

NHS 111 assurance report

1. Executive Summary

South Western Ambulance Foundation Trust (SWASFT) provides the NHS 111 service for NEW Devon and South Devon & Torbay CCG's. They also provide 111 services for Dorset, Somerset and Cornwall. The headline performance target for 111 is the ability to answer calls within 60 seconds which should be over 95% as a weekly average.

SWASFT have been challenged to deliver this target sustainably, especially at weekends, and performance has dipped. The reasons are now well understood by commissioners and the provider. SWASFT is showing an improving performance with a very robust recovery programme addressing capacity to match demand, performance management and the review of call handling processes.

About 650 people in Devon ring the service every weekday rising to about 2000 on Saturdays and 1600 on Sundays and bank holidays. This is about 45% of the total SWASFT 111 service call volume for all four commissioners.

2. Purpose of Report

To provide a summary report for the Caring Plymouth Scrutiny Committee regarding 111.

3. Content (risk and assurances)

Poor performance by SWASFT leads to national pressure and a risk of impact on our urgent care system locally. The risks caused by poor performance fall into two categories.

a) National pressure from NHS England to meet targets and position on the performance tables. This is particularly with regard to the measure for calls to be answered within 60 seconds as described above, but misses some of the key clinical safety indicators where SWASFT are high performers. There is a risk that national pressure to resolve the headline indicator diverts attention and resources from SWAFST to address other issues and maintain other good performance.

b) Local impact on our urgent care system. In the first instance we need to be assured that patients are receiving the best performing service possible and see 111 as their gateway to urgent care in Devon. 111 is a fantastic opportunity to redirect

patient behaviour, but if there is little confidence the opportunity will be lost and patients will not use the most cost effective and local urgent care response.

The impact for patients could be created by either poor performance in 111, or a failure of other commissioned services to respond as expected.

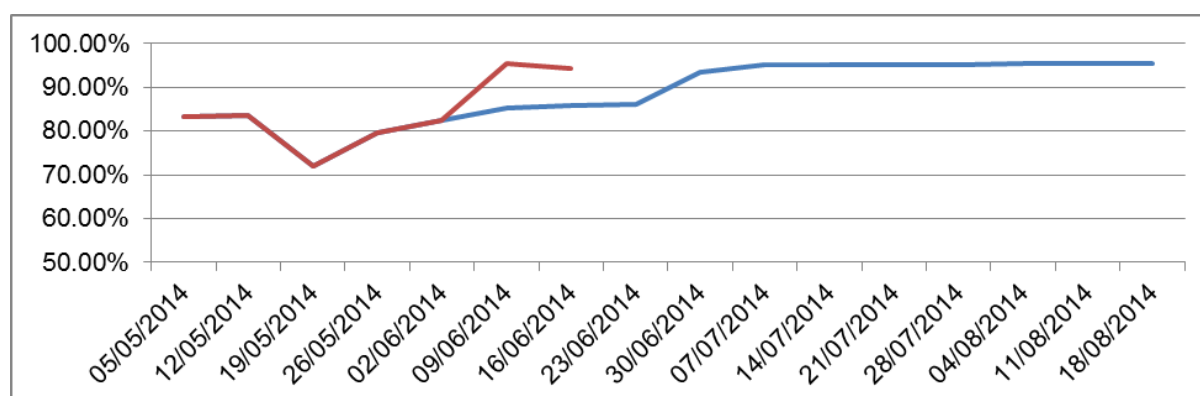
SWASFT have been our 111 service provider since 3rd September 2013. With a soft launch and only handling a limited number of Out of Hours calls, performance was excellent. During the Easter period of 2014, Out of Hours calls, previously to Devon Doctors, were routed primarily to 111, for our remaining localities and South Devon and Torbay. During a similar time period, SWASFT have been providing or have already provided a 111 and Out of Hours service in some of our neighbouring CCGs, Dorset, Kernow and Somerset.

The staffing model adopted by SWASFT for providing a comprehensive service did not meet the increased level of demand and lead to disappointing and poor performance, particularly at weekends. The cause of this may have been in part due to the adoption of staff from previous provider organisations, where for a set period of time, rotas were fixed and not flexible to meet demand. There was also a need for greater numbers of call handlers, clinical and non-clinical, where it proved difficult to recruit enough qualified people. There also seemed to be a lack of performance management provided by SWASFT in their call centres and therefore impacts were felt in call handling times.

Mitigation The response from SWASFT to the failure in headline performance has been swift and robust.

