



National Audit Office

REPORT BY THE
COMPTROLLER AND
AUDITOR GENERAL

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7 MARCH 2013

Memorandum on the provision of the out-of-hours GP service in Cornwall

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National Audit Office

Memorandum on the provision of the out-of-hours GP service in Cornwall

Report by the Comptroller and Auditor General

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Amyas Morse
Comptroller and Auditor General
National Audit Office

5 March 2013

This memorandum sets out the results of our investigation into specific concerns raised about the out-of-hours GP service in Cornwall.

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This report can be found on the
National Audit Office website at
www.nao.org.uk/gp-services-cornwall-2013

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Summary

1 Out-of-hours services provide urgent primary care when GP surgeries are closed. Since 2006, the out-of-hours service in Cornwall has been provided by Serco, under contract with the primary care trust. From 1 April 2013, responsibility for the contract will transfer from the primary care trust to the clinical commissioning group. Serco's current contract runs from 2011 to 2016, and is worth an estimated £32 million in total.

2 During 2012, whistleblowers raised a number of concerns about the out-of-hours service in Cornwall, which were reported by the media. Following this, the Chair of the Committee of Public Accounts asked the National Audit Office to look into what had happened. This memorandum sets out the results of our investigation. Our work addressed the specific concerns raised about the out-of-hours service in Cornwall. We did not examine out-of-hours services more generally or Serco's other contracts with the NHS.

3 Between September 2012 and January 2013, we:

- spoke directly to whistleblowers;
- interviewed staff in Serco, Cornwall and Isles of Scilly Primary Care Trust, Kernow Clinical Commissioning Group, NHS South of England, the Department of Health, RSM Tenon and the Care Quality Commission;
- visited the headquarters of Serco's out-of-hours service in Truro, observed the operation of the service, and spoke to clinical staff and health advisers who handle the calls;
- reviewed key documents including Serco's contract with the primary care trust, internal audit and forensic audit reports, performance reports and minutes of meetings; and
- analysed staffing and performance data for 2011 and 2012.

Key conclusions

The quality and safety of the out-of-hours service

4 Concern raised: Serco had been unable to fill shifts with appropriately qualified staff with the result that the out-of-hours service was unsafe.

5 Conclusions: A clinical review of the out-of-hours service commissioned by the primary care trust in June 2012 found no evidence that the service was, or had been, systematically clinically unsafe. During 2012, however, Serco regularly had insufficient staff to fill all clinical shifts. It also frequently redeployed some GPs, taking them out of the cars available for home visits and using them to cover clinic shifts instead.

6 As a registered provider of out-of-hours care, Serco has a legal obligation to meet essential standards of quality and safety, which include having sufficient numbers of appropriate staff. In July 2012, however, the Care Quality Commission concluded that the out-of-hours service did not have enough qualified, skilled and experienced staff to meet people's needs. Serco has taken action in response to the Commission's report, including agreeing with the primary care trust and clinical commissioning group the staffing levels that would be needed to provide a safe service. This includes at least three GPs working overnight.

7 When it re-inspected the service in December 2012, the Care Quality Commission found that the number of clinical staff employed had increased since the previous inspection. Nonetheless, Serco needed to take further action to comply with the essential standard on staffing because there were not enough health advisers employed to meet people's needs and to meet the national quality requirements relating to call handling time. Health advisers are non-clinical staff who handle incoming calls.

8 Serco has not consistently met the national quality requirements for out-of-hours services set by the Department of Health (the Department). Performance against the requirements declined significantly following the introduction of NHS Pathways in May 2012. NHS Pathways is a new triage system which is required by Serco's contract with the primary care trust. Serco has since taken steps in response to these problems, including using more clinical staff to support the health advisers handling calls, and performance is now recovering.

9 Some comparative information on the performance of out-of-hours services across England is available from a benchmarking exercise. The most recent exercise, which took place before Serco introduced the NHS Pathways system, showed that the service provided by Serco in Cornwall performed well relative to other services. Undertaking patient surveys is also a requirement of Serco's contract with the primary care trust. For the week beginning 6 August 2012, 95 questionnaires were returned, of which 86 per cent rated the service as excellent, good or fair.

Changes to the performance data Serco reported to the primary care trust

10 Concern raised: Serco staff were altering performance data with the result that the performance of the out-of-hours service reported to the primary care trust was overstated.

11 Conclusions: A forensic audit by a specialist Serco team, covering data between January and June 2012, found that two members of Serco's staff made 252 unauthorised changes to performance data (0.2 per cent of all interactions) during the six-month period which were inappropriate or where there was no evidence to justify the change. The changes affected 20 of the 152 separate performance measures reported to the primary care trust for those six months. The changes altered reported, not actual, performance.

12 As a result, Serco's performance in meeting the national quality requirements for out-of-hours services was overstated in seven instances. In five cases, performance should have been rated as amber (partially compliant with the requirements) but was reported as green (fully compliant). In one case, performance should have been rated as red (not compliant) but was reported as amber. And in one case, performance should have been rated as red but was reported as green. The changes did not affect the amount of money the primary care trust paid to Serco.

13 Following its investigation, Serco has taken a variety of steps to strengthen its internal controls aimed at preventing or detecting changes to performance data. Serco has emphasised that the changes made to performance data were wholly unacceptable, and the staff identified as responsible have left the company. In addition, the primary care trust has strengthened its oversight of the out-of-hours service and its contract with Serco.

Protecting whistleblowers

14 **Concern raised:** The protection for whistleblowers was insufficient with the result that staff were reluctant to raise concerns.

15 **Conclusions:** Whistleblowers played a significant role in bringing to the attention of the primary care trust and the media concerns about Serco's provision of the out-of-hours service in Cornwall that had not been identified by routine management controls or by the primary care trust itself. Serco had an established whistleblowing policy in place, but evidence suggests that whistleblowers were still fearful of raising concerns. This is an issue that is not confined to the out-of-hours service in Cornwall. The government has previously recognised that, although whistleblowers are legally protected, practice on the ground in the NHS has not always been effective.

16 In June 2012, Serco and the primary care trust wrote a joint letter to all staff in the out-of-hours service, reminding them of the importance of raising concerns and the protection available to whistleblowers. More widely, in October 2012 the NHS Employers organisation together with other relevant bodies published a charter to encourage staff to speak up when they have concerns.

Recommendations

a **The primary care trust and the clinical commissioning group should use all the data available to them to review and challenge Serco's performance.**

The primary care trust has access to detailed data about the out-of-hours service, including call handling times, responsiveness, staffing levels and staff mix, as well as wider impacts such as demand on the ambulance service. Assessing the quality and safety of the service as a whole depends on combining all these factors effectively. Looking at them in isolation, rather than examining the relationships between them, will not show how weaknesses in one area may be affecting performance in another.

- b The primary care trust and the clinical commissioning group should review the contract with Serco to link financial incentives more clearly to achieving essential quality standards.** The contract says the primary care trust can issue a remedial notice, or ultimately terminate the contract, if Serco fails to meet the national quality requirements. However, there is only a weak link between financial incentives and achieving the requirements. The clinical commissioning group has questioned whether the contract will give it sufficient ability to challenge Serco as robustly as it might wish as the commissioner of the service.
- c The primary care trust and the clinical commissioning group should consider, in discussion with Serco, whether to specify in the contract minimum staffing levels for a safe service.** The Care Quality Commission, and others, have raised concerns about the adequacy of staffing levels, but there is no national or local benchmark for the number or mix of staff needed to be confident of a safe service.
- d The clinical commissioning group should review the effectiveness of the new technical working group when it becomes responsible for the contract in April 2013.** The working group is a key part of the measures taken to strengthen oversight of the out-of-hours service. In particular, the working group is expected to advise senior managers on Serco's contractual performance and give assurance that data handling protocols are operating properly to ensure the accuracy of performance data reported by Serco. The clinical commissioning group should consider whether it needs to change the terms of reference or membership of the working group to enhance its effectiveness.
- e NHS bodies should undertake an impact assessment before implementing the NHS Pathways system, and take action to mitigate the impact on the service provided to patients.** Other out-of-hours services and the new 111 service for urgent care are expected to use NHS Pathways from 2013. The primary care trust specified that NHS Pathways should be used. Although there was an implementation and communication plan, neither Serco nor the primary care trust carried out a full impact assessment in advance. In the months after NHS Pathways was introduced, Serco's performance against national quality requirements relating to the responsiveness of the service fell significantly, and additional pressure was put on the local ambulance service.
- f The Department of Health should take the lead in making sure that whistleblowers are, and feel, protected throughout the NHS.** Whistleblowers are a valuable source of intelligence and should be encouraged to come forward. To help reassure whistleblowers, the Department should instruct NHS bodies to publish their whistleblowing policies. This would help ensure that local policies are transparent, consistent and fully compliant with national policy. The Department should also make sure local NHS bodies hold managers to account if whistleblowers suffer reprisals.

Part One

The out-of-hours GP service in Cornwall

1.1 Out-of-hours services provide urgent primary care when GP surgeries are closed – from 6.30pm to 8.00am on weekdays and all day at weekends and on bank holidays. This means that out-of-hours services cover almost 70 per cent of the hours in an average week. Since 2004, the General Medical Services contract has allowed GPs to choose whether to provide out-of-hours services or to transfer responsibility to their primary care trust.

1.2 Since 2006, out-of-hours services in Cornwall have been provided by Serco, under a contract with Cornwall and Isles of Scilly Primary Care Trust. Before that, a GP consortium, KernowDoc, provided this service. Serco's current contract with the primary care trust runs for five years from October 2011, and is worth an estimated £32 million (excluding inflation) in total.

1.3 Serco is contracted to provide a wide range of public services in the UK. Cornwall is its only out-of-hours contract. It also provides health services in a number of prisons and young offender institutions, community health services in the east of England and, in a joint venture with the NHS, pathology services in London.

1.4 Since 1 April 2012, the Care Quality Commission has regulated out-of-hours services. The Commission registers providers and checks they comply with essential standards of quality and safety. Prior to April 2012, out-of-hours providers were not subject to independent regulation.

