

# Partnership of East London Co-operatives (PELC) Limited (NHS 111)

## Quality Report

PELC Limited  
Third Floor, Becketts House  
2-14 Ilford Hill, Ilford,  
Essex, IG1 2FA  
Tel: 02089111130  
Website: [www.pelc.nhs.uk](http://www.pelc.nhs.uk)

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

## Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Partnership of East London Co-operatives (PELC) Limited (NHS 111), on 16 March 2017. Overall the service is rated as good.

Our key findings were as follows:

- There was an open and transparent approach to safety and an effective system in place to report and record significant events. Staff knew how to raise concerns, understood the need to report incidents and considered the organisation a supportive, culture. The provider maintained a risk register and held regular internal and external governance meetings.
- The service was monitored against a National Minimum Data Set (MDS) and Key Performance Indicators (KPIs). The data provided information to the provider and commissioners about the level of service provided.
- Staff had been trained and were monitored to ensure they used NHS Pathways safely and effectively (NHS Pathways is a licensed computer-based operating system that provides a suite of clinical assessments for triaging telephone calls from patients based on the symptoms they report when they call).

- Patients using the service were supported effectively during the telephone triage process and consent was sought. We observed staff treated patients with compassion and respect.
- Staff took action to safeguard patients and 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.
- The provider was responsive and acted on patients' complaints effectively and feedback was welcomed by the provider and used to improve the service.
- There was visible leadership with an emphasis on continuous improvement and development of the service. Staff felt supported by the management team.
- The provider was aware of, and complied with, the Duty of Candour. Staff told us there was a culture of openness and transparency.

**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



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

### Are services effective?

The provider is rated as good for providing effective services.

Good



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

# Summary of findings

- Staff used the directory of services and the appropriate services were selected.

## Are services caring?

The provider is rated as good for providing caring services.

- Feedback from people about the service was predominantly positive.
- People using the service were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated people with kindness and respect, and maintained people's confidentiality.

Good



## Are services responsive to people's needs?

The provider is rated as good for providing responsive services.

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

Good



## Are services well-led?

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

Good



# Summary of findings

- The provider had a clear vision and strategy to deliver a high quality service and promote good outcomes for people using the service. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. Staff, including those who did not work conventional office hours knew how to access senior leaders and managers.
- The provider's policies and procedures to govern activity were generally effective, appropriate and up to date. Regular governance meetings were held.
- There was an overarching governance framework which supported the delivery of the strategy and a good quality service. 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.
- The provider was aware of and complied with the requirements of the duty of candour. The provider and managers encouraged a culture of openness and honesty. The provider had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The provider proactively sought feedback from staff and people using the service, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.

# Partnership of East London Co-operatives (PELC) Limited (NHS 111)

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and the team included specialist advisors with experience of NHS 111 services; a GP specialist advisor and a service manager specialist advisor.

## Background to Partnership of East London Co-operatives (PELC) Limited (NHS 111)

Partnership of East London Cooperatives (PELC) Limited is a not for profit organisation which was formed in 2004 by a group of GPs who wished to share resources to provide quality out of hours GP services for their local communities. The organisation is a certified social enterprise which reinvests all profits into improving services and communities served. There are no shareholders.

PELC provide GP out of hours services in City & Hackney, Newham, Tower Hamlets, Barking and Dagenham, Redbridge, Havering, Waltham Forest and West Essex Clinical Commissioning Group (CCG) areas to approximately 1.1 million patients. Services include NHS 111 services, primary care out of hours services and urgent care services.

NHS 111 services operate 24 hours a day 365 days a year. Services are telephone based where people are assessed, given advice and directed to a local service that most appropriately meets their needs.

PELC NHS 111 services are provided from for residents of east and outer north east London covering City & Hackney, Newham, Tower Hamlets, Barking and Dagenham, Redbridge, Havering and Waltham Forest CCG areas. The NHS 111 service is a telephone based service where people are assessed, given advice and directed to a local service that most appropriately meets their needs. People can call 24 hours a day, 365 days a year, and calls are free from landlines and mobile phones. The service is staffed by a team of 95 whole time equivalent staff, comprising trained call operators, supervisors and clinical advisors who are experienced nurses and paramedics.

