Part 1

Statement on quality of services

NHS Direct has a national role in supporting patients by providing remotely-delivered healthcare via the telephone and internet. It is a fundamental objective for the Trust that these services are safe and effective, and that our patients value the advice and information we provide.

None of the national clinical audits or national confidential enquiries in 2012/13 were relevant to the NHS Direct service. We did complete our own programme of clinical audits, which showed where improvements could be made and gave assurance that we are meeting essential standards. None of the periodic reviews of the Care Quality Commission (CQC) were relevant to our services in 2012/13 and no inspection or enforcement action was undertaken against the Trust during this period.

During 2012/13 NHS Direct launched new NHS 111 services in parts of the England where we have been commissioned to provide them. During this year we have also stopped providing our national 24/7 telephone service in some parts of England as NHS 111 services operated by us and other providers were fully launched. By 31 March 2013 we were still providing our national service to about half of England with a plan for this to reduce to complete service closure later in 2013.

Throughout 2012/13, the Trust Board received monthly reports on safety, effectiveness and patient satisfaction with the service. 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 per 100,000 calls and our regular patient satisfaction ratings exceeded our target of more than 90% for the rating given to us by our patients and service users.

Sir Robert Francis QC published his report on 6 February 2013, of Mid Staffordshire NHS Foundation Trust Public Inquiry. The Trust Board considered the original Francis Report when it was published in 2010, and agreed a number of actions in the light of the report. These actions included active engagement of Board members with staff, and reviews of patient calls to ensure that the Board is directly in touch with the day to day service provided to patients. Patient calls, including the patients direct feedback on their experience has been shared with the Trust Board on a monthly basis since the first report was published. Board members have also undertaken a number of site visits which enabled Executives and Non Executives to meet with staff and hear first hand their views on the services we provide to patients and their experiences of being an employee of NHS Direct.

The Trust Board has endorsed the content of this Quality Account. To the best of my knowledge, the information contained in this Quality Account for NHS Direct for 2012/13 is accurate.

I hope that you find it informative. If you would like to tell us your views about this report or our services, please contact us on 0845 600 1866 or by email to members@nhsdirect.nhs.uk

Nick Chapman
Chief Executive
Part 2

Schedule of Prescribed Information for 2012/13

1.0 During 2012/13, NHS Direct provided and/or subcontracted for 123 NHS services.

1.1 NHS Direct has reviewed all the data available on the quality of care in all 123 of these NHS services.

1.2 The income generated by the NHS services reviewed in 2012/13 represents 100% per cent of the total income generated from the provision of NHS services by NHS Direct for 2012/13.

2.0 During 2012/13, there were no national clinical audits or national confidential enquiries that covered the services NHS Direct provides*.

2.1 As there were no national clinical audits or national confidential enquiries applicable to NHS Direct the question as to NHS Direct’s participation in such activities does not arise.

2.2 The national clinical audits and national confidential enquiries that NHS Direct was eligible to participate in during 2012/13 are as follows: 0*.

2.3 The national clinical audits and national confidential enquiries that NHS Direct participated in during 2012/13 are as follows: 0*.

2.4 The national clinical audits and national confidential enquiries that NHS Direct participated in, and for which data collection was completed during 2012/13, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry: 0*.

2.5 The reports of 0 national clinical audits were reviewed by the provider in 2012/13*

2.6 NHS Direct intends to take the following actions to improve the quality of healthcare provided: None applicable*.

2.7 The reports of nine local clinical audits were reviewed by NHS Direct in 2012/13 and NHS Direct intends to take the following actions to improve the quality of healthcare provided:

2.7.1 Annual clinical records clinical audit 2012/13 – 0845/NHS 111 services
   - A briefing paper, highlighting positive results and areas for improvement, was prepared for cascade to staff by the Senior Clinical Directorate Team. This coincided with the launch of the new procedure for health records
   - Report included in the Information Governance return.