The nature of the out-of-hours service

1.5 Serco provides the out-of-hours service for the whole of mainland Cornwall, covering a total of 71 GP practices. Cornwall is a large, rural county. It has a relatively small resident population of around 530,000, but attracts more than five million visitors a year. The primary care trust noted, in its specification for the out-of-hours contract, that 46 per cent of the population live in dispersed settlements of fewer than 3,000 people.

1.6 Compared with demand in other parts of England, demand for out-of-hours care in Cornwall is relatively high. As part of a national benchmarking exercise published in April 2012, the Primary Care Foundation estimated that the volume of out-of-hours cases for Cornwall and Isles of Scilly Primary Care Trust was 171 per 1,000 people per year.¹ This placed the primary care trust 16th out of 91 for volume of cases. Across all primary care trusts in England, the estimated volume of cases per 1,000 people per year ranged from around 50 to over 200.

1.7 The main components of Serco's out-of-hours service are:

- ten emergency clinics (**Figure 1** overleaf), staffed by GPs, nurses and emergency care practitioners;²
- a number of cars, each with a GP or emergency care practitioner and a driver, distributed throughout the county to provide additional care flexibly given Cornwall's dispersed population; and
- a call centre based in the head office in Truro, which includes nurses and GPs as well as dedicated 'health advisers' who handle calls.

Responsibility for commissioning and oversight of the contract

1.8 Until 31 March 2013, Cornwall and Isles of Scilly Primary Care Trust is responsible for commissioning healthcare, including the out-of-hours service, for its local population from NHS and other providers. The strategic health authority, NHS South of England, oversees the primary care trust's performance, and is accountable to the Department of Health.

1.9 Under the Health and Social Care Act 2012, primary care trusts and strategic health authorities will be abolished on 31 March 2013, and replaced by the NHS Commissioning Board and clinical commissioning groups. Responsibility for the out-of-hours service in Cornwall will pass to Kernow Clinical Commissioning Group. The Group is currently operating in shadow form. It was involved in re-awarding the contract to Serco in 2011, and attends performance management meetings with Serco, alongside the primary care trust.

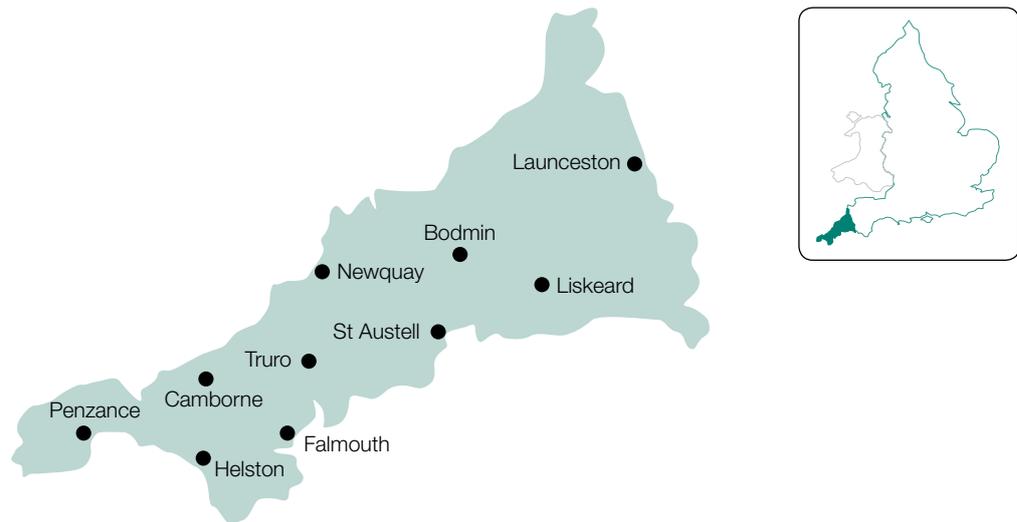
1.10 The primary care trust is responsible for monitoring Serco's performance to make sure the out-of-hours service is provided to the standards agreed in the contract. It reviews Serco's performance against national quality requirements and key performance indicators, which are subject to annual review.

1 The Primary Care Foundation was formed in 2006 with the aim of "developing and spreading best practice in unscheduled, emergency and primary care in the UK". It provides a benchmarking service, and has been commissioned to carry out other work for the Department of Health and a number of NHS bodies. The results of the benchmarking exercise are available at www.primarycarefoundation.co.uk/

2 Emergency care practitioners typically come from a nursing or paramedic background, and have advanced clinical assessment and treatment skills.

Figure 1
Out-of-hours emergency clinics in Cornwall

Serco has ten emergency clinics spread throughout Cornwall



NOTE

1 There is an additional clinic at Stratton open only on Saturday and Sunday mornings.

Source: National Audit Office

Part Two

The quality and safety of the out-of-hours service

2.1 Whistleblowers raised concerns that Serco had been unable to fill shifts with appropriately qualified staff, and that as a result the out-of-hours service was unsafe. This part of the memorandum covers Serco's staffing of the out-of-hours service and whether the service is considered to be safe, and the responsiveness of the service measured by whether it meets relevant national quality requirements.

Staffing the out-of-hours service and whether the service is considered to be safe

2.2 As a registered provider of out-of-hours care, Serco has a legal obligation to meet essential standards of quality and safety, which include having sufficient numbers of appropriate staff. In addition, Serco's contract with the primary care trust requires it to "ensure the availability of sufficient numbers of provider staff with appropriate skill, training and competency and who are able and available to recognise, diagnose, treat and manage patients with urgent conditions at all times". There is no benchmark for the number or mix of staff needed to provide a 'safe service' and, when it agreed the contract with Serco, the primary care trust did not define the specific staffing levels needed to do so.

2.3 In August 2012, Serco, in discussion with the primary care trust and the clinical commissioning group, agreed that the staffing model in place would provide a 'lean but safe' service, provided all shifts were filled and some additional GPs were available for triage. The model includes at least three GPs available until midnight, and after midnight two GPs in clinics and one in a car. (Other clinical staff may also be covering clinics and cars, but minimum numbers for these staff have not been specified.) The specification could be used to assess the service Serco provides but it is not incorporated in the contract.

2.4 Two reviews during 2012, by the Care Quality Commission and Dr David Colin-Thomé, considered staffing levels in the out-of-hours service.

The Care Quality Commission's compliance review

2.5 During April and May 2012, soon after it began to regulate out-of-hours providers, the Care Quality Commission carried out three unannounced visits to inspect Serco's provision of out-of-hours care. The inspection team included a GP and the Commission's national adviser in emergency care. The team observed operations at Serco's call handling centre, visited clinics, interviewed staff, reviewed information from stakeholders and talked to people who had used the service.

2.6 Taking account of the specific concerns that whistleblowers raised, the Care Quality Commission assessed whether Serco was complying with eight of the 16 essential standards of quality and safety. It concluded that, at the time of the inspection, Serco was meeting four of these standards, but was not complying with the other four (**Figure 2**).

2.7 One of the essential standards that the Care Quality Commission judged Serco was not meeting related to staffing, where the Commission's overall conclusion was that "there were not enough qualified, skilled and experienced staff to meet people's needs".³ Inspectors found examples of GPs working long shifts, and periods of understaffing. The Commission's assessment was that Serco's failure to meet this standard was having a 'moderate' impact on people using the service.⁴

Figure 2

The findings of the Care Quality Commission's compliance review, July 2012

The Care Quality Commission concluded that Serco was not complying with four of the eight essential standards of quality and safety that it assessed

Essential standard	Finding	Assessment of the impact on people using the service where non-compliant
Respecting and involving people who use services	Compliant	
Care and welfare of people who use services	Compliant	
Safeguarding people who use services from abuse	Non-compliant	Minor
Requirements relating to workers	Compliant	
Staffing	Non-compliant	Moderate
Supporting workers	Non-compliant	Moderate
Assessing and monitoring the quality of service provision	Non-compliant	Moderate
Complaints	Compliant	

Source: Care Quality Commission, *Review of compliance, July 2012*

³ Care Quality Commission, *Review of compliance, July 2012*, available at: www.cqc.org.uk/directory/1-365675351

⁴ A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

2.8 Following publication of the Care Quality Commission's report,⁵ Serco had 14 days to produce an action plan, which it did. Working with the primary care trust, Serco identified five key actions to address the shortfalls in staffing:

- Review, via a series of clinical workshops, the service delivery model to ensure that a clinically safe service is delivered.
- Implement an externally agreed clinically safe service delivery model.
- Recruit a business change manager.
- Review operating procedures to manage rotas more effectively, and identify and manage potential staffing issues at an earlier stage.
- Carry out roadshows to engage local GP practices more effectively.

2.9 In line with its usual practice, the Care Quality Commission re-inspected the out-of-hours service in December 2012. This was to check whether Serco had responded adequately to earlier concerns and whether it was now meeting the essential standards of quality and safety.

2.10 The Care Quality Commission published the results of its follow-up inspection in February 2013.⁶ It judged that Serco was now meeting three of the four standards it had not met at the first inspection. The Commission reported that, although the number of clinical staff employed had increased since the previous inspection, further action was needed for Serco to comply with the essential standard relating to staffing, because "there were not enough Health Care Advisers employed to meet people's needs and to meet the national quality requirements relating to call handling time". The Commission's assessment on this occasion was that Serco's failure to meet this standard was having a 'minor' impact on people using the service.⁷ Serco is recruiting and training additional health advisers, who are non-clinical staff who handle incoming calls. In October 2011, Serco employed 32 health advisers, and it expects to have increased this number to 61 by the end of March 2013.

Dr David Colin-Thomé's review of clinical safety

2.11 In June 2012, in the light of the concerns, the primary care trust commissioned Dr David Colin-Thomé to review the clinical safety of the out-of-hours service.⁸ Dr Colin-Thomé is an independent healthcare consultant and was formerly National Clinical Director for Primary Care at the Department of Health. His review examined the recent and current level of service being provided by Serco, and whether the service Serco provided met the needs of the population.