The service operates from:

Third Floor, Becketts House, 2-14 Ilford Hill, Ilford, Essex, IG1 2FA.

The provider is registered to provide three regulated activities:

- Treatment of disease, disorder or injury;
- Diagnostic and screening procedures;
- Transport services, triage and medical advice provided remotely.

The NHS 111 service has not previously been inspected by CQC.

# Detailed findings

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting the NHS 111 service, we reviewed a range of information that we held about the service provider and reviewed the information on their website. We asked other organisations such as commissioners to share what they knew about the provider.

We carried out an announced comprehensive inspection of Partnership of East London Cooperatives (PELC) Limited (NHS 111) on 16 March 2017, during our inspection we:

- Observed the call centre environment including during a peak Thursday afternoon when local GP practices were closed.
- Spoke with a range of clinical and non-clinical staff, including health advisors, clinical advisors, team leaders and senior managers.
- We looked at a range of records including audits, staff personnel records, staff training, patient feedback and complaints.
- We did not speak directly with patients who used the service. However, we observed health advisors in the call centre speaking with patients who telephoned the service.

To get to the heart of people's experiences of care, we always ask the following five questions of every service and provider:

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

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

# Are services safe?

## Our findings

### Safe track record

There was an effective system in place for reporting and recording significant events. We saw that the provider recorded all risks and incidents on a risk management software tool.

- Significant events that met the threshold for a Serious Incident or Never Event were declared and investigated in accordance with the NHS England Serious Incident Framework 2015.
- Investigation of significant events was not confined to those that met NHS England's criteria for a Serious Incident or Never Event. The provider treated significant events including near misses as an opportunity for learning and risk reduction measures, including, for example, encouraging the identification and reporting of incidents of significant self-harm. These incidents were reviewed and provided the basis for staff training and awareness in how to prevent further harm occurring.
- Staff told us they were aware of how to escalate incidents and would inform their shift supervisor or duty manager of any incidents and there was a recording form available on the service's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Joint reviews of incidents were carried out with partner organisations. The provider engaged with the external pan-London NHS 111 Clinical Governance Group and Integrated Urgent Care Group to peer review and share risk and learning from serious incidents.
- We saw evidence that when things went wrong, people were informed of the incident, received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The provider monitored safety through regular quality assurance and governance meetings. Each PELC service, including the NHS 111 service, had a serious incident lead who would attend these meetings. The provider also carried out a thorough analysis of the serious

incidents and significant events, providing feedback to individual staff, training and awareness for staff in general and by implementing new processes and procedures to improve safety.

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. For example, the service introduced a coloured card system for call handlers following a cardiac arrest where the call handler needed to provide CPR instructions and raise the call with the shift clinical supervisor but had difficulty indicating their high priority requirement. The card system introduced allows call handlers to raise a red card for emergency or high priority assistance required and an orange card for routine assistance. Staff told us about the card system, how it worked and how they used it and we saw evidence of cards available on all call handler work stations.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a person's welfare. There was a lead member of staff for safeguarding. Contributions were made to safeguarding meetings when required. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- Clinical staff and appropriate administrative staff had access to people's medical or care records. Staff were clear on the arrangements for recording patient information and maintaining records. Special notes were used appropriately for people for example, where they had pre-existing conditions or there were safety concerns.
- Staff had had training in recognising concerning situations and followed guidance in how to respond. For example, the service introduced clear guidance on managing calls from a third party, (not directly from the patient) including where appropriate, terminating the

## Are services safe?

call, listening for background noise cues and seeking further clinical support. This guidance was shared with and presented to other service providers at the request of the regional Integrated Urgent Care group. Staff told us clinical advice and support was readily available when needed.