Additional management and executive support has been put in place and a very tight performance management approach introduced. Jenny Winslade has operational responsibility with Dr Andy Smith taking a clinical lead. An experienced programme manager has been introduced with extensive experience of the 999 service which has contributed to a better bridge between the two arms of the organisation.

SWASFT in conjunction with commissioners entered a period of performance recovery. Supported by a trajectory for calls answered within 60 seconds



The red line in the above graph indicates actual performance against the 95% target and is demonstrating that the previous 2 weekends are showing considerable improvement.

SWASFT also recognised that their focus on developing the right workforce to meet the capacity requirements was insufficient and independently (but with commissioner support) secured a company called Process Evolution to review their recruitment, training and profiling. Very quickly gaps in knowledge around the complexities of this type of call centre (dealing with urgent and non-urgent calls in the same queue) were identified and a range of additional recruitment, training, rotas and shift patterns were introduced. The overall makeup of the staffing model has shifted from largely full time to 70% part time model which allows greater flexibility.

The other area of improvement is to safely reduce the overall call handling time, this needs an investigation of the actual processes used within SWASFT, their use of the NHS pathways tool, the Directory of services and the Adastra system. With commissioner support, NHS Pathways are running a two day diagnostic process on the 14/15th July to explore these issues more fully. SWASFT have also visited other 111 services and now implemented some good practice solutions to good effect.

The improvement has been ahead of trajectory and with an additional 21 staff recruited and trained there is confidence that the trajectories set to be achieved by August 2014 will be achieved and the service is now in a more sustainable position.

Impact of a new service in the urgent care landscape.

The implementation of 111 has gone very well, but has been a slow process meaning that full impact has not been felt until full transfer of all out of hour's calls in March 2014. At the same time there appeared to be an increase in ED attendances at some acute hospitals and quite reasonably questions were being asked of 111.

The data provided to date shows that SWASFT as a 111 provider has some of the lowest direction of patients to 999 and ED, but the area where there is less knowledge is about the behaviour of patients. We are currently trying to understand as a community the drive for the increase in ED attendance and the contribution of 111 to this.

Initial patient feedback is that 93% of people suggested they did as advised by 111 in full with a further 3% partially following the advice, but the local data collection suggests this may not be the case.

Two separate audits are underway to try to understand how many people did not take the advice given. It is important to try to understand why people are taking the advice as directed, it may be an impact of the performance failures of the service, or could be a failure in people obtaining the expected outcome from the service advised. This information will be critical to try to understand the impact of the service, the appropriateness of the direction of patients by 111 and how we respond to this as commissioners.

Working across commissioners

There is additional pressure, from NHS England to conduct a further independent review into the 111 service in Devon and also across the area where SWASFT are the current providers. Questions have been raised as to the benefits of implementing

a further review, especially as the cost of the review would be borne by CCGs and NHS England. This is despite indications that the service provided by SWASFT continues to improve week on week. Further negotiation around this topic is taking place and remains hopeful of a positive outcome.

The commissioning CCGs continue to work closely with each other in order to support SWASFT. Conference calls between SWASFT and the CCGs also continue to take place on a weekly basis. In Devon, performance and contracting is monitored through The 111 Board, CAG and IPAM.

NHS England did suggest that the CCGs consider how they might be able to manage the contract with SWASFT in a more joined up way and several conference calls have taken place to discuss this approach. The themes that have evolved from each of the CCGs have been that good work is already taking place and we wish to continue to develop the following areas of current good practice

- Aligned operational performance review on a weekly basis
- Clinical governance lead mutual support (linked with regional arrangements)
- Shared operational issues review
- Informal sharing of issues and alignment of work on key areas.
- Alignment of KPI formats for reporting for commissioners

4. Moving Forward

111 is being defined nationally as 'The gateway to urgent care' and across Devon we need to embrace its implementation, improving service to meet the demand that patients are asking of the system. Approaching 111 with a focus on quality and patient care is key, whilst using the information that it provides us with to shape services, jointly across the CCG.

Although in its early stages, patient audits carried out in some of our ED departments, indicate that patients (on the whole) like and trust 111 in Devon and starting to use it with increased demand.

In Devon, commissioners, providers and NHS England are constantly challenging and shaping the service, improving its delivery and KPIs. Each month any number of groups meet to discuss and develop clinical and non-clinical 111 improvement strategy. It isn't a finished package, but we believe in Devon that we have built an excellent foundation with SWAST for our urgent care system and with continued support and development, we hope that 111 will inform us and care for us, improving outcomes and the health and wellbeing of our community.

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