⁵ Care Quality Commission, *Review of compliance*, July 2012, available at: www.cqc.org.uk/directory/1-365675351

⁶ Care Quality Commission, *Inspection report*, February 2013, available at: www.cqc.org.uk/sites/default/files/media/reports/cudmore_house_inspection_report_-_february_2013.pdf

⁷ A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

⁸ Dr David Colin-Thomé, *Clinical Assurance Review of the out-of-hours service for Cornwall provided by Serco*, available at: www.cornwallandislesofscilly.nhs.uk/DocumentsLibrary/CornwallAndIslesOfScillyPCT/BoardAndCommittees/Board/Minutes/1213/201209/2012053GPOutOfHoursContractUpdate.pdf

2.12 Dr Colin-Thomé reported that he had not found any evidence that the out-of-hours service was, or had been, systematically clinically unsafe. He concluded that “as with most healthcare organisations there have been cases of poor care but no systematic unsafe care”. But he stated that until significant problems, in particular of GP staffing, were all rectified, he could not say with certainty that the service would remain safe.

2.13 Dr Colin-Thomé also concluded that full clinical staffing on a regular basis of Serco’s clinics, the home visiting car service and the call centre, together with improved clinical governance to provide quality assurance, would be sufficient, in his opinion, for a safe service. He noted that there were national difficulties around the recruitment and retention of GPs in out-of-hours services. He also stressed the importance of the various organisations, led by the primary care trust as the commissioner, working in an integrated way to provide 24-hour urgent care.

The mix of staff on duty

2.14 To staff the out-of-hours service, Serco employs some GPs directly and uses self-employed and agency GPs. It also employs triage nurses, nurse practitioners and emergency care practitioners to provide care in clinics and cars.

2.15 Serco has reduced reliance on agency doctors and increased its use of directly employed GPs, who are assumed to have better local knowledge:

- The proportion of clinical hours filled by employed GPs rose from 8 per cent in January 2012 to 19 per cent in December 2012, while the proportion filled by self-employed GPs fell from 42 per cent to 34 per cent (**Figure 3**).
- Serco’s contract with the primary care trust includes a key performance indicator for the proportion of hours worked by agency doctors. The target was relaxed during 2012 and since December 2012 has required that the percentage of hours worked by agency doctors should not exceed 20 per cent per day, except for bank holidays and bank holiday weekends when it should not exceed 30 per cent. Serco met the target during December 2012, except for several days during the Christmas week.

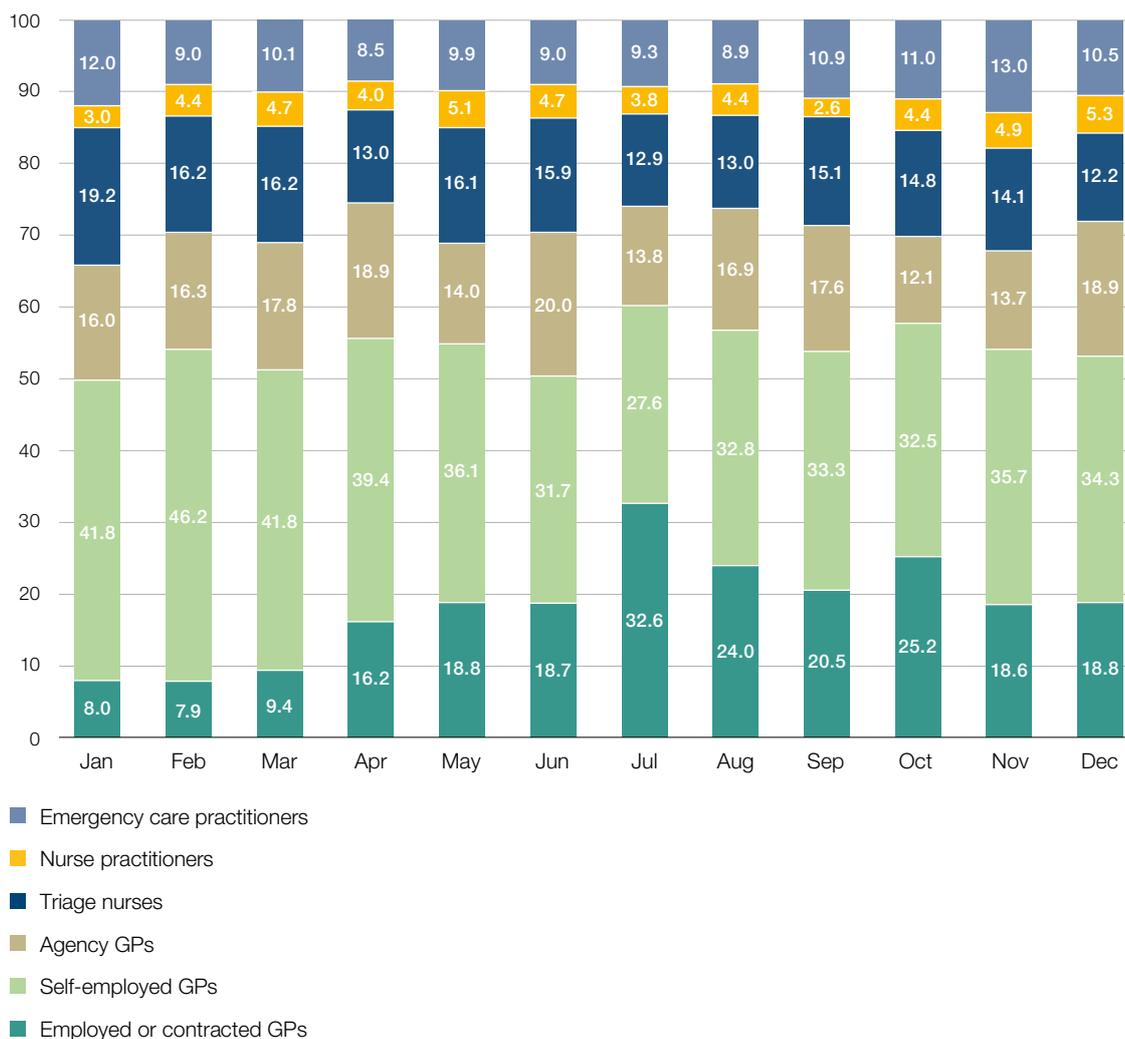
The number of unfilled shifts

2.16 Whistleblowers raised concerns that the out-of-hours service has been short staffed and that Serco has regularly had insufficient GPs available to cover all the hours scheduled for clinic and car shifts. The performance indicators in Serco’s contract with the primary care trust specify the opening hours of each clinic. If clinics are not fully staffed, to remain compliant with the contract Serco may move GPs out of cars into clinics.

Figure 3
Staffing of clinical hours, January to December 2012

The proportion of clinical hours filled by the different types of clinical staff that Serco employs

Percentage of clinical hours



Source: National Audit Office analysis of Serco data

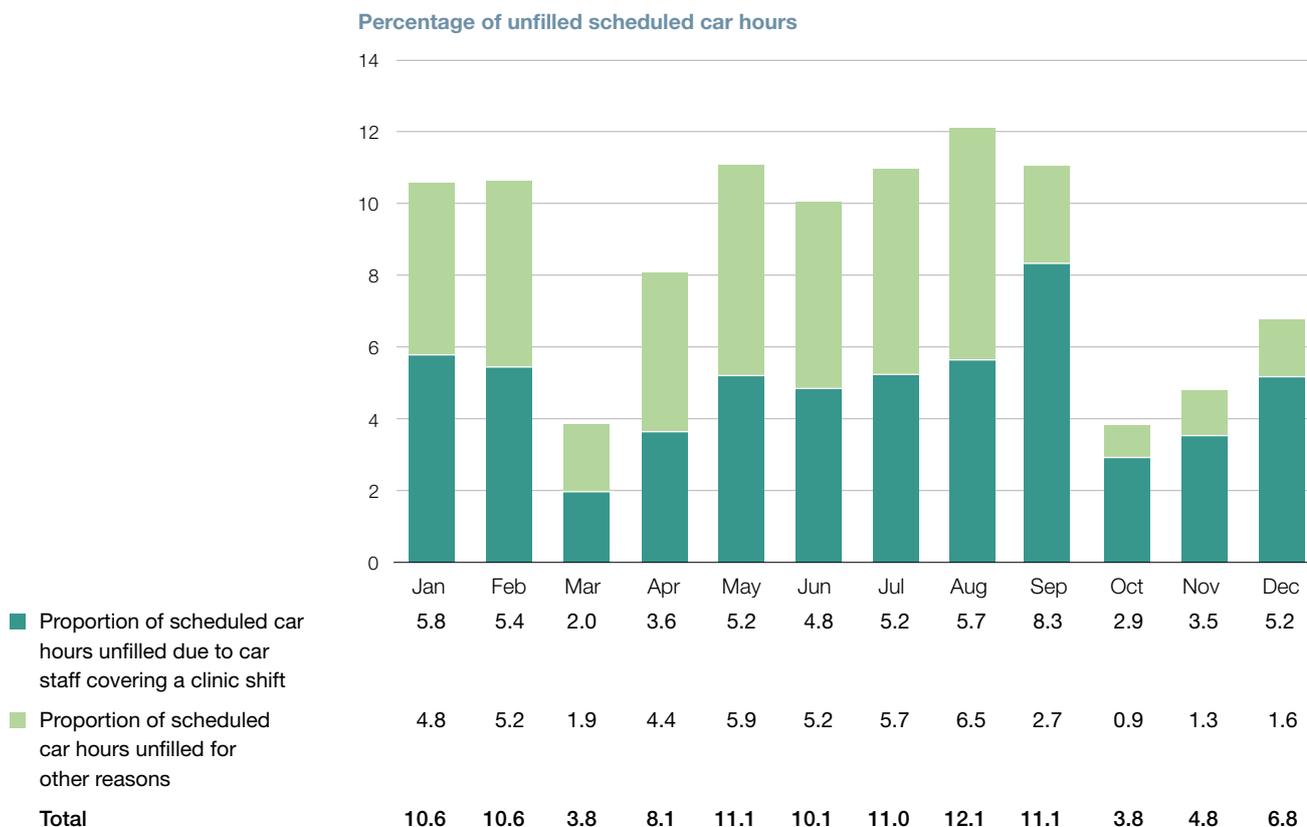
2.17 The Care Quality Commission reported that Serco staff had concerns that taking cars off the road, in order to staff clinics, was detrimental to the out-of-hours service, as they considered that people at home were more in need than those who could get to a clinic. Taking cars off the road does not necessarily mean, however, that the service is unsafe, so long as there is sufficient capacity to deal with all patients whether in their home or in a clinic.

