient perceived as not being relevant

We observed all four call centre environments over three days (Monday to Wednesday) during the peak weekday evenings when GP practices were closed. The call centre environments were busy but the non pathway operatives, health advisors and clinical advisors were polite, calm and professional.

Staff were provided with training in how to respond to a range of callers, including those who may be abusive. Our observations were that staff handled calls sensitively and with compassion. We were unable to speak to patients directly about the service they received. Systems had been implemented where staff could indicate quickly that they needed support by raising a card.

Involvement in decisions about care and treatment

Health advisors were confident in using the NHS Pathways system and we saw that the patient was involved and supported to answer questions thoroughly. Health advisors always doubled checked with the patient that they had the right contact details for home address, GP and telephone contact details. The final disposition (outcome) of the clinical assessment was explained to the patient and in all cases patients were given advice about what to do should their condition worsen. Staff used the Directory of Services (DoS) to identify available support close to the patient's geographical location.

The NWAS NHS 111 service sent out 300 monthly patient surveys to obtain feedback from patients. The responses from patients were analysed and reported in the 111 Monthly Contract report. For example:

- February - 188 patient satisfaction surveys were returned of these; 51 (27%) reported they would have gone to A&E if they had not been able to call 111; 157 (83.5%) stated that the advice they received was either very or quite useful and 154 (81.9%) were either very or fairly satisfied with the service they received.
- March - 187 patient satisfaction surveys were returned of these; 67 (35.8%) reported they would have gone to A&E if they had not been able to call 111; 167 (89.3%) stated that the advice they received was either very or quite useful and 169 (90.4%) were either very or fairly satisfied with the service they received.
- April - 132 patient satisfaction surveys were returned of these; 40 (30.3%) reported they would have gone to A&E if they had not been able to call 111; 110 (83.3%) stated that the advice they received was either very or quite useful and 111 (84%) were either very or fairly satisfied with the service they received.

The service had posted patient feedback online for the public to view for the period October 2013 to June 2015. The results were collated from 1612 patient feedback surveys submitted. This showed that 99% of patients were either fully clear or partially clear of what to do next, from the advice given over the phone; 92% of callers were either very satisfied or partially satisfied with the way NHS 111 handled their call and 27% would go to an emergency department if there did not have a they had not been able to call 111.

Patient Opinion is an independent non-profit feedback platform for health services, which aims to facilitate honest and meaningful conversations between patients and providers. In the last 12 months, there were two reviews for NWAS that referred specifically the NHS 111 service received. One of the reviews praised the service they received and the second review questioned the safety of the advice received from the NHS 111 service. NWAS NHS 111 service responded to the issue and this resulted in a change to the NHS Pathway.

NWAS NHS 111 and the lead commissioner for the service facilitated and supported a patient engagement group to get the views of people who use the service. The patient representative from the engagement group told us that they also attended the NHS 111 programme board meetings every month and was consulted at these meetings for the views of the patient engagement group. The patient engagement representative was aware of the recent performance issues following the extension of NWAS NHS 111 service to the whole of the North West. They were

also aware the actions being taken by NWAS to address this. The patient representative stated that following attendance at the board meetings NWAS clinicians and attending CCG clinical leads wanted the patient engagement group to develop initiatives to obtain clearer patient feedback on the service they received.

Patient/carer support to cope emotionally with care and treatment

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

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

Health advisors and clinical advisors were clear on the standard operating procedures in place which detailed the actions they would take in the event that a patient refused the final disposition.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

NWAS reviewed the needs of its local population and engaged weekly with the lead commissioner, Blackpool Clinical Commissioning Group on behalf of the 33 Clinical Commissioning Groups (CCGs) covering the North West. There was recognition that the needs and demands of the local people living in the rural areas of the North West were different to those for people living in highly urbanised areas. NWAS had a productive collaborative working relationship with the lead CCG and provided them with Monthly Contract Report, which covered operational and clinical performance activity, serious incidents, complaints, outcome of investigations, and patient feedback. The NWAS Clinical Governance Leads also met on a monthly basis with the CCG clinical leads for three CCG locality footprints areas of Cumbria and Lancashire, Merseyside and Cheshire, and Greater Manchester where performance, demand and feedback data was discussed.

