NHS Direct Quality Account 2013/14

Part 1

Statement on quality of services

NHS Direct had a national role in supporting patients by providing remotely-delivered healthcare via the telephone and Internet. It was a fundamental objective for the Trust that these services were safe and effective, and that our patients valued the advice and information we provided.

None of the national clinical audits or national confidential enquiries in 2013/14 was relevant to the range of services provided by NHS Direct. We did however complete our own programme of clinical audits, which showed where improvements could be made and gave assurance that we met and often exceeded essential standards. Additionally, none of the periodic reviews of the Care Quality Commission (CQC) were relevant to our services in 2013/14 and no inspection or enforcement action was undertaken against the Trust during this period. However, due to the particular circumstances of NHS Direct, close liaison and communication was maintained with the CQC.

During March 2013 NHS Direct launched new NHS 111 services covering approximately 35% of the population in England. From the launch of NHS 111 services were safely and effectively delivered until their planned transfer to ambulance trusts, which concluded in November 2013. During this year we also stopped providing our national 24/7 0845 46 47 telephone service in the majority of England as locally commissioned NHS 111 services were launched. By 31 March 2014 all of the services provided by NHS Direct were closed or transferred to new providers.

Throughout 2013/14, the Trust Board received monthly reports on safety, effectiveness and patient satisfaction with the services. Our performance was measured against standards agreed with our NHS commissioners. In summary, the Trust performed well on its indicators of safety and clinical effectiveness. We continued to have a low rate of complaints with less than three received per 100,000 calls, and our regular patient satisfaction ratings met our target of 90%. Our Friends and Family score indicated that 88% of respondents were extremely likely or likely to recommend our services to friends and family.

The Trust Board considered the first Francis Report into concerns with the safety and quality of services at Mid Staffordshire NHS Foundation Trust when it was published in 2010. The subsequent report published in February 2013 was also reviewed and a number of actions were taken in light of the report’s recommendations. These actions included active engagement of Board members with staff, and reviews of patient calls to ensure that the Board was directly in touch with the day-to-day service provided to patients. Patient call reviews, including the patients’ direct feedback on their experience were shared with the Trust Board on a monthly basis at public Board meetings. Board members continued to undertake site visits which enabled Executives and Non Executives to meet with staff and hear at first hand their views on the services we provided to patients and their experiences of being an employee of NHS Direct. This established process was further enhanced during 2013/14 as ‘Staff Listening Events’ were undertaken as encouraged in a letter from the Chief Medical Officer. The learning from these events was shared with staff, commissioners and the Trust Board. The Trust Board held regular seminar events throughout 2013/14 at which
staff side representatives were invited to describe what it was like to work for and deliver care on behalf of the Trust.

NHS Direct continually strove to improve the quality of the services we provided, by listening and responding to complaints and reflections from our patients, from comments received from other health professionals, and acting on incidents as well as through reviews and audits. In 2013/14 the Clinical Governance Committee, on behalf of the Board, undertook a programme of work to ensure continued assurance of the quality and safety of services provided. The Board agreed the Committee’s priorities for 2013/14, which included:

- Improvement through use of Royal College of General Practitioners’ (RCGP) Urgent and Emergency Care Clinical Audit Toolkit across all NHS 111 services; and using similar tools for our other services until they were transferred to new providers;
- Improving services through implementation of patient experience and outcome surveys across all our NHS 111 and other services; until they were transferred to new providers;
- Meeting required targets agreed with our commissioners regarding patient safety areas for our NHS 111 services, e.g. rate of calls warm transferred to nurses where appropriate. until they were transferred to new providers;

The Trust Board endorsed the content of this Quality Account at its final Board meeting on 24 March 2014. To the best of my knowledge, the information contained in this Quality Account for NHS Direct for 2013/14 is accurate.

I hope that you find it informative.

Roger Rawlinson
Acting Chief Executive
Part 2

Schedule of Prescribed Information for 2013/14

1.0 Services Provided

1.1 During 2013/14, NHS Direct provided and/or subcontracted for 33 NHS services.

1.2 NHS Direct reviewed all the data available on the quality of care in all 33 of the NHS services it provided.

1.3 The income generated by the NHS services reviewed in 2013/14 represented 100% of the total income generated from the provision of NHS services by NHS Direct for 2013/14.

2.0 Clinical Audit

2.1 During 2013/14, there were no national clinical audits or national confidential enquiries that covered the services NHS Direct provided.

2.2 As there were no national clinical audits or national confidential enquiries applicable to the trust’s services, the issue of NHS Direct’s participation in such activities does not arise.

2.3 There were no national clinical audits and national confidential enquiries that NHS Direct was eligible to participate in during 2013/14.

2.4 Therefore there were no national clinical audits and national confidential enquiries that NHS Direct participated in during 2013/14.