2.18 We analysed staffing data and found that Serco did not fill all of its scheduled car hours in any month in 2012. This was partly because GPs or emergency care practitioners in cars were used to cover clinic shifts (**Figure 4**). Between 58 and 266 hours a month were unfilled for this reason. Overall, the proportion of unfilled car hours was lower in the last three months of 2012, compared with the proportion in all of the preceding nine months except March.

Figure 4

The proportion of scheduled car hours that were unfilled, January to December 2012

Serco did not fill all of its scheduled car hours in any month in 2012, partly because staff in cars were used to cover clinic shifts



NOTE

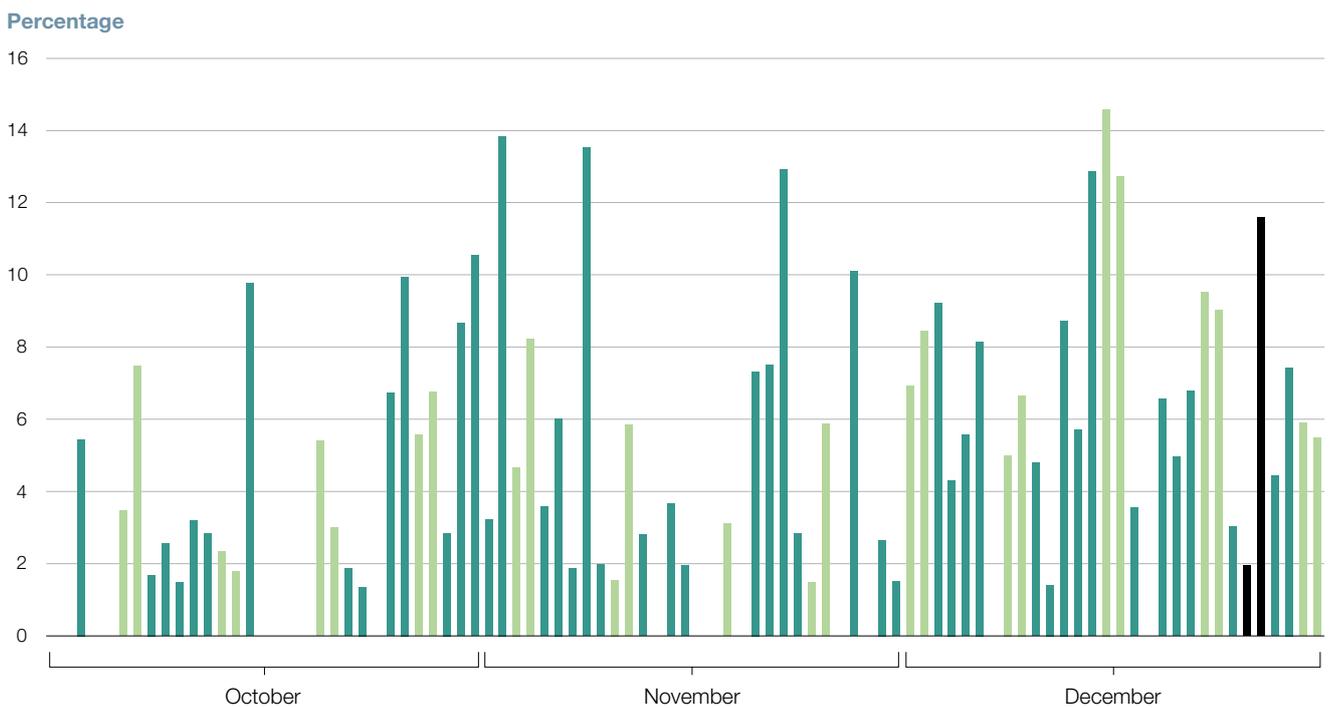
1 Totals may not sum due to rounding.

Source: National Audit Office analysis of Serco data

2.19 Whistleblowers raised particular concerns about clinical staffing levels at weekends and bank holidays. The out-of-hours service comes under particular pressure at weekends when GP surgeries are closed all day. In addition to monthly staffing data for 2011 and 2012, we examined daily data for October, November and December 2012. Most shifts during this three-month period were not fully staffed. In absolute terms, the number of unfilled hours was greater over weekends than on weekday evenings, because the period covered was much longer. However, there was no pattern of unfilled shifts being a higher proportion of total scheduled hours at weekends and bank holidays than on other days of the week (**Figure 5**).

Figure 5
The proportion of clinical hours that were unfilled, October to December 2012

There was no pattern of unfilled shifts being a higher proportion of total scheduled hours at weekends and bank holidays than on other days of the week



NOTE
1 Weekends are shown as light green bars, weekday evenings as dark green bars, and bank holidays as black bars.

Source: National Audit Office analysis of Serco data

The responsiveness of the out-of-hours service

2.20 The Department of Health has set standards – ‘national quality requirements’ – which all out-of-hours services are expected to meet.⁹ The requirements are designed to ensure that patients have access to the same levels of high quality and responsive care across the country. It is the responsibility of primary care trusts to make sure that providers comply with these requirements. Serco gives the primary care trust monthly reports detailing its performance against the requirements.

2.21 Three of the national quality requirements relate to performance in responding promptly to patients and, as such, are indicators of the quality and safety of the out-of-hours service. **Figure 6** shows how these three requirements relate to different stages of a patient’s journey through the service.

Handling calls: national quality requirement 8

2.22 One aspect of national quality requirement 8 is that no more than 0.1 per cent of calls should be engaged. Serco met this standard in only one of the 23 months from January 2011 to November 2012.¹⁰ Apart from June 2012, when the figure peaked at 6.83 per cent, the proportion of engaged calls ranged from 0.05 per cent to 0.73 per cent of calls each month. Serco introduced a new telephone system in December 2012, with more available lines, to reduce the risk of callers receiving an engaged tone. It is also increasing the number of health advisers who handle incoming calls.

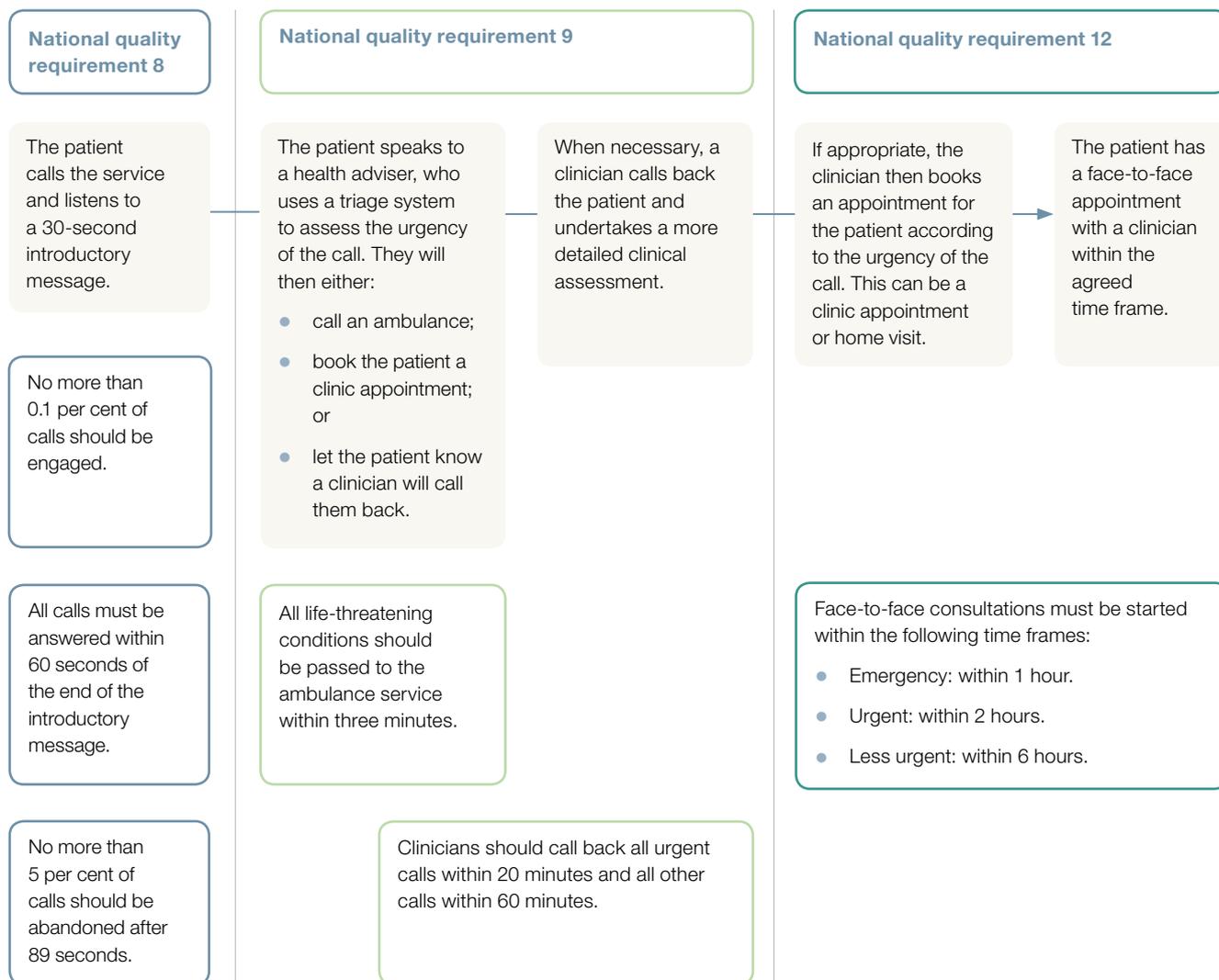
2.23 National quality requirement 8 also requires that in effect all calls should be answered within 90 seconds (an introductory message of no more than 30 seconds plus 60 seconds). It also says that no more than 5 per cent of calls should be abandoned after 89 seconds. From June 2012, the proportion of calls that were abandoned and the proportion that took longer than 90 seconds to answer were substantially higher than in previous months (**Figure 7** on page 20).

2.24 Serco’s performance against national quality requirement 8 has been poorer at weekends, when the volume of calls is higher, than on weekdays. Serco’s analysis of calls in October 2012 found that 93 per cent of abandoned calls were during weekend shifts. Callers who had to wait more than 89 seconds waited, on average, 18 seconds longer on weekdays (so 1 minute 47 seconds altogether). At weekends they waited an extra 1 minute 45 seconds (so 3 minutes 14 seconds altogether).