2.7.2 Urgent & Emergency Care clinical audit - NHS 111 services
   - Monthly feedback of results to the Quality Improvement Panel
   - Specific action plan and alignment of actions with other quality work streams and clinical audit action plans
   - Process developed to ensure 1% of calls to NHS 111 services are reviewed
   - Request for change submitted to Pathways.

2.7.3 National Quality Requirements and NHS 111 service specifications clinical audit - Commissioned/NHS 111 Services
   - The route of transfer of patient information to their own GP explicit in all contracts
   - PROMS & PREMS and Urgent & Emergency Care clinical audit reporting framework included in organisational reporting template
   - Patient experience and outcome surveys in place
   - Service continuity guidance for staff in place
   - Staff experience surveys in progress
   - Repeat caller compliance monitored
   - Re - audit to be undertaken (NHS 111 services).

2.7.4 Adherence to contingency guidance on the warm transfer of P1 calls clinical audit - 0845 service.
   - Contingency P1 warm transfer guidance re written
   - Clinical Advice call review data analysed
   - The prompt to queue message available across all telephony hubs.

*None of the national clinical audits or national confidential enquiries were relevant to any of the services provided by NHS Direct during 2012/13.
2.7.5 Provision of information regarding outcome, treatment location and time of treatment, to callers to the North West 111 service clinical audit - NHS 111 service

- Comments regarding the quality and appropriateness of interim care given advice to callers feedback to Pathways Clinical Governance Group
- North West 111 Clinical Governance Committee informed of audit results and actions
- Survey question reviewed to improve clarity for survey respondents.

2.7.6 Prioritisation of P1 calls clinical audit - 0845 service

- Practise updates for staff implemented and monitored
- Review of clinical software.

2.7.7 Re-audit: Toxic substance - 0845/NHS 111 services

- Reminders to all staff regarding Best Practice
- Request for change submitted to Pathways
- Feedback to National Poisons Information Service regarding substances audited that did not have any or had insufficient information on the website.

2.7.8 Safeguarding Adults and Adult In Need referrals clinical audit - 0845/NHS 111 services

- Poster campaign reinforcing the referral criteria and process
- Communication to all staff highlighting good practice and outlining of areas for improvement
- Training materials reviewed to support for consistency of referral decisions
- Review of guidance on calls from Nursing/Care Homes/ Domiciliary services
- Revision of policy
- Re - audit to be undertaken (NHS 111 services).

2.7.9 Annual clinical records clinical audit 2012/13 - 0845/NHS 111 services

- Monthly reminders to staff regarding documentation best practice
- Revision of documentation best practice for handling Medicines Enquiries
- Revision of call review tool for Health Information staff
- Benchmarking to improve consistency of reviews
- Feedback to Department of Heath regarding standards which are not congruent with e-records.

3.0 The number of patients receiving NHS services provided or sub-contracted by NHS Direct in 2012/13 that were recruited during that period to participate in research approved by a research ethics committee was 684.

4.0 NHS Direct income in 2012/13 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*.

*None of NHS Direct’s commissioners required these conditions to be applied through CQUIN, but some services did have financial penalties associated with not meeting key performance indicators.

5.0 NHS Direct is required to register with the Care Quality Commission (CQC) and its current registration status is unconditional. NHS Direct has the following conditions on registration: None.

5.1 The CQC has not taken enforcement action against NHS Direct during 2012/13.

6.1 NHS Direct is not subject to periodic reviews by the CQC.

7.1 NHS Direct has not participated in any special reviews or investigations by the CQC during the reporting period*.

*None of the special reviews or investigations by the CQC were relevant to the services provided by NHS Direct in 2012/13.

8.1 Following an independent review of data quality relating to our Quality Account, an audit rating of Substantial Assurance was achieved.

8.2 NHS Direct did not submit records during 2012/13 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics, which are included in the latest published data*.

*None of the data collected by NHS Direct in 2012/13 was relevant to be submitted to the Secondary Uses Service for inclusion in the Hospital Episode Statistics.

9. NHS Direct’s information governance assessment for 2012/13 reported Level 2/3 attainment for all but one requirement, with one at Level 1.