2.5 The reports of 5 local clinical audits were reviewed by NHS Direct in 2013/14 and NHS Direct took the following actions to improve the quality of healthcare provided:

2.5.1 Clinical Audit: Remote assessment and initial management of feverish illness in children younger than 5 years

- Requests for change of algorithm call content submitted to NHS Pathways
- Continuous Quality Improvement (CQI) Leads monitored through the call review process, to ensure that Call Handlers selected a relevant pathway when an additional symptom was present
- A request was submitted to NHS Pathways to review interim and worsening advice to ensure specific advice for presenting symptom(s)
- CQI Leads monitored the NHS Pathways interim and worsening advice given by Call Handlers as part of the call review process
- Commissioners were made aware of the need for the Directory of Services to provide a range of alternative services.

2.5.2 Urgent & Emergency Care Clinical Audit – monthly cyclical clinical audit for NHS 111 services
Monthly feedback of results was provided to the Quality Improvement Panel and Senior Clinical Directorate Team.
1% of calls to NHS 111 service were reviewed by senior clinicians each month
Specific action plans were developed with alignment of the actions to other quality work streams and clinical audit action plans.
Validation refresher workshops for Nurse Advisors took place
Results of the audit were circulated to CQI Leads to support the call review process.
Quarterly reports on quality of service were provided to NHS commissioners.

2.5.3 Quality Framework Clinical Audit – a monthly cyclical clinical audit programme for the Digital Health Assessment Service was followed, which included the following services:

- Complex Health Information and Medicines Enquiry Service,
- Dental Nurse Assessment Service,
- Speak to Nurse Advisor Service
- Online Enquiry Service).

Monthly feedback of results was provided to the Quality Improvement Panel
1% of calls to our NHS 111 service were reviewed each month
Specific action plans were prepared, including alignment with other quality work streams and clinical audit action plans.
Results were circulated to CQI Leads to support the call review process

2.5.4 Clinical Audit: NHS Pathways disposition of “see GP” calls, that were subsequently referred to the GP 'out of hours' services for further definitive clinical management were reviewed

- A collaborative end-to-end clinical audit with East London and City NHS 111 Service was completed
- Out of hours providers were advised to consider whether the time spent re-triaging the “see GP” calls disposition was a clinically effective use of their time
- A number of recommendations were discussed with NHS Pathways
- The need was identified for amendments to Directories of Services.

2.5.5 Annual clinical records clinical audit 2013/14 – for the 0845 46 47 and DHAS services

- News Shot item to staff, highlighting good performance and areas for further improvement
- Clinical audit results circulated to the CQI Leads

3.0 Research ans Development

3.1 The number of patients receiving NHS services provided or sub-contracted by NHS Direct in 2013/14 that were recruited during that period to participate in research approved by a research ethics committee was 291.

3.2 Participation in clinical research demonstrates the commitment of NHS Direct to improving the quality of care we offered and to making our contribution to wider health improvement. Our clinical staff kept abreast of the latest possible treatment possibilities, and active participation in research lead to improved patient outcomes.

3.3 Four clinical staff participated in research approved by a research ethics committee at NHS Direct during 2013/14.
3.4 Our engagement with clinical research demonstrated the commitment of NHDS Direct to testing and offering high quality services based on best evidence.

4.0 Commissioning for Quality Improvement and Innovation (CQUIN)

4.1 NHS Direct income in 2013/14 was not conditional on achieving quality improvement and innovation goals through the commissioning for quality and innovation (CQUIN) payment framework because this was not specified as a requirement by the commissioners of any of our services.

5.0 CQC Registration

5.1 NHS Direct was required to register with the Care Quality Commission (CQC) and its final registration status was unconditional. NHS Direct had no conditions on it's registration.

5.2 The CQC did not take enforcement action against NHS Direct during 2013/14.

5.3 NHS Direct was not subject to periodic reviews by the CQC.

5.4 NHS Direct did not participate in any special reviews or investigations by the CQC during the reporting period as none of the special reviews or investigations by the CQC were relevant to the services provided by NHS Direct in 2013/14.

6.0 Data Quality

6.1 Following an independent review of data quality relating to three of the key performance indicators included in the Quality Account, an audit rating of Substantial Assurance was achieved.

6.2 NHS Direct did not submit records during 2013/14 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics, which are included in the latest published data as none of the data collected by NHS Direct in 2013/14 was relevant to be submitted to the Secondary Uses Service for inclusion in the Hospital Episode Statistics.