⁹ Department of Health guidance states that achieving the standard in 95 to 100 per cent of cases is regarded as full compliance with the national quality requirements. The guidance classes performance of 90 to 94.9 per cent as partially compliant, and below 90 per cent as non-compliant. Definitions of the national quality requirements and the accompanying guidance are available at: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4137271

¹⁰ Serco installed a new telephone system in December 2012, and believes that comparative data for that month is not reliable.

Figure 6
A patient’s journey through Serco’s out-of-hours service

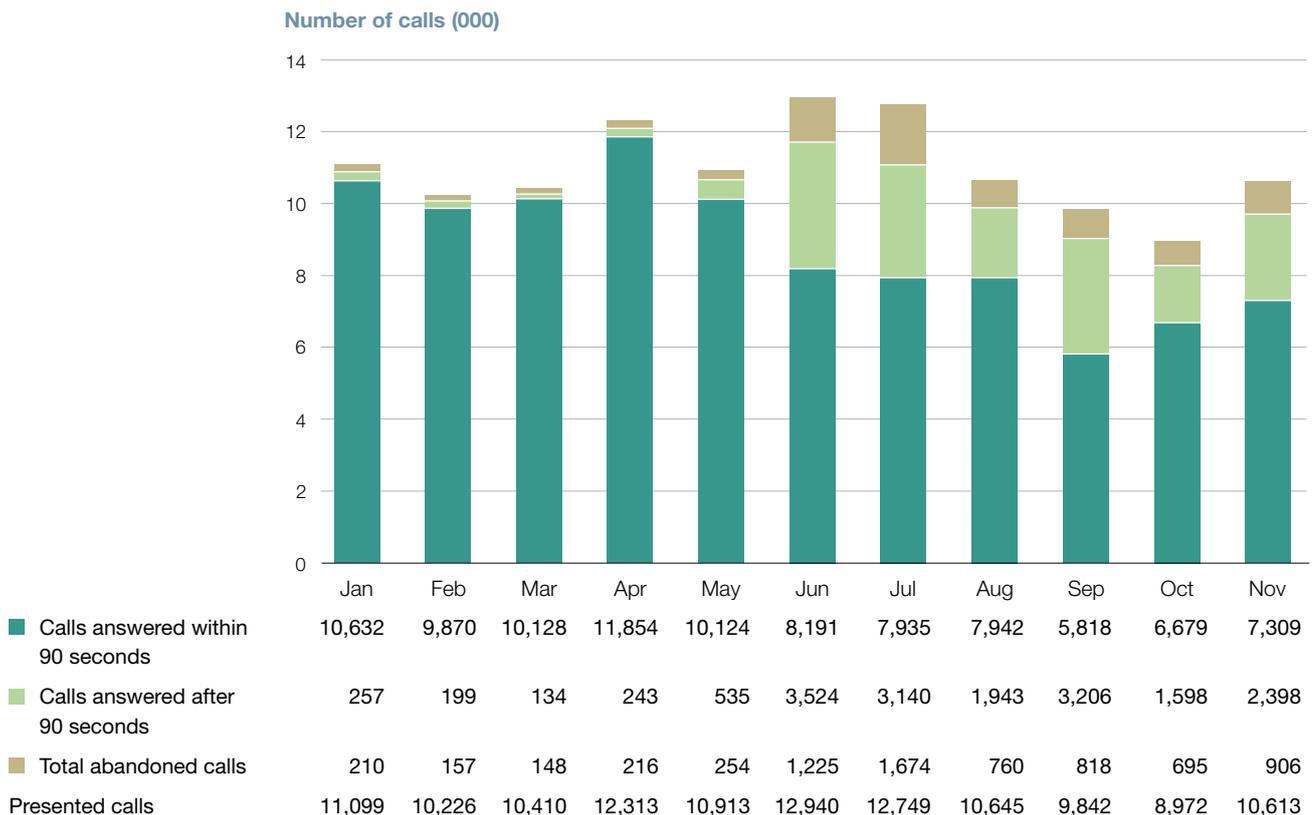


Source: National Audit Office

Figure 7

Serco's performance in handling calls, January to November 2012

From June 2012, the proportion of calls that were abandoned and the proportion that took longer than 90 seconds to answer were significantly higher than in previous months



NOTES

- 1 NHS Pathways, a new call triage system, was implemented in May 2012.
- 2 The data used takes into account the amendments made after the 252 errors were discovered in data between January and June 2012.
- 3 Data for December 2012 has not been included because a new telephone system was implemented in that month, and Serco considers that call handling data for that month is unreliable.

Source: National Audit Office analysis of Serco data

2.25 Serco considers that the drop in performance during 2012 can largely be attributed to the introduction in May 2012 of 'NHS Pathways', an algorithm-based triage system, created to bring together the methods used in patient assessment by NHS Direct, out-of-hours services and the emergency services. NHS Pathways does not diagnose illness, but uses the presence and features of symptoms progressively to exclude conditions during the telephone assessment.

2.26 Serco's contract with the primary care trust required it to adopt NHS Pathways. While there was an implementation and communication plan, neither Serco nor the primary care trust carried out a full impact assessment to consider the likely practical effects of introducing the new triage system. NHS Pathways is expected to reduce the need for expert clinicians to triage calls. However, it also takes health advisers longer to process incoming calls initially. Serco recognises that it did not fully appreciate the impact NHS Pathways would have on call handling times and that it underestimated how many additional staff would be needed to process calls, particularly in the early days. As a result, backlogs of calls built up and in June 2012, after the system had been operational for a month, only 69.9 per cent of calls were answered within 90 seconds and over 3,500 calls took longer than the target time to be answered.

Making clinical assessments: national quality requirement 9

2.27 Once the health adviser has finished taking details of the patient's symptoms, the call is automatically graded as urgent or routine. In some cases, patients are called back by a clinician who undertakes a more detailed clinical assessment. National quality requirement 9 requires the clinician to call back within 20 minutes of the call first being answered for urgent calls, and within 60 minutes for all other calls.

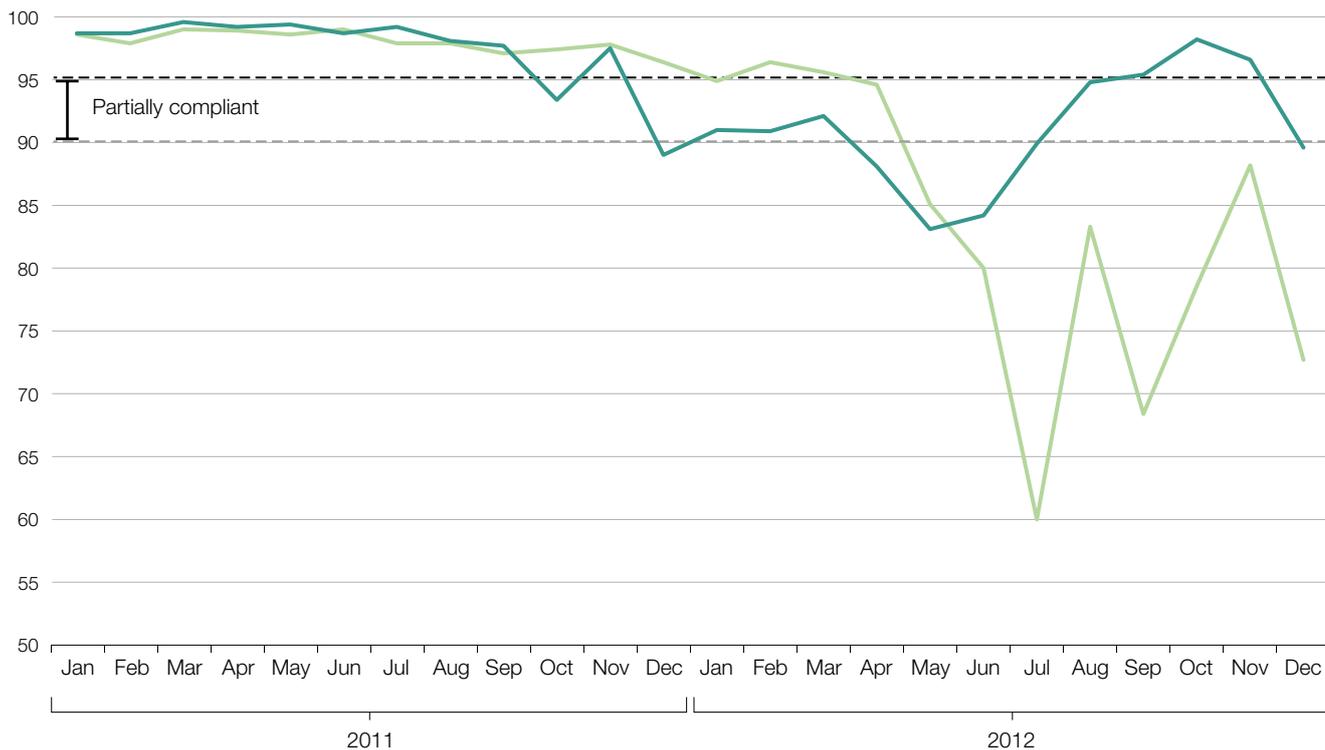
2.28 Serco's performance in making clinical assessments dropped considerably during 2012, particularly for calls graded as urgent (**Figure 8** overleaf). In July 2012, clinicians were meeting the target to assess urgent calls within 20 minutes in only 60 per cent of cases. Serco attributes this sharp drop in performance to the introduction of NHS Pathways, which led to health advisers spending more time carrying out initial assessments. This left less time for clinicians to call patients back within the 20-minute target and made it more difficult to meet the national quality requirement. Performance recovered to some degree in the later months of 2012, but remained well below the required standard for urgent calls.

Figure 8

Serco's performance in making clinical assessments, January 2011 to December 2012

In July 2012, clinicians were meeting the target to assess urgent calls within 20 minutes in only 60 per cent of cases

Level of performance (%)



- Routine calls triaged <60 minutes
- Urgent calls triaged <20 minutes
- Compliant
- Non-compliant

NOTES

- 1 Performance between 95 and 100 per cent is considered compliant with the national quality requirement, 90 to 94.9 per cent is partially compliant, and below 90 per cent is non-compliant.
- 2 The data used takes into account the amendments made after the 252 errors were discovered in data between January and June 2012. There may be undetected errors in 2011 data.