10. NHS Direct was not subject to the Payment by Results clinical coding audit during 2012/13 by the Audit Commission.
Board Quality Priorities for 2013/14

During 2013/14 we will provide newly commissioned and launched NHS 111 services which cover circa a third of England, and will continue to provide a contingency 0845 46 47 telephone assessment and advice service for agreed areas of the country until their NHS 111 services are fully launched. NHS Direct will also provide a range of services for the whole of England, including: a Complex Health Information and Medicines Enquiry services; NHS Health and Symptom Checkers online and through mobile applications with a click for nurse assessment component; and a Dental Nurse Advice service.

1. Continuous Quality Improvement

We will continue to provide a high quality service that is in line with nationally agreed standards and seek to continuously improve these. We will monitor and strive to improve our performance through clinical audits of all our NHS 111 and other significant services to identify and take action in areas for improvement. For all our services we will routinely undertake call review and audit for all staff actively taking calls. Staff will receive personalised feedback on the outcomes of these audits in their line management review meeting. The outcomes of these call reviews will be used to undertake wider clinical audit in line with the approach advocated in the Royal College of General Practitioners (RCGP) Urgent & Emergency Care Clinical Audit Toolkit. We will share the findings of these clinical audits with our commissioners and agree approaches to improve performance where necessary.

2. Patient experience and outcomes

We will provide a positive experience for our patients and service users supporting them in achieving a better health outcome. We will monitor this through patient experience and outcome surveys for all our NHS 111 and significant other services to identify and action areas for improvement. We will use the nationally approved methodology to undertake these surveys ensuring we feedback results to staff and work with staff, patients and commissioners to identify areas for improvement arising from these surveys. We will report publicly on our achievements.

3. Patient safety standards

We will achieve the required standards for areas of patient safety, agreed with our commissioners for our services for 2013/14. For example the rate of calls requiring transfer to a clinician for validation that are transferred live without need for call-back. We will report our performance routinely to our Trust Board, our commissioners and will also publicly report on our achievements.

4. Monitoring improvement

The Board receives monthly information on actual performance against plan for each of these key indicators. This information was provided to the commissioner for the core national service in 2012/13, NHS Midlands and East. For our nationally provided services this information will be provided to the NHS England in 2013/14. This information, as it relates to locally commissioned services, such as our NHS 111 services is also provided on a regular basis to those local commissioners. Performance monitoring arrangements have been improved for 2013/14, in agreement with relevant commissioners, and we intend to ensure these arrangements deliver the focus required.
Part 3

1. Indicators of quality for 2012/13

This section of this Quality Account relates to NHS Direct’s core national service, which was available to the public in England*, 24 hours a day, 365 days a year in 2012/13. This service was available via the telephone on 0845 4647 or on the internet through NHS Choices (www.nhs.uk) and NHS Direct’s own website (www.nhsdirect.nhs.uk).

*During 2012/13 this service closed in some areas of the country as the new NHS 111 services were launched and closed to the whole country in its national form on 21 March 2013. A contingency service continued to be available to support those areas without a fully operational NHS 111 service.

The tables below contain the indicators of quality selected by the Trust Board and reviewed by it regularly during the year.

<table>
<thead>
<tr>
<th>Safety domain</th>
<th>Effectiveness domain</th>
<th>Patient experience domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>% incidents reviewed nationally that were judged as leading to harm to patients</td>
<td>% of calls resulting in onward referral to emergency and urgent health services</td>
<td>Patient satisfaction (%)</td>
</tr>
<tr>
<td>% urgent (P1) clinical assessments started in 20 minutes</td>
<td>% of calls completed within NHS Direct NHS Trust</td>
<td>Number of complaints per 10,000 calls</td>
</tr>
<tr>
<td>% less urgent clinical assessments (P2) started in 60 minutes</td>
<td>% of health and nurse advisors’ time online spent talking with patients</td>
<td>% calls answered within 60 seconds</td>
</tr>
<tr>
<td>% non urgent clinical assessments (P3) started in 120 minutes</td>
<td>% call reviews achieving good or excellent</td>
<td>% complaints resolved first time</td>
</tr>
</tbody>
</table>