- There were clear processes in place to manage the transfer of calls, both internally within the service, and to external services, to ensure a safe service. For example, the service had procedures in place for referral to a patient's own GP or to an out-of-hours GP service or to the ambulance service for emergency cases. Standard operating procedures were available on a shared drive.
- There were systems in place to monitor call handling and response times to ensure a safe service. The provider used the Department of Health approved NHS Pathways system (a set of clinical assessment questions to triage telephone calls from patients). The tool enabled a specially designed clinical assessment to be carried out by a trained member of staff who answered the call. At the end of each assessment a disposition (outcome) and defined timescale for that disposition to be completed was identified and an automatic search was carried out on the integrated Directory of Services to locate an appropriate service in the patient's local area.
- We saw evidence that health advisors and clinical advisors call handling skills using NHS Pathways were regularly monitored in the form of end-to-end call audits to ensure that dispositions (outcomes) reached at the end of a call were safe and appropriate. We saw evidence of the audits undertaken and that the service was meeting their call handling and response times targets in the six months prior to our inspection.
- Between April and November 2016, the service was not consistently meeting the 1% call auditing target set, with an average call audit rate of 0.7%. The response was for the service to employ a clinical lead responsible for auditing, two new full time auditors and a new system for call auditing, including a stepped staff management programme to manage and improve poor call handling performance. We saw evidence that following the introduction of the new system, the service had met the required call audit target in each month from December 2016 to February 2017 with an average 1.1% of clinical calls audited and an average pass rate of 93%.

- We reviewed five personnel files and additional records for all staff on a database and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- 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.

### Monitoring safety and responding to risk

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

- Staff were able to identify potentially life threatening situations and knew what to do to manage the call and seek further assistance.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet people's needs. The rota system in place for all the different staffing groups ensured enough staff were on duty and the service had forecasting system in place with weekly reviews and weekend panning to match capacity with expected demand. There were also systems in place for managing unexpected fluctuations in demand through the service escalation policy.

### Arrangements to deal with emergencies and major incidents

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

- The provider had a comprehensive business continuity plan in place for major incidents such as power failure or building damage, as well as those that may impact on staff such as a flu pandemic. The plan included emergency contact numbers for staff. The plan also addressed fluctuations in demand for the service and staff shortages.
- The provider had engaged with other services and commissioners in the development of its business continuity plan and had recently used the plan when providing services from a different location whilst their normal location was unavailable through routine maintenance.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The provider 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 and guidance information from the NHS Pathways system. Staff were kept up to date with changes to guidance through regular staff bulletins, messages on computer systems and face to face updates from supervisors and managers.

- Telephone assessments were carried out using an approved clinical decision support tool (NHS Pathways). All health advisors had completed a mandatory comprehensive training programme to become a licensed user of the NHS Pathways programme. Once training was completed, all health advisors were subject to structured call quality monitoring to ensure continued compliance. A minimum of three calls per month were audited against a set of criteria such as effective call control, skilled questioning, active listening and delivering a safe and effective outcome for the patient. Five calls were audited per month if the call handler logged fewer than 250 calls in the month. Outcomes from audits ranged from constructive feedback to re-enrolling in the NHS Pathways programme for the most serious or frequent failed audits.
- Real time performance was monitored and action taken to ensure where performance was at risk of reducing. This included live performance being screened in to the room, call handling supervisors monitoring break times, clinical supervisors supporting and monitoring call handlers and where necessary the use of the service escalation policy.
- When staff were not able to make a direct appointment on behalf of the patient clear referral processes were in place. These were agreed with senior staff and clear explanation was given to the patient or person calling on their behalf.
- Discrimination was avoided when speaking to patients who called the 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 the language line phone facility (a translation/interpreter service) for patients

who did not have English as their first language, a text relay service for patients with difficulties communicating or hearing and a video relay service for British Sign Language (BSL) interpreters. Data collected by the provider showed that between January 2016 and January 2017, 3521 calls were made to the language line interpreter service, with Bengali, Urdu, Spanish and Punjabi being the most frequently requested languages. The service monitored performance against key performance indicators for interpreter service use and recorded an average of 38 seconds between the need for an interpreter being identified and one being provided.

### Management, monitoring and improving outcomes for people

The service monitored its performance through the use of the National Quality Requirements and the national NHS Minimum Data Set, as well as compliance with the NHS Commissioning Standards. In addition the provider had established its performance monitoring arrangements and reviewed its performance regularly and live during shifts. There were quarterly board meetings where performance reviews took place and the service met monthly with commissioners to discuss performance against commissioning standards and contractual arrangements.