Source: National Audit Office analysis of Serco data

2.29 In addition, national quality requirement 9 requires that all immediate life-threatening conditions should be identified and passed to the ambulance service within three minutes. Serco's performance in this regard was 97 per cent or better from January 2011 to April 2012 (in eight of these months it was 100 per cent), but subsequently declined to a low of 85 per cent in September 2012.

2.30 Serco's performance may have been affected by the fact that the number of calls it passed to the local ambulance service rose sharply in mid-2012. The average number of calls passed to the ambulance service increased from nine a week in May 2012 to over 20 a week in July 2012, compared with an average of eight a week throughout 2011.

2.31 Serco considers that the NHS Pathways system is relatively risk adverse and so is more likely to instruct a health adviser that an ambulance should be called. This has resulted in increased pressure on the local ambulance service. In response, Serco now has GPs on hand to supplement NHS Pathways and give clinical advice to staff handling the calls. In recent months, the number of calls being passed to the ambulance service has dropped, although it remains higher than previous levels.

Carrying out face-to-face clinical consultations: national quality requirement 12

2.32 If appropriate, the out-of-hours service arranges for the patient to have a face-to-face consultation, either at a clinic or via a home visit. National quality requirement 12 requires that:

- emergency appointments must take place within an hour of the appointment being booked;
- urgent appointments must take place within two hours; and
- all other appointments must take place within six hours. This gives the out-of-hours service a certain amount of flexibility to respond to more urgent cases.

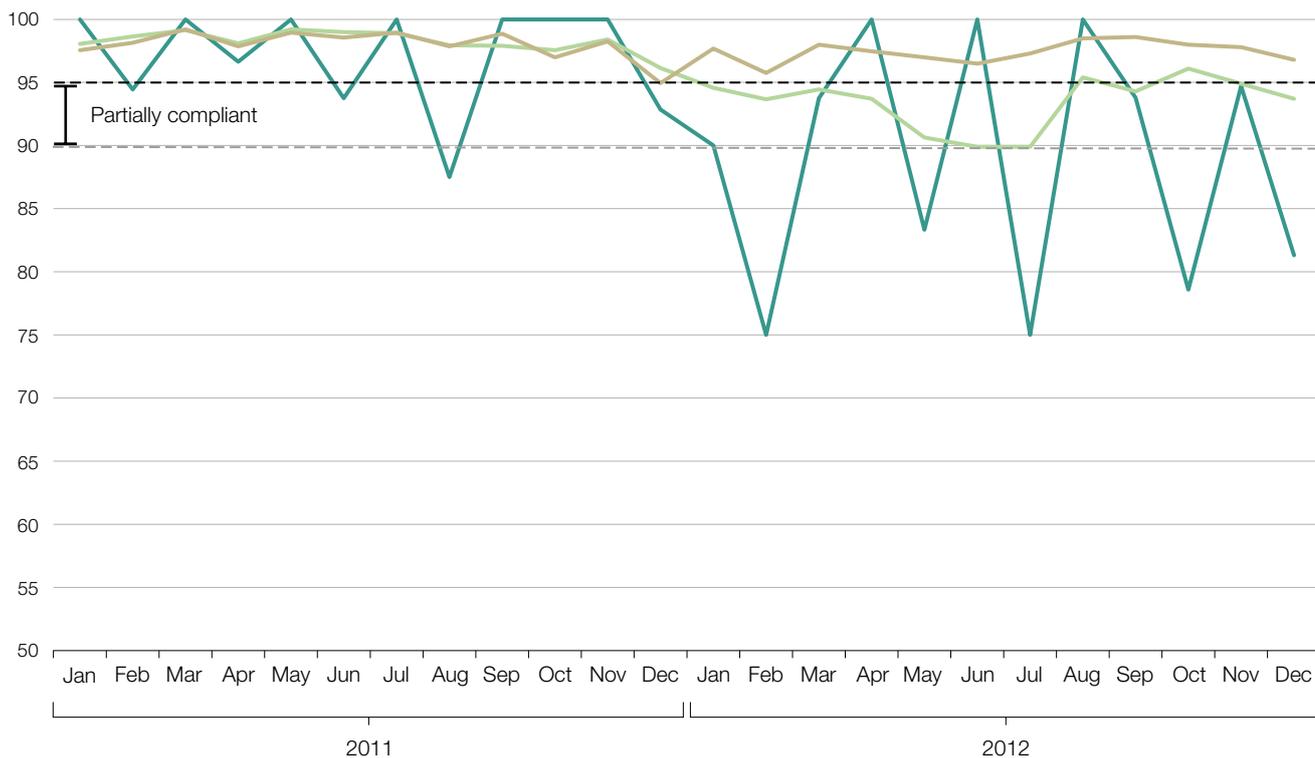
2.33 Serco's performance in meeting the national quality requirement for emergency appointments has been inconsistent (**Figure 9** overleaf). Performance was below 90 per cent in six of the 24 months since January 2011. However, only a small number of appointments (an average of 20 a month) are graded as an emergency but do not require an ambulance. This means that if Serco fails to meet the requirement in two cases on average, its performance will drop to 90 per cent.

Figure 9

Serco's performance in carrying out face-to-face consultations, January 2011 to December 2012

Serco's performance in meeting the national quality requirement for emergency appointments has been inconsistent

Level of performance (%)



- Emergency calls within 60 minutes
- Urgent calls within 120 minutes
- Non-urgent calls within 360 minutes
- Compliant
- Non-compliant

NOTES

- 1 Performance between 95 and 100 per cent is considered compliant with the national quality requirement, 90 to 94.9 per cent is partially compliant, and below 90 per cent is non-compliant.
- 2 The data used takes into account the amendments made after the 252 errors were discovered in data between January and June 2012. There may be undetected errors in 2011 data.

Source: National Audit Office analysis of Serco data

2.34 The number of urgent appointments rose dramatically during 2012, from 600 in January 2012 to an average of 1,200 a month from June to October 2012. Again, Serco attributes the rise to the introduction of the NHS Pathways system in May 2012. Serco's performance in responding to urgent appointments declined in the first half of 2012 to just below 90 per cent (below this level the service is non-compliant) in June and July 2012. Since then performance has improved, and was fully or partially compliant from August to December 2012. Serco has consistently complied with the requirement to see patients with non-urgent appointments within six hours.

How Serco's out-of-hours service compares to benchmarks

2.35 Some comparative data on the performance of out-of-hours services across England is available from a benchmarking exercise the Department of Health commissioned from the Primary Care Foundation. The exercise was first completed in 2009. It uses data supplied by providers and other information, including a specially commissioned survey to measure patients' experiences.

2.36 The most recent benchmarking exercise took place between May 2011 and April 2012.¹¹ This was before Serco introduced the NHS Pathways system. Against measures relating to performance against the national quality requirements, the out-of-hours service provided by Serco in Cornwall performed well relative to other services. Many of the measures of performance rely on data supplied by providers themselves, but there are also indicators that draw directly on the views of patients. Again, the service provided by Serco rated well relative to other services. The findings from the patient survey included the following:

- Sixty-eight per cent of patients rated the out-of-hours care provided by Serco as 'good' or 'very good'. This ranked Cornwall and Isles of Scilly Primary Care Trust 30th of the 151 primary care trusts (the trust with the highest percentage is ranked first).
- Sixty-seven per cent of patients said that the service in Cornwall was 'about right' for timeliness rather than 'too slow'. This ranked Cornwall and Isles of Scilly Primary Care Trust 27th of the 151 primary care trusts (the trust with the highest percentage is ranked first).
- Eighty-four per cent of patients reported it was 'very easy' or 'fairly easy' to get through by phone. This ranked Cornwall and Isles of Scilly Primary Care Trust 24th of the 151 primary care trusts (the trust with the highest percentage is ranked first).

2.37 Undertaking patient surveys is also a requirement of Serco's contract with the primary care trust, and forms the basis of a key performance indicator that 80 per cent of patients should rate the service as excellent, good or fair. Serco issues a survey to all patients contacting the service in a given week each quarter. The questionnaires are returned directly to the primary care trust for analysis. For the week beginning 9 April 2012, 236 questionnaires were returned, of which, 94 per cent rated the service as excellent, good or fair. For the week beginning 6 August 2012, 95 questionnaires were returned, of which 86 per cent rated the service as excellent, good or fair.

¹¹ Primary Care Foundation, *Benchmark of out of hours*, April 2012, available at www.primarycarefoundation.co.uk/gp-out-of-hours.html

Part Three

Changes to the performance data that Serco reported to the primary care trust

3.1 Whistleblowers raised concerns that Serco staff were altering data with the result that the performance reported to the primary care trust was overstated. This part of the memorandum covers the extent to which performance data was changed, what Serco and the primary care trust have done to strengthen controls, and the impact of the data changes.

The extent to which performance data was changed

RSM Tenon's review

3.2 In the light of concerns that performance data was being altered, in March 2012 the primary care trust commissioned its internal auditors, RSM Tenon, to review the information provided by Serco to ensure it was accurate. RSM Tenon's review focused specifically on whether data Serco reported to the primary trust was correct for national quality requirement 12 (the length of time patients wait for a face-to-face consultation), and whether the number of closed clinics was accurately reported, in accordance with the key performance indicators.¹²

3.3 The out-of-hours service uses the 'Astra' healthcare event managing software to record interactions with patients. Staff record details of calls and how they have been dealt with on the Astra system, and daily reports are generated for Serco managers.

3.4 RSM Tenon tested, for a sample of 80 cases, whether the performance information Serco supplied to the primary care trust matched the raw data in the Astra system. The review identified one case where data had been changed, but Serco was able to show that this was because the call concerned had been initially classed as an emergency when it was later found to be routine. Overall, RSM Tenon concluded that, from the sample reviewed, the information Serco had reported to the primary care trust was accurate and could be traced back to source, and where targets had not been met these had been accurately reported.

¹² The number of clinics that are open is a component of one of the key performance indicators in Serco's contract with the primary care trust. The location of clinics, and the hours each clinic should be open, are specified in the contract.