7.0 Information Governance

7.1 NHS Direct's Information Governance assessment for 2013/14 reported full compliance and achieved Level 2/3 attainment in all applicable requirement

7.2 NHS Direct was not subject to the Payment by Results clinical coding audit during 2013/14 by the Audit Commission as this process was not applicable to the services provided by NHS Direct

8.0 Board Quality Achievements for 2013/14

On 1st April 2014 NHS Direct was dissolved ceased delivering services to patients. Throughout the year 2013/14 NHS Direct ensured that:

8.1 Continuous Quality Improvement
We continued to provide high quality services that were in line with nationally agreed
standards and sought to continuously improve these. For all our services we routinely undertook call review and audit for all staff actively taking calls. Staff received personalised feedback on the outcomes of these audits in their line management review meetings. The outcomes of these call reviews were used to undertake wider clinical audit in line with the approach advocated in the RCGP Urgent & Emergency Care Clinical Audit Toolkit. The findings of these monthly clinical audits informed the following activity:

- All clinical audit findings were discussed at the cross-directorate Quality Improvement Panel.
- Any quality issues identified were subject to action planning.
- Action plans were monitored by the Quality Improvement Panel until implementation was completed.
- Quality Reports and actions logs were shared with the Senior Clinical Directorate Team, the Clinical Governance Committee and commissioners.

8.2. **Patient experience and outcomes**
We provided a positive experience for our patients and service users helping them to achieve a better health outcome. We monitored this through patient experience and outcome surveys for all our NHS 111 and significant other services to identify and action areas for improvement. We used the nationally approved methodology to undertake these surveys ensuring we feedback results to staff and worked with staff, patients and commissioners to identify areas for improvement arising from these surveys. We reported publicly on our achievements. In addition, the findings of the patient experience and outcome surveys informed the following activities:

- All patient experience and outcome survey findings were discussed at the cross-directorate Quality Improvement Panel.
- Any quality issues identified were subject to action planning.
- Action plans were monitored by the Quality Improvement Panel until implementation was completed.
- Survey Reports and actions logs were shared with the Senior Clinical Directorate Team, the Clinical Governance Committee and commissioners

8.3. **Patient safety standards**
We achieved the required standards for areas of patient safety, agreed with our commissioners for our services for 2013/14. We reported our performance routinely to our Trust Board, our commissioners and also publicly reported on our achievements.

8.4. **Monitoring improvement**
The Board received monthly information on performance against plan for a range of key indicators. This information was provided to commissioners for the core national service in 2013/14, via NHS England, Midlands and East. For our nationally provided services this information was provided to NHS England in 2013/14. This information, as it relates to locally commissioned services, such as our NHS 111 services has also been provided on a regular basis to those local commissioners. Performance monitoring arrangements improved for 2013/14, in agreement with relevant commissioners.
Part 3
Indicators of Quality

During 2013/14, NHS Direct ran three major service streams: a number of locally commissioned NHS 111 services, the DHAS group and the 0845 46 47 service (until February 2014). The table below contains an annualised summary of performance against the main service indicators from the monthly corporate scorecard.

1. Access

The following metrics monitored the likelihood and speed of patients reaching an advisor when calling the service:

<table>
<thead>
<tr>
<th>Service</th>
<th>Metric</th>
<th>Calculation</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>0845 46 47</td>
<td>Answered within 60 seconds</td>
<td>Calls answered within 60 seconds / all calls answered</td>
<td>≥95%</td>
<td>98%</td>
</tr>
<tr>
<td>111</td>
<td>Answered within 60 seconds</td>
<td>Calls answered within 60 seconds / all calls answered</td>
<td>≥90%</td>
<td>99%</td>
</tr>
<tr>
<td>0845 46 47</td>
<td>Abandoned after 30 seconds</td>
<td>Calls abandoned after 30 seconds / all calls answered + calls abandoned after 30 seconds</td>
<td>≤5%</td>
<td>0.4%</td>
</tr>
<tr>
<td>111</td>
<td>Abandoned after 30 seconds</td>
<td>Calls abandoned after 30 seconds / all calls offered</td>
<td>≤5%</td>
<td>0.3%</td>
</tr>
</tbody>
</table>

2. Effectiveness

The following metrics monitored adherence to standard processes, communicative quality and appropriateness of outcome:

<table>
<thead>
<tr>
<th>Service</th>
<th>Metric</th>
<th>Calculation</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>0845 46 47</td>
<td>Call Quality</td>
<td>Call reviews rated good or excellent/all call reviews</td>
<td>≥80%</td>
<td>86.5%</td>
</tr>
<tr>
<td>111</td>
<td>Call Quality</td>
<td>Call reviews rated good or excellent/all call reviews</td>
<td>≥80%</td>
<td>86%</td>
</tr>
<tr>
<td>DHAS</td>
<td>Call Quality</td>
<td>Call reviews rated good or excellent/all call reviews</td>
<td>≥80%</td>
<td>91%</td>
</tr>
<tr>
<td>0845 46 47</td>
<td>Calls not requiring onward referral</td>
<td>Calls not requiring onward referral /all calls</td>
<td>-</td>
<td>49%</td>
</tr>
<tr>
<td>111</td>
<td>Referrals to 999</td>
<td>Calls referred to 999 / all calls answered</td>
<td>≤10%</td>
<td>10%</td>
</tr>
</tbody>
</table>