Results from the NHS Minimum Data set from December 2015 to November 2016 showed the provider was performing in line with performance averages for NHS 111 providers in England. For example;

- The provider handled an average of 20,153 calls per month, from which;
- The abandoned call rate was 2% compared to the England average of 3%;
- The percentage of calls answered within 60 seconds was 95% (England 86%);
- The percentage of calls answered which were triaged was 86% (England 86%);
- The percentage of answered calls transferred to a clinical advisor was 19% (England 21%);
- The percentage of answered calls passed for call back was 9% (England 13%);
- The percentage of call backs made within 10 minutes was 54% (England 39%);
- The average episode length (total time the patient spent in the 111 process) was 13 minutes and 34 seconds (England 16 minutes 17 seconds).

# Are services effective?

## (for example, treatment is effective)

There was evidence of improvements through the use of completed audits. For example;

The provider conducted an analysis of calls answered by call handlers on a monthly basis, combined with patient feedback and other sources of information. Audits identified probing as an area where call handlers consistently scored lower than expected, reflected in areas such as appropriate ambulance referrals. Probing is part of the clinical assessment process and allows questions to be asked which may assist in identifying or confirming a treatment plan or disposition. As a result further training was provided to all call handlers in the form of a 'probing workshop' to improve their probing skills. The provider found that following the workshop, probing had improved, with higher percentages of call audits passed and appropriate ambulance service referrals.

### Effective staffing

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

- The provider had an induction programme for all newly appointed staff. This included the full NHS Pathways programme in order for the user to be licensed to use the system as well as a corporate induction covering topics such as health and safety, fire safety, and other local policies and procedures.
- The provider could demonstrate how they ensured role-specific training and updating for relevant staff. For example safeguarding training to the appropriate levels for different staff groups.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of service development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during shifts, monthly and ad-hoc one-to-one meetings, annual appraisals, coaching and mentoring, clinical supervision and facilitation and support. All staff had had an appraisal within the last 12 months, other than in exceptional circumstances (such as long-term sick leave), which were clearly documented.

- Staff received training that included: use of the NHS Pathways tool and regular update training, how to respond to specific patient groups, Mental Health Act, Mental Capacity Act, safeguarding, fire procedures, and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Working with colleagues and other services

Staff worked with other service/provider to ensure people received co-ordinated care.

- The provider was aware of the times of peak demand and had communicated these to the ambulance service. This included the arrangements to alert the ambulance service when demand was greater or lower than expected.
- There were arrangements in place to work with social care services including information sharing arrangements. The provider met with social care services in regular multi agency forums.
- Staff knew how to access and use patient records for information and when directives may impact on another service; for example, advanced care directives or do not attempt resuscitation orders.
- The provider had systems in place to identify 'frequent callers' and staff were aware of any specific response requirements. There were also systems in place to respond to calls from children or young people.

### Consent

Staff sought patients' consent 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 and Gillick competency for children.
- The process for seeking consent was monitored through audits.
- Access to patient medical information was in line with the patient's consent.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to people calling the service and treated them with dignity and respect.

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.

Results from surveys and feedback collected by the provider showed people felt they were treated with compassion, dignity and respect. Staff told us they gave patients a feedback email address and would raise complaints directly with supervisors. Positive email feedback was forwarded to and/or discussed in person with individual staff members. Feedback was also forwarded to the service governance lead for investigation and analysis. Negative feedback was discussed with individual staff.

The service produced regular staff bulletins with 'hot topics' identifying areas of improvement highlighted in patient feedback and call audits.

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

We were unable to speak directly to patients about the service they received. However, we observed that health advisors spoke respectfully with patients and treated callers with care and compassion.

Health advisors were confident using the NHS Pathways system and we observed that the patient was involved and supported to answer questions thoroughly. We also observed that health advisors checked that the patients understood what was being asked of them and that they understood the final disposition (outcome) following the clinical assessment and 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.

Care plans, where in place, informed the service's response to people's needs, though staff also understood that people might have needs not anticipated by the care plan. Information made available included notification of Do Not

Attempt Resuscitation (DNAR) orders and access to Coordinate My Care (CMC), a personalised urgent care plan developed to give people an opportunity to express their wishes and preferences on how and where they are treated and cared for.