The Care Quality Commission's review

3.5 During its inspection, the Care Quality Commission spoke with Serco staff responsible for analysing call data, and was shown the process for extracting data on failed calls and transferring this information manually into a spreadsheet. The Commission noted that the manual construction of the spreadsheet introduced the possibility of human error and an opportunity for data to be altered. It found no examples where details had been incorrectly entered as part of this process, but could not say that it would be impossible to do so.

3.6 In addition, the Commission was told that a Serco manager reviewed details of all failed calls to check that the system had not classified calls as failures when the performance standard had in fact been achieved. It found no evidence that figures had been altered to enhance performance data. However, as only calls that would improve performance were subject to checking and reclassification, the Commission expressed concern that it was possible that Serco's performance was overstated in its reports to the primary care trust. From reviewing a small sample of calls, the Commission reported that "two examples were found, which had not previously been identified, where the call was wrongly classified as achieved".¹³

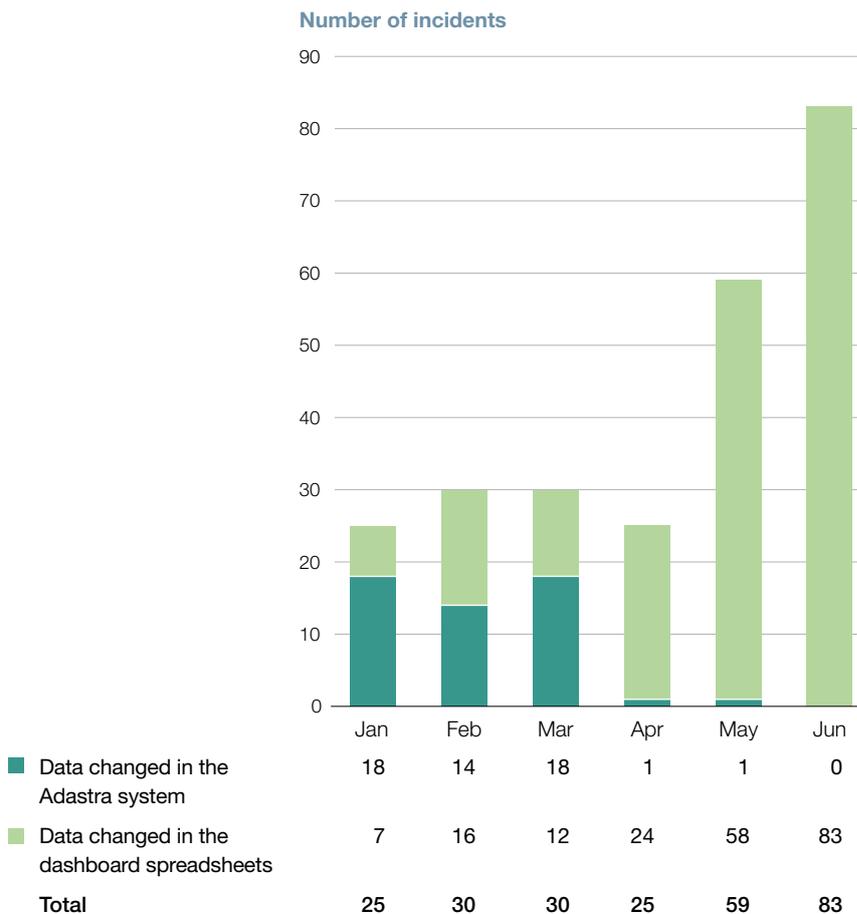
Serco's forensic audit

3.7 Serco was concerned about the issues that had been raised and in June 2012 decided to undertake its own forensic audit and review of process controls. The audit covered every recorded interaction which passed through the out-of-hours switchboard from January to June 2012. This encompassed 107,000 separate interactions, involving around 67,000 patients. The detailed exercise took two specialist staff around six weeks to complete. The auditors requested directly from Adastra logs of system changes, reviewed case data and listened to recorded calls. They systematically compared system data to manual logs maintained by the drivers who took doctors to home visits.

3.8 The forensic audit found 252 instances (0.2 per cent of the 107,000 interactions) where data had been changed inappropriately or where there was no evidence to justify the change (**Figure 10** overleaf). Serco confirmed to us that it is likely that changes, potentially in similar numbers, were also made to data prior to January 2012. Serco decided, however, not to extend the audit to cover 2011 data because it considered the work already done gave it sufficient evidence to take action and strengthen controls.

Figure 10
Changes to performance data, January to June 2012

Serco's forensic audit found 252 instances (0.2 per cent of the 107,000 interactions examined) where data had been changed inappropriately or where there was no evidence to justify the change



Source: National Audit Office analysis of Serco data

3.9 Serco's forensic audit found that two types of changes had been made:

- Fifty-two of the changes were made directly to the raw data in the Adastra system. The staff concerned changed the time recorded – for example, when a doctor arrived at a patient's house or when a consultation started and finished – so that the time taken to complete the call fell within target. This was sometimes done when the driver's manual log of arrival times did not match the clinician's log. These were often cases where changing the timing by a few seconds could change the outcome from a fail to a pass.
- Two-hundred of the changes were made to data in the 'dashboard' spreadsheets used to report performance internally within Serco and to the primary care trust. The most common reason for changes identified by the forensic audit was that two individuals attributed failure to meet targets to 'patient caused delay' when other evidence showed that this could not have been the case, or where there was no evidence to justify the change. Staff prepared two versions of the spreadsheets, both of which were shared with the primary care trust. One reported timings based on raw data drawn directly from the Adastra system. The second incorporated adjustments made for events outside Serco's control, for example if the out-of-hours GP made an arranged home visit but the patient was not there. In some cases adjustments, which resulted in target times being met, were made without justification.

3.10 In October 2012, the primary care trust commissioned PricewaterhouseCoopers LLP to validate Serco's forensic audit, and to extend the scope of the review to October 2012. PricewaterhouseCoopers LLP is expected to complete its review before the end of March 2013.

What Serco and the primary care trust have done to strengthen controls

3.11 Serco has emphasised that the changes made to performance data were wholly unacceptable. Its forensic audit concluded that the data changes were made by two members of staff, operating independently. We asked Serco what motivated the individuals to alter performance data. Serco told us that, during questioning, the individuals gave no reasons as to why they changed the data.

3.12 Serco told us that, in order to address the issues uncovered, it considered that the most pragmatic solution was to agree the departure of the two individuals concerned, and they have since left the company. It confirmed that neither individual benefited financially from the changes they had made to the performance data.

3.13 The forensic audit established that Serco's internal controls failed to prevent or detect the unauthorised changes to data. In response, Serco has taken a variety of steps to strengthen controls:

- It has put in place a new data handling policy which has been agreed with the software provider Adastra and the primary care trust. The policy sets out which members of staff can access and amend data.
- Use of the 'dummy account', which one of the two individuals was using to make changes to the raw data in the Adastra system, has been prohibited, and Serco now runs weekly reports to confirm that it has not been used.
- Serco now gives the primary care trust raw data and makes no amendments to this data (although explanatory notes still explain if the failure to meet a national quality requirement is the fault of the patient rather than the out-of-hours service).

3.14 The primary care trust could have scrutinised Serco's performance more closely. For example, we identified, from our review of monthly performance reports from 2011 and 2012, previous errors that the primary care trust had not detected. Between January and August 2011, the performance data reported for previous months against one key standard (the target that no more than 5 per cent of callers abandon their call after 89 seconds) was slightly different in each successive monthly report. Despite the inconsistencies, the primary care trust did not challenge the data Serco provided. When we highlighted the inconsistencies, Serco found that they were caused by an error in the spreadsheet used to compile the reports.

3.15 Since the forensic audit, there have been changes to the primary care trust's oversight of the out-of-hours service and its contract with Serco:

- In August 2012, the primary care trust revised the terms of reference for its performance management group, which oversees the out-of-hours service. The group meets monthly and monitors whether Serco is meeting the national quality requirements and contractual key performance indicators. The primary care trust's Director of Primary Care chairs the group, which includes senior representatives from the primary care trust, Serco, the clinical commissioning group, including clinicians, and a patient representative.

- A new technical working group has been set up to advise the performance management group, and it met for the first time in September 2012. The group meets every two weeks to review the data in detail, and sign off the data that underpins reported performance against the national quality requirements and key performance indicators. It has direct access to the raw data in the Adastra system. The role of the group is to provide assurance on whether the contractual performance requirements have been met, and resolve any data quality issues raised by the primary care trust or the clinical commissioning group. It includes representatives from the primary care trust, Serco and the clinical commissioning group.

The impact of the data changes

Impact on reported performance

3.16 Serco reports performance against the national quality requirements for out-of-hours services to the primary care trust each month, using red, amber or green ratings to show failure to comply, partial compliance or full compliance with the requirements. The forensic audit identified that the 252 data changes resulted in compliance being overstated for seven (2 per cent) of the 152 measures reported for the six-month period from January to June 2012. In five cases, performance should have been rated as amber but was reported as green. In one case, performance should have been rated as red but was reported as amber. And in one case, performance should have been rated as red but was reported as green (**Figure 11** overleaf).

3.17 Figure 11 also shows the following points:

- For emergency calls, the Serco staff concerned needed to change data in very few cases to move reported performance from non-compliance (red) to compliance (green). In addition, some of the data changes made were very slight. Minor timing differences, of only a few seconds in some cases, could mean a target response time was achieved, rather than failed.
- In other cases, performance rated as non-compliant (red) or partially compliant (amber) was unchanged, or the data changes made were not large enough to move reported performance from one category to another.