- 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.
- The service identified and implemented pilot schemes to improve the quality of the patient experience of using the NHS 111 service and to improve their performance in meeting key performance targets. Pilots introduced included using non pathway operatives to stream calls for people, who were non symptomatic and who were ringing for advice about the availability of local services such as dentists and pharmacists or who were enquiring about a call back. Clear protocols and criteria were identified before the introduction of the service, which was closely monitored to ensure a safe service. By mid-January early evaluation of the effectiveness of the non pathway operatives (NPO) identified a 20% improvement in the key performance target of answering calls within 60 seconds. This also meant that patients requiring a customer service received that service much quicker than having to answer questions through the NHS Pathway clinical system.
- Systems were in place to electronically record additional information for vulnerable patients via the 'special notes' system. NWAS NHS 111 used a recognised clinical patient management system (Adastra) designed specifically for use in urgent and unplanned care settings. The majority of GP OOHs providers had access to the same clinical patient management system. This enabled communication between health service providers to ensure patient specific issues such as dementia or end of life care was accessible to staff who needed to be aware of this to enable delivery of an appropriate safe service.
- The clinical governance manager was also the lead for mental health. All staff received four hours training at induction on mental health and responding to patients whose behaviours could be described as challenging. One of the clinical duty managers with a background in mental health had created a mental health training pack to support clinical staff to respond to callers with mental health issues.
- Health advisors had access to a clinical duty manager to seek real time advice about the health care needs or situation of the patient they were speaking with. We observed clinical duty managers offering knowledgeable advice and support about the pathways chosen for the patient and the outcome or disposition of the pathway. There were six or seven clinical duty managers available to support health advisors during the evening peak period on all three evenings the inspection team was on site.
- Evidence was available demonstrating that NWAS NHS 111 worked closely with CCG Directory of Services (DoS) leads to ensure the DoS was up to date and fit for purpose. NWAS was working with third sector providers to identify services available in different localities to support patients with mental health needs.

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.
- Health advisors and clinicians 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.
- NWAS NHS 111 monitored the use of language line and the geographical demographics of local communities and were able to share this information with CCGs to help them to target their services more effectively.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Access to the service

- The NWAS NHS111 telephone number was a free 24 hours a day 365 days a year telephone number for people living in the North West of England.The service prioritised people with the most urgent needs at time of high demand. Capacity and demand was monitored constantly and action taken to ensure callers received a timely response.
- Calls were answered at each of the four call centres located in Middlebrook, Carlisle, Blackpool (FCMS) and Liverpool (UC24). Those patients who were not registered with a GP or who were seeking asylum were not restricted from using the service.
- On the three evenings of the inspection we were present in one of the call centres. Data showed that patients' access to a timely service was comparable to the national average of 95% for calls answered in 60 seconds. For example performance of the service was on the three evenings we were present was:
  - Monday 23 May - of 4140 calls were received, 3642 were answered in 60 seconds (97.5%) and 33 calls were abandoned (0.8%).
  - Tuesday 24 May – of 4034 calls were received, 3574 were answered in 60 seconds (95.2%) and 43 calls were abandoned (1.1%).
  - Wednesday 25 May – of 3961 calls were received, 3218 were answered in 60 seconds (97.5%) and 23 calls were abandoned (0.6%).

Listening and learning from concerns and complaints

The NWAS NHS 111 had an effective system in place for handling complaints and concerns. Information about how to complain was available and easy to understand and evidence showed NWAS NHS 111 responded quickly to issues raised. The website for NWAS included a link which enabled the public to make a complaint or provide a compliment on the service they had received.

NWAS NHS 111 monitored the number of calls it received and triaged on a monthly basis alongside the number of patient complaints and the number of health professional feedback responses they received. Data supplied by NWAS NHS 111 provided a monthly breakdown for all complaints received. For example:

- April 2015:

64974 calls were triaged, 16 patient complaints were received. This equated to one complaint for every 4061 calls triaged.

42 health professional feedback forms were received. This equated to one feedback form for every 1547 calls triaged.

- October 2015:

93376 calls were triaged, 21 patient complaints were received. This equated to one complaint for every 4446 calls triaged.

327 health professional feedback forms were received. This equated to one feedback form for every 286 calls triaged.

- April 2016:

125187 calls were triaged, 16 patient complaints were received. This equated to one complaint for every 7824 calls triaged.

42 health professional feedback forms were received. This equated to one feedback form for every 2981 calls triaged.

Standard operating procedures were in place to ensure there was clarity between NWAS and the two partner agencies about the procedure and processes to investigate and respond to complaints.

Internally NWAS's patient experience team ensured that joint working with other NWAS departments was undertaken. This ensured complaints that referred to more than one NWAS department (e.g. 999) were allocated for investigation to the most appropriate service group.

NWAS NHS 111 also responded to issues and complaints logged on the online Patient Opinion. The most recent review logged on the Patient Opinion website commented on the quality of advice provided in relation to a wound. The advice provided did not take into account the impact of a recent hip replacement. NWAS NHS 111 reviewed the issue alongside the NHS Pathways for wound care and hip replacement. This review identified a gap in the NHS Pathway. This was reported to NHS Pathways team who confirmed they would add an additional question and provide the relevant advice for a person with a wound and a hip replacement.

NWAS NHS 111 was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

Good

Are services responsive to people's needs?