We saw that staff took time to ensure people understood the advice they had been given, and the referral process to other services where this was needed. This included where an appointment had been made by the NHS 111 service or where a request was to be made for a future appointment.

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

Staff were trained to respond to callers who may be distressed, anxious or confused. Staff were able to describe to us how they would respond and we saw evidence of this during our visit. For example we observed health advisors repeating instructions and clarifying information calmly and in a manner the patient understood.

There were arrangements in place to respond to those with specific health care needs such as end of life care and those who had mental health needs.

There were established pathways for staff to follow to ensure callers were referred to other services for support as required. For example, to out of hours dentists, pharmacies and GP providers.

There was a system in place to identify frequent callers and care plans, guidance and protocols were in place to provide the appropriate support. We saw examples of frequent callers who were transferred directly to a named clinician, providing them with continuity of care and support.

Results from the most recent patient survey included in the NHS Minimum Data Set for the period April to September 2016 showed patient satisfaction was in line with the national average. For Example;

- One hundred and fifty nine survey responses were collated, of which;
- 65% of patients said they were very satisfied with the NHS 111 service compared to the England average of 61%;
- 22% of patients were fairly satisfied (England 19%);
- 9% of patients were dissatisfied with the service (England 8%);

## Are services caring?

The service provided further analysis of the patient survey for the same period which highlighted that, for example;

- Nine hundred and sixty survey questionnaires were sent out, of which one hundred and thirty were completed (14% response rate). Completed surveys showed that;
- 85% of patients found the 111 operator polite and helpful;
- 76% of patients found the service reassuring;

- 76% of patients felt they were directed to the right health service, and;
- 75% of patients found the service useful.

The service regularly reviewed patient feedback and satisfaction scores, providing this information back to staff in the form of bulletins and individual feedback where required. The service provided additional as well as regular update training for all staff in areas such as customer services.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The service engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified.

- The service offered 24 hours a day, 365 days a week service.
- The service took account of differing levels in demand in planning its service. We saw evidence in the form of a forecasting and planning tool used by the service to match capacity with demand during busy periods such as weekends, bank holidays and during local and national events.
- Care pathways were appropriate for patients with specific needs, for example those at the end of their life, and babies and young children.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service.
- The service used all available data to ensure it was responsive to people's needs.
- There were translation services available and arrangements in place to support people who could not hear or communicate verbally.

### Tackling inequity and promoting equality

- New staff had received training in equality and diversity during their induction and this training was updated for all staff on an annual basis.
- Staff we spoke with were aware of the translation/interpreter service for patients who did not have English as their first language. We saw contact details were available on each work station.
- The provider offered a text relay phone service for patients with difficulties communicating or hearing.
- The provider offered a service that allowed a patient to make a video call to a British Sign Language (BSL) interpreter.

### Access to the service

- People had timely access to advice, including from a call handler or clinical advisor when appropriate. Calls were answered in line with national targets and performance was monitored live to ensure targets were met.

- The telephone system was easy to use and supported people to access advice.
- 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. We discussed this process on the day with the deputy contact centre manager and clinical lead who oversaw the non-clinical health advisors and clinical advisors and they told us they monitored clinical call backs to ensure those calls most in need are allocated to a clinician first.
- Action was taken to reduce the length of time people had to wait for subsequent care or advice. The service achieved this through prioritisation of calls waiting for clinical advice, with those most in need having their call processed first. The service also had an escalation policy used to ensure enough clinical call handling staff were available, freeing up staff from other tasks where appropriate and necessary.
- Referrals and transfers to other services were undertaken in a timely way.

### Listening and learning from concerns and complaints

The provider 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 the provider responded quickly to issues raised.

We looked at 23 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency when dealing with the complaint. Lessons were learnt from individual concerns and complaints as well as trends and action was taken as a result to improve the quality of the service. For example, we saw evidence of trends in complaints about staff attitude and communication. We saw that individual staff involved had been provided with additional training, and that all staff were made aware of issues through the service 'hot topics' bulletin which provided a summary of the issues, a reminder of the right way to deal with the issue and provided links to further information such as policies and procedures.