Figure 11

The impact of the data errors on reported performance, January to June 2012

Serco's forensic audit identified that the 252 data changes resulted in the compliance level being overstated for seven (2 per cent) of the 152 measures

Date	Total number of patients	Data changed in the Adastra system	Data changed on movement to the dashboard spreadsheets	National quality requirement 9						National quality requirement 12								
				All urgent calls triaged in 20 minutes			All non-urgent calls triaged within 60 minutes			All emergency calls receive a face-to-face appointment within 60 minutes			All urgent calls receive a face-to-face appointment within 2 hours			Less urgent calls receive a face-to-face appointment within 6 hours		
				Total relevant calls	Reported achieved target (%)	Actually achieved target (%)	Total relevant calls	Reported achieved target (%)	Actually achieved target (%)	Total relevant calls	Reported achieved target (%)	Actually achieved target (%)	Total relevant calls	Reported achieved target (%)	Actually achieved target (%)	Total relevant calls	Reported achieved target (%)	Actually achieved target (%)
Jan	10,836	18	7	1,586	95.10 ●	94.90 ●				10	100.00 ●	90.00 ●	627	95.06 ●	94.58 ●	4,594	97.71 ●	97.69 ●
Feb	10,069	14	16							11	100.00 ●	75.00 ●	648	93.98 ●	93.67 ●	3,728	95.76 ●	95.76 ●
Mar	10,410	18	12							15	100.00 ●	93.75 ●	738	94.99 ●	94.44 ●	4,103	95.76 ●	95.76 ●
Apr	12,051	1	24				6,470	86.20 ●	88.10 ●	10	100.00 ●	100.00 ●	842	95.01 ●	93.71 ●	4,739	97.49 ●	97.47 ●
May	10,913	1	58							12	83.33 ●	83.33 ●	952	92.86 ●	90.65 ●	3,865	97.46 ●	97.00 ●
Jun	12,940	0	83							6	100.00 ●	100.00 ●	1,289	90.85 ●	89.99 ●	4,402	96.62 ●	96.48 ●

Source: Serco

Financial impact

3.18 The data changes that the forensic audit identified did not affect the amount the primary care trust paid to Serco. There are potential bonus payments linked to the five key performance indicators in Serco's contract with the primary care trust (Appendix One), but only one of these relates to achieving outcomes, including the national quality requirements. Because the key performance indicators were new, the primary care trust did not start monitoring them formally until the first quarter of 2012. Serco has since received bonus payments for achieving some of the key performance indicators, but only for those that do not relate to compliance with the national quality requirements.

3.19 More widely, compliance with the national quality requirements is integral to the contract and, in the event of repeated failure to comply, the primary care trust could ultimately terminate the contract.

The primary care trust's decision to re-award the out-of-hours contract to Serco

3.20 We asked the primary care trust whether, with hindsight, the fact Serco had overstated its reported performance would have affected its decision in April 2011 to select Serco as preferred bidder, and subsequently re-award the out-of-hours contract to Serco with effect from October 2011. The primary care trust told us that the decision would not have been affected because it was based on evaluating the tender documents submitted by bidders and, as such, was not based on evidence of existing performance.

3.21 The primary care trust board decided to re-award the contract to Serco with advice from an evaluation panel, which involved GPs, patient representatives, the local authority and others in assessing the bids. Four bidders were invited to tender for the contract. Of these, two withdrew because they could not submit a bid within the cost ceiling set by the primary care trust. The evaluation panel scored the submissions and presentations by the two remaining bidders against the criteria set out in the invitation to tender, and Serco achieved the higher score.

Part Four

Protecting whistleblowers

4.1 Whistleblowers can be an important source of information when services are failing. It is clear that whistleblowers played a significant role in bringing to the attention of the primary care trust and the media concerns about Serco's provision of the out-of-hours service in Cornwall that had not been identified by routine management systems and controls or by the primary care trust itself.

4.2 This part of the memorandum covers the protection for whistleblowers in the NHS, Serco's whistleblowing arrangements for the out-of-hours service in Cornwall, and wider developments relating to whistleblowing in the NHS.

Protection for whistleblowers in the NHS

4.3 National policy and guidance from the Department of Health implement provisions in the Public Interest Disclosure Act 1998. The Act gives protection to employees who suffer detriment or dismissal as a consequence of whistleblowing. Guidance issued by the Department encourages any employees with relevant information to come forward responsibly and make a disclosure in the public interest where they have concerns that have not been resolved, or cannot be resolved, through other means.

4.4 The government recognises, however, that practice on the ground in the NHS has sometimes fallen short. The Department's report on consultation about the NHS Constitution and whistleblowing, published in September 2011, concluded that: "the government considers that the current legal protection available to staff who wish to disclose concerns is strong, but implementation on the ground has not always been consistent or effective ... there have been times when staff who have spoken up for patients have found themselves punished rather than celebrated".¹⁴

¹⁴ Department of Health, *The NHS Constitution and Whistleblowing, Consultation Report*: September 2011.

Serco's whistleblowing arrangements for the out-of-hours service in Cornwall

4.5 Serco employees who approached the primary care trust and the media about the out-of-hours service voiced fears about the consequences if they raised concerns. In response, the primary care trust asked RSM Tenon, its internal auditors, to review Serco's whistleblowing policy. The objective of RSM Tenon's review was to seek assurance that Serco's whistleblowing procedures met legal obligations and that all employees were aware of their personal responsibilities.

4.6 RSM Tenon's review found that Serco's whistleblowing policies were broadly in line with legal requirements and best practice. The review questioned, however, whether Serco staff were aware of the procedures and protection afforded to them should they wish to raise concerns. RSM Tenon completed its report in May 2012, and made three recommendations aimed at strengthening the whistleblowing policy and raising staff awareness:

- The primary care trust should consider asking Serco to implement a whistleblowing policy specific to healthcare to ensure staff were aware of the type of concerns which could be reported together with the protection afforded to them.
- The primary care trust should liaise with Serco to consider the communications methods in place to publicise and raise awareness of the whistleblowing policy.
- The primary care trust should liaise with Serco to make minor revisions to the whistleblowing policy, including reference to the date when the document is due for review and the option to seek advice at any stage. (An independent advice line, run by the Royal Mencap Society, is available to NHS staff.)

4.7 Serco and the primary care trust have since implemented all three recommendations. In addition, in June 2012, Serco and the primary care trust sent a joint letter to all staff working in the out-of-hours service. The letter reiterated the protection available to whistleblowers. It reminded staff of the importance of raising concerns about individuals, actions or circumstances that may be unacceptable and that could result in risks to patient and public safety. The letter was endorsed by the Local Medical Committee, the Royal College of Nursing and Unison, and reminded staff that these organisations could be contacted for advice, or as a way of ensuring that anonymised concerns were passed to Serco or the primary care trust.

4.8 The Care Quality Commission also considered Serco's whistleblowing policy when it inspected the out-of-hours service in spring 2012. It was content with the policy itself, but was concerned about how things were working in practice. Specifically, it reported that it saw evidence that it considered could make staff fearful about whistleblowing. This finding contributed to the Commission's judgement that, at the time of the inspection, the service was not complying with the essential standard on supporting staff (see Figure 2 on page 12). When the Commission re-inspected the service in December 2012, it judged that Serco was now meeting this essential standard.

4.9 We also asked Serco about the arrangements within the group company as a whole to protect whistleblowers. Serco told us that it has a variety of policies and procedures that apply across all of its operations, including:

- a conduct and ethics standard;
- a group-wide whistleblowing policy and standard;
- alternative ways for whistleblowers to raise concerns internally, including anonymously, which are explained on Serco's intranet site;
- an ethics hotline, maintained by an independent contractor;
- processes for complaints to be tracked and followed up; and
- compulsory annual training and information for all managers to ensure they understand the key processes.

4.10 Despite these arrangements, Serco acknowledged to us that in the past it may not have created a local environment in the out-of-hours service in Cornwall where staff felt able, or encouraged, to raise concerns. It is confident, however, that staff changes and other actions, including relatively simple measures such as reorganising where staff sit in its head office in Truro, will help to create a more open and supportive culture.

Developments relating to whistleblowing in the NHS

4.11 There were also a number of wider developments during 2012 designed to encourage whistleblowers to raise concerns. The amended NHS Constitution and handbook, issued in March 2012, reiterates the importance of whistleblowing, and emphasises that whistleblowers should be able to raise concerns without fear of reprisals.

4.12 In addition, new guidance issued by the General Medical Council, *Raising and acting on concerns about patient safety*, came into effect in March 2012.¹⁵ The guidance imposes a duty on doctors to raise concerns where they believe that patient safety or care is being compromised by the practice of colleagues or the systems, policies and procedures in the organisations in which they work. Doctors must also encourage and support a culture in which staff can raise concerns openly and safely.

4.13 The NHS Employers organisation together with 29 other bodies, including regulators, professional associations and health unions, jointly published a *Speaking up charter* in October 2012.¹⁶ In support of the charter, the NHS Employers organisation stated that it is vital for national organisations to promote a culture in the NHS where staff can report concerns with confidence.

¹⁵ General Medical Council, *Raising and acting on concerns about patient safety*, March 2012, available at: www.gmc-uk.org/guidance/ethical_guidance/raising_concerns.asp

¹⁶ NHS Employers, *Speaking up charter*, October 2012, available at: www.nhsemployers.org/EmploymentPolicyAndPractice/UKEmploymentPractice/RaisingConcerns/SpeakingUpCharter/Pages/SpeakingUpCharter.aspx

Appendix One

Key performance indicators for the out-of-hours service in Cornwall specified in the contract

Indicator number	Indicator name	Indicator weighting	Payment mechanism as specified in the contract
1	Patient experience	20	<p>Payments will be made quarterly based on achievement of 80 per cent satisfaction.</p> <p>The provider will provide quarterly reports on patient satisfaction.</p>
2	Use of agency doctors	20	<p>Payments will be made quarterly based on the provider not exceeding 20 per cent usage of agency doctors in any given quarter.</p> <p>The provider will provide quarterly reports on utilisation of agency doctors.</p>
3	Quality monitoring	10	<p>Payments will be made quarterly based on the provider reporting 100 per cent of the quality monitoring schedule requirements for that quarter.</p> <p>The provider will provide all necessary reports in line with the quality monitoring schedule as issued by the primary care trust.</p>
4	Outcome framework	25	<p>Payments will be made quarterly based on full compliance with the service delivery requirements set out in the outcome framework within the contract quarter.</p>
5	Consultation outcomes	25	<p>Payments will be made quarterly based on the provision of a quarterly report on outcomes which meets the requirements set out as:</p> <p>The provider provides a detailed report on the outcome of all out-of-hours calls which includes details of the outcome of each call (e.g. patients told to ring 999, admitted to hospital, acute GP service visited, offered advice, handed over to the in-hours service) and which demonstrates the steps that the provider is taking to keep below national benchmark standards.</p>

Source: Serco's contract with the primary care trust



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