(for example, to feedback?)

things go wrong with care and treatment). The NWAS NHS 111 clinical governance team centrally monitored incidents, complaints, investigations and outcomes and sent out a response to complainants. All complaints and incidents were logged on the DATIX reporting tool and each was risk assessed and colour coded according to the severity of concern identified. NWAS reported to commissioners on a monthly the number of complaints received and the themes from these each month.

The two complaints we reviewed demonstrated a comprehensive investigation was carried out that included an end to end call review, a review of the NHS Pathway and other relevant facts such as performance data. One of the complaint responses showed that NHS Pathways had been contacted to request a change in a specific pathway. The complaint investigations showed that these had been responded to in a timely way, with openness and transparency.

All other feedback including incidents and health professional feedback were reviewed, risk assessed and investigated to identify themes and trends and areas of learning. These were also reported on a monthly basis to commissioners.

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 had a clear mission statement which was to provide: "The Right Care, at the Right Time and in the Right Place." Staff spoken with said it was important that patients calling the service got the right support and treatment at a place near them. The Trust's Quality Directorate Safety Improvement Plan 2015/20, available on the Trust's website identified their five year strategy is to move from 'being good to being great', by ensuring a culture of caring underpins all they and identifies three strategic values goals for the organisation as:

- Being A Great Place to Work
- Delivering Safe Care Closer to Home
- Causing No Harm

A strategy with supporting business plans reflecting the vision for the NHS 111 service were available. The senior management team responsible for the NWAS NHS 111 service told us they promoted a culture of openness and fostered positive working relationships with their partners for the NHS 111 service and with other stakeholders including the lead Clinical Commissioning Group (CCG) and Out of Hours providers. The lead CCG and the NWAS NHS 111 partner confirmed that productive working relationships were established with effective communication links.

- All staff spoken with were positive, enthusiastic and committed to providing a high quality safe service.
- We spoke with staff who occupied a variety of different roles and working from each of the four call centre locations (including the two partner organisations) referred to a culture that was positive, that supported learning and development and was patient centred. They said that working during December and January was difficult and challenging, because of the demands placed on them from staff shortages and the annual increase of demand for service (winter pressures). However staff confirmed that staffing levels had improved and this had reduced the demand and challenges they had experienced earlier in the year. All staff were clear on their role and responsibilities and how they contributed to the vision of the NHS 111 service to deliver high quality care and promote good outcomes for patients.
- Staff told us there was on the job support available when they needed it. They said they received regularly support from line managers and senior staff either directly in face to face discussions or through email and they had access to training.

Governance arrangements

NWAS NHS 111 service is part of a large ambulance trust that provides a range of emergency, urgent and patient transport services. There was a clear scheme of delegation in place, which identified the leadership and areas of responsibility for each of the departments /section within the whole of NWAS. The NWAS NHS 111 service also had a clear leadership hierarchy and scheme of delegation. Monthly board meetings were held for the whole of NWAS and meeting minutes included sections relating directly to the NHS 111 service provided by NWAS and the two subcontractors. Areas reviewed and discussed included performance, staffing, finance, governance and risk.

The senior management team for NWAS NHS 111 service were skilled and experienced in delivering 111 services. There was 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.
- Standard operating procedures were implemented and these ensured staff working for NWAS NHS 111 and the two subcontractors, across all locations were working to the same procedures and protocols.
- A comprehensive understanding of the performance of the service was maintained. Service delivery in meeting key performance indicators was reviewed daily. A comprehensive risk register was in place and regular contact was maintained with the lead commissioners for the service.
- Regular contact was made with the two partner NHS 111 providers (FCMS and UC24) and senior managers from these organisations attended contract and clinical governance meetings. A service Oversight Group had recently been developed which included all partners in the delivery of NHS 111 service in the North West. The purpose of the group was to provide leadership and assurance on the delivery of the NWAS NHS 111 contract and oversee effective working relationships for the three provider organisations.

Are services well-led?

Good

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

- NWAS NHS 111 provided clear clinical leadership from the clinical advisor role throughout the layers of management and at board level. Clinical governance procedures and reporting pathways were well established and regular clinical governance meetings were undertaken at provider, service, commissioner and national level. A NWAS NHS 111 Monthly Contract Report for operational and clinical progress was produced to summarise the ongoing work across the region and included statistical data relating to call activities, audits and trends. This gave an overview and assurance of the service provided to the lead commissioner. In addition members of the clinical governance team had responsibility for providing monthly reports to each of the three CCG clinical leads for the North West regions (Cumbria and Lancashire, Greater Manchester and Merseyside and Cheshire).
- A programme of continuous clinical and internal audit, including call audit, was used to monitor quality and to make improvements. Where gaps in service quality and performance issues were identified these were risk assessed and planned action with trajectories and timescales implemented.