The provider worked with other services to monitor and improve performance. The service met regularly with a local ambulance service representative to analyse and monitor the appropriateness and number of ambulance service referrals. The provider told us results of these

## Are services responsive to people's needs? (for example, to feedback?)

meetings have been an overall decline in inappropriate ambulance referrals and an increase in appropriate ambulance referrals. This was achieved through clinicians re-triaging calls with a non-urgent ambulance referral outcome to ensure the referral was appropriate.

# 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 provider had a clear vision to deliver a high quality service and promote good outcomes for people using the service.

- The service had a mission statement that was understood by staff.
- The service had a strategy and supporting business plans that reflected the vision and values and were regularly monitored.
- Staff with whom we spoke were aware of the vision and values of the service.
- Staff referred to a culture that was focussed on providing quality care to patients.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Service specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the service was maintained at all levels in the organisation.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership, openness and transparency

There were clear lines of accountability within the service. The service was led by a chief executive officer, accountable to a board and sub committees of executive and non-executive members. The CEO chaired the Executive Management Team, consisting of executive directors responsible for different aspects of the service, including clinical quality, nursing and operations, human resources and governance, contracts and performance, finance, and risk management.

Operational staff were clear who to go to for guidance and support. They were clear about their line management arrangements as well as the clinical governance arrangements in place. Staff told us there was a culture of openness and that management were approachable and supportive.

Staff gave us examples of where they had failed call audits and were supported to improve by line managers. One staff member explained they had failed to categorise a burns call in line with guidance. They had their audit reviewed with a line manager who assisted them in understanding why they had failed the audit, provided them with additional learning materials and supported them to put their learning into practice.

There were arrangements to support joint working by staff, for example through team meetings and staff forums. Staff who did not work office hours (for example night shift workers) were supported in joint working and engaging with members of their team, even if their working hours did not allow them to attend team meetings.

There were arrangements in place to provide support to staff in the event of a death or serious incident, including internal support and support available from external agencies through the service occupational health provider.

### Public and staff engagement

The service carried out regular surveys of patients who used the service every six months and submitted information as part of the NHS Minimum Data Set. They did this through an external provider who would send out postal surveys to service users, collate results and provide a report to the service.

Qualitative information from feedback collated through the service feedback email address was used alongside the findings from surveys to improve performance.

Staff were able to describe to us the systems in place for staff to give feedback. These included verbal feedback through management, written comments and suggestions posted by staff into a suggestions box in the call centre, and staff surveys conducted across the whole organisation.

We saw evidence of the most recent staff survey, comments and suggestions and how the findings were fed back to staff. We also saw staff engagement in responding to these findings. For example, staff were allocated 15 minutes break time during their shift. Staff commented that this was

# Are services well-led?

Good 

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

often not long enough to be useful, giving the example of shops being a ten minute return journey. The service took this feedback and arranged for break times to be extended to 20 minutes, with staff able to 'pre book' break times in two separate ten minute slots or one 20 minute break.

The service had also responded to staff feedback by replacing chairs in the call centre, ordering additional lockers for staff to store their information, equipment and personal items during the shift and providing additional cleaning services during busy periods to ensure the call centre maintained a good level of cleanliness for staff working all shifts. Staff contributions were recognised by management through an 'employee of the quarter' prize which included an engraved cup and a gift card. Staff told us that service response to feedback and recognising contributions of individuals was positive and provided enhanced morale.

The most recent staff survey, conducted in July 2016 and completed by 116 of 323 employees, showed that;

- 69% of staff surveyed looked forward to going to work.
- 81% of staff were enthusiastic about their job.
- 83% of staff felt their role made a difference to service users.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the service. For example, the service took part in a winter pilot scheme whereby healthcare professionals in the community such as care homes, community nurses and ambulance crews could phone a bypass number to speak to a clinician in the 111 call centre. This pilot scheme proved effective in reducing demand on urgent and emergency care systems by managing patients in out of hospital settings through providing direct access to referrals for community healthcare services such as falls teams and mental health crisis services.