2. Safety

In 2012/13, NHS Direct achieved the following performance in indicators relating to patient safety:

<table>
<thead>
<tr>
<th>Safety domain</th>
<th>2012/13 achievement</th>
<th>2012/13 target</th>
</tr>
</thead>
<tbody>
<tr>
<td>% incidents for national review leading to harm*: standard achieved</td>
<td>0.3%</td>
<td>≤10%</td>
</tr>
<tr>
<td>% urgent (P1) clinical assessments started in 20 minutes: standard achieved</td>
<td>96%</td>
<td>≥95%</td>
</tr>
<tr>
<td>% less urgent clinical assessments (P2) started in 60 minutes: standard not achieved</td>
<td>92%</td>
<td>≥95%</td>
</tr>
<tr>
<td>% non urgent clinical assessments (P3) started in 120 minutes: standard not achieved</td>
<td>94%</td>
<td>≥95%</td>
</tr>
</tbody>
</table>

* This indicator relates to all NHS Direct’s clinical services, not just the core national service.
3. Clinical effectiveness
In 2012/13, NHS Direct achieved the following performance in indicators relating to clinical effectiveness:

<table>
<thead>
<tr>
<th>Effectiveness domain</th>
<th>2012/13 achievement</th>
<th>2012/13 target</th>
</tr>
</thead>
<tbody>
<tr>
<td>% call reviews achieving good or excellent:</td>
<td>74%</td>
<td>≥60%</td>
</tr>
<tr>
<td>standard achieved</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Telephone contacts not requiring onward referral:</td>
<td>46%</td>
<td>≥43%*</td>
</tr>
<tr>
<td>standard achieved</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(*Throughout 2012/13 the urgency of patient need for callers to NHS Direct changed from month to month. Due to this changing level of need, the target for this area also changed each month to reflect this. The 46% achieved and target shown of 43% represent annualised figures)

4. Patient experience
In 2012/13, NHS Direct achieved the following level of quality for performance in indicators relating to patient experience:

<table>
<thead>
<tr>
<th>Patient experience domain</th>
<th>2012/13 achievement</th>
<th>2012/13 target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient satisfaction (%)</td>
<td>92%</td>
<td>≥90%</td>
</tr>
<tr>
<td>Number of complaints per 10,000 calls: standard achieved</td>
<td>0.25</td>
<td>≤1.0</td>
</tr>
<tr>
<td>% calls answered within 60 seconds: standard not achieved</td>
<td>90%</td>
<td>≥95%</td>
</tr>
<tr>
<td>% complaints resolved first time: standard achieved</td>
<td>96%</td>
<td>≥95%</td>
</tr>
</tbody>
</table>
Part 4

1. Written statements by other bodies

1.1 The NHS England; provided on 12 June 2013:

“2012/13 was a challenging year for NHS Direct as they were required to sustain the national 0845 service until March 2013, mobilise new NHS 111 services and plan to provide a 0845 Contingency service for certain parts of the country into 2013/14. Throughout this transition period NHS Direct worked collaboratively with NHS Midlands and East, as the national commissioner for the 0845 service, to ensure a safe and high quality service at all times. NHS Direct was always receptive to changing commissioner requirements and planning these changes together. NHS Midlands and East is fully supportive of the local clinical audits reviewed by NHS Direct during 2012/13 and the issues that were given priority and focus during the year.”

1.2 Overview and Scrutiny Committees and Local Involvement Networks: NHS Direct, as a national provider, is not required to seek assurance from local Overview and Scrutiny Committees and Local Involvement Networks on the production of this Quality Account.

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 Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, 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 Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health guidance.

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

By order of the Board

Joanne Shaw
Chair, NHS Direct National Health Service Trust

Nick Chapman
Chief Executive

18 June 2013
If, owing to a special need, you would like this document in another format please call the NHS Direct Communications Department on 020 7599 4200.

Any enquiries regarding these Quality Accounts should be sent to us at NHS Direct, 2nd Floor, 102 Leman Street, London, E1 8EU Telephone 020 7599 4200