Leadership, openness and transparency

- The senior leadership of the NHS 111 was separate from 999 service. This allowed the leadership team to respond quickly to issues impacting on NHS 111 service delivery. The positive impact from this was demonstrated by the implementation of the staff recruitment and training strategy in January 2016, which in turn impacted positively on improvement in meeting key performance targets.
- There was a well-established clearly identified management structure with clear lines of accountability and responsibility. NWAS NHS 111 and the two subcontracting partner agencies met regularly to review performance and governance of the service provided. We spoke to staff with differing roles within the service and at all four locations. All staff spoke of good clear leadership, which articulated vision and motivated staff to provide a good service.
- We observed senior managers were visible to the call handling teams and were knowledgeable about individual staff.Staff told us they had experienced a very busy and challenging period especially after the loss of a number of staff. They told us things were improving now.
- The leadership team ensured that there were policies and process in place so that when members of their teams dealt with distressing incidents they were supported. Staff confirmed they were supported in their role and they were confident that if they required immediate assistance it would be provided. Counselling services were also available to staff.
- Staff confirmed the culture was one of openness and where it was safe to report incidents and mistakes.
- NWAS NHS 111 leadership team facilitated opportunities for staff to meet together and attend meetings, although the nature of part time working did restrict this for some staff. The board meeting minutes for April 2016 indicated that the staff forum at Middlebrook was attended by the new Chief Executive for the NWAS.

Public and staff engagement

- Each month NWAS NHS 111 sent out 300 patient satisfaction questionnaires to a random sample of patients who had used the NHS 111 service and agreed to receive these. The responses were analysed and reported on each month. Themes and trends were identified and responses from the survey from October 2013 until July 2015 (before the service expanded for the whole of the North West) were detailed on the NWAS internet website.
- NWAS NHS 111 had a patient engagement forum and a member from this attended the senior management team programme board.
- NWAS NHS 111 had commissioned four information videos to explain to the public what NHS 111 service was and who it was for. These were being finalised to be uploaded to the NWAS internet website and to be sent out to GP surgeries.
- The leadership and management team for the NWAS NHS 111 service were open to receiving complaints and provided information to patients so that complaints or compliments could be made on line, in writing or verbally on the telephone.
- Systems were in place to acknowledge and risk assess all feedback received from health professionals. Feedback was reviewed to identify overall themes and trends. An overview of the issues identified were shared at the monthly regional CCG meetings. Health professional feedback was reviewed. And investigated in accordance with the risk identified. Areas identified for improvement either with an individual such as a health advisor or clinician were responded to and issues with

Are services well-led?

Good

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

the NHS Pathways triage were reported appropriately to NHS Pathways. Areas identified for learning were shared with the two subcontractors and staff across all four locations.

- Staff had the opportunity to respond to the NHS staff survey and we viewed the action plan in place in response to the results from 2015. As the survey was anonymous direct staff feedback about working for NHS 111 was not available.
- Staff had the opportunity to attend the monthly staff trade union forum and we heard that there was positive working relationships with the union. The most recent staff forum was focused on the recent performance issues of the service and the aim of the meeting was to provide staff with information and assurance about the progress being made to improve staffing levels and performance.
- Staff had access to the NWAS intranet where they could access policies, procedures, learning and development such as NHS Pathways, updates and Hot Topics. In addition a weekly bulletin was emailed to staff.
- The NWAS February Board's communications report identified initiatives relating to NHS 111 service and engagement with stakeholders; examples included providing a NHS Myth Buster question and answers specifically for 999 staff, and a "who's who" of NWAS NHS 111 staff for stakeholders.
- Systems to rewards staff performance were implemented for example when staff received 100% call audit performance they received a certificate of achievement. We attended a clinical governance meeting for NHS 111 service where staff audit performance was discussed and this included ways to develop and extend the staff reward system.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the service. For example all aspects of service delivery were reviewed regularly and areas for improvements identified and plans implemented to improve service delivery.

- In relation to recent staffing issues an intense programme of recruitment of new staff has been implemented and to ensure new staff were supported in their new roles welcome champions have been introduced. The role of the welcome champion was to support staff with issues, concerns questions and generally help staff to settle into the new environment.
- The implementation of the staff recruitment plan and staff training programme was effective as key performance data showed week on week improvement from March 2016 onwards.
- In recognition of the demanding role of health advisor and clinician the Clinical Governance Manager had developed a mental health survey for staff – to identify areas that could be improved to assist staff to manage the demands of their role.

The senior management team in consultation with the lead commissioner for identified a number of pilot schemes to improve performance and promote patient safety. These included introducing the non pathway operatives who accept calls from people ringing up for advice and do not have a health care issue, the direct appointment booking scheme being piloted in one CCG area service and the collaborative working with one Out of Hours provider to directly transfer patients waiting in the NHS 111 clinician queue at peak times. The anticipated benefits of these pilots were an improved patient experience and improved call handling capacity particularly at periods of peak demand.