* no formal target due to 0845 46 47 operating as a contingency

3. Patient experience

These metrics monitored patient feedback and satisfaction with the service they had received:

<table>
<thead>
<tr>
<th>Service</th>
<th>Metric</th>
<th>Calculation</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>0845 46 47</td>
<td>Complaints per 10,000 calls</td>
<td>Complaints / (all calls/10,000)</td>
<td>≤1</td>
<td>0.30</td>
</tr>
<tr>
<td>111</td>
<td>Complaints per 10,000 calls</td>
<td>Complaints / (all calls/10,000)</td>
<td>≤1</td>
<td>0.43</td>
</tr>
<tr>
<td>DHAS</td>
<td>Complaints per 10,000 calls</td>
<td>Complaints / (all calls/10,000)</td>
<td>≤1</td>
<td>0.30</td>
</tr>
<tr>
<td>0845 46 47</td>
<td>Patient Satisfaction</td>
<td>Average reported experience of service provided</td>
<td>-</td>
<td>95%</td>
</tr>
<tr>
<td>111</td>
<td>Patient Satisfaction</td>
<td>Average reported experience of service provided</td>
<td>≥90%</td>
<td>86%**</td>
</tr>
</tbody>
</table>

* no formal target due to 0845 46 47 operating as a contingency service pending introduction of locally commissioned NHS 111 services.
**Patient satisfaction for the NHS 111 services provided failed to meet target during the period. Feedback from patients identified that long call length was an issue. Feedback was given to commissioners with regards to the Directory of Service entries that delayed staff concluding calls, and actions as identified arising from clinical audits were undertaken. Patient satisfaction during this period may also reflect the teething problems of delivering new services.

4. Safety

These metrics scored clinical safety through incident management and review and access to clinicians for secondary triage

<table>
<thead>
<tr>
<th>Service</th>
<th>Metric</th>
<th>Calculation</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>Service-wide incidents leading to harm</td>
<td>Serious incidents investigated found to result in serious harm or death to action or inaction / serious incidents</td>
<td>≤10%</td>
<td>2.4</td>
</tr>
<tr>
<td>0845 46 47</td>
<td>Urgent started within 20 minutes</td>
<td>Calls where clinical assessment was started within the time shown, relative to its urgency</td>
<td>≥95%</td>
<td>94%***</td>
</tr>
<tr>
<td>0845 46 47</td>
<td>Less Urgent started within 60 minutes</td>
<td></td>
<td>≥95%</td>
<td>97%</td>
</tr>
<tr>
<td>0845 46 47</td>
<td>Non urgent started within 120 minutes</td>
<td></td>
<td>≥95%</td>
<td>99%</td>
</tr>
<tr>
<td>111</td>
<td>Call backs within 10 minutes</td>
<td>Queued calls reaching a clinician within 10 minutes/all queued calls</td>
<td>≥98%</td>
<td>62%****</td>
</tr>
<tr>
<td>111</td>
<td>Referrals to clinician that were warm transferred</td>
<td>Calls requiring a clinician that were transferred while the patient was on the phone / all calls requiring a clinician</td>
<td>≥95%</td>
<td>84%</td>
</tr>
</tbody>
</table>

***This target was narrowly missed during the early months of the launch of NHS 111 services as staff focused on delivery of that service. The target was consistently achieved from October 2013 through to February 2014 once it was agreed this service would provide contingency for those areas not covered by NHS111.

****NHS Direct consistently expressed its concern with regards to this target. NHS Direct, using its many years of experience developed a prioritisation process that filtered those patients with an urgent need to the top of a queue ensuring they received priority clinical assessment before those with a less urgent need, thus ensuring patient safety remained the key priority.

Part 4

1. Written statements by other bodies

   Statements were requested from:

   - NHS England (Midlands and East)
   - Local Health Watch, Tower Hamlets
   - Health and Wellbeing Board, Tower Hamlets Council

   NHS England notified the trust of its intention to not make any substantive comments on the document, and the local stakeholders did not respond to the request for comments.

Part 5

Statement of directors’ responsibilities in respect of the Quality Account

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts which incorporates the legal requirements in the Health Act 2009
and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011).

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- the Quality Accounts presents a balanced picture of the Trust’s performance over the period covered;
- the performance information reported in the Quality Accounts is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Accounts, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Accounts is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Accounts have been prepared in accordance with Department of Health guidance.

The directors confirm to the best of their knowledge and belief they complied with the above requirements in preparing the Quality Account.

By order of the Board

........................................Date...........................................................Acting Chair

........................................Date...........................................................Acting Chief Executive