

Quality Annual Accounts 2017/18

Based on the results of our performance, nothing has come to our attention that causes us to believe that for the year 2017/18 that there were any major concerns to impact PELC's care service delivery. This report reflects that:

- The Quality Account is prepared in all material respects in line with the criteria set out in the Regulations;
- The Quality Account is consistent in all material respects with the sources specified in the Guidance;
- The indicators in the Quality Account subject to limited assurance have been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

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Foreword

Interim Chief Executive and Medical Director

Welcome to our Quality Annual Report 2017/2018, which provides an overview of the substantial effort to uphold quality which is embodied by our staff, the services we have provided and the challenges we have faced during the 2017/18 financial year. This report is part of our regulatory requirements as an NHS Provider Commissioned by West Essex, ONEL and ELC CCG. This report would provide an insight into our care and delivery activities including the positive impact on staff and patients. Also, it is an opportunity for patients, public, staff, our members and other stakeholders to be more informed about our services.

The NHS over the past year has seen sustained pressure on the services, the need to balance financial challenges and the need to sustain service quality against targets. In response to this, PELC as an organisation have transformed our services to meet the needs of local communities, partners, stake holders and commissioners. PELC is very much working to aid NHSE in the various transformation to allow care closer to home. In the past year PELC had run various pilot including “live consultations” into Nursing Homes to allow patients to be seen by a GP via a video link.

PELC has played an active role in the emerging Partnerships by participating in various NHS England and Healthy London Partnerships. An example is PELC has played a central role in drafting the first road map of how mental health services can be improved across the London footprint. Our Quality Report illustrates the span of services provided by our teams, from Out of Hours, Urgent Care and NHS111. This report demonstrates some of our successes in achieving many national and local targets set by our commissioners and NHS Improvement. It also reflects that many of our staff continue to be recognised externally by others; being shortlisted and winning numerous regional and national awards during the year.

However, during the year we have also been inspected by the Care Quality Commission (CQC) resulting in an overall rating to ‘Requires Improvement’ for Out of Hours and Urgent care however for NHS 111 the rating was “Good”. The Council and Executive Management Team have reflected carefully on the wider implications of the reports and an internal improvement plan was devised with fixed report timeframes and appointed staff leads

In 2018 the CQC followed up with another review, the verbal feedback from the CQC inspectors was complementary however we are waiting for the draft/published report. We are looking forward to 2018/19, as we are currently restructuring, reforming our organisational strategy alongside our quality improvement agenda. This would provide a platform of opportunities to engage staff and stakeholders in dialogue about our service transformation and benefit to local community. As with every annual report, we would like to compliment all our staff for their drive, passion and dedication throughout the year. In 2017/18, we have seen several examples of our commitment to PELC

as an organisation which is documented in our executive briefings and attendance at team meetings and handovers and staff engagement meetings. The meetings mirrored how staff in all areas maintained caring and responsive services in the face of adverse weather conditions, supporting other NHS providers including LAS during periods of surge and the national cyber incident.

In 2018/19 one of the key focus and priority is “Recruitment and Retention” of the clinical workforce to deliver the care and delivery to patients. PELC will embed a recruitment and retention plan which will incorporate:

- Exploring other workforce models used by our peers
- Giving our current workforce the opportunity to contribute to the recruitment and retention plan
- Addressing the needs of our current workforce to positively impact on retention plans
- Improving communication with the workforce to ensure that we are listening

In 2017/2018 as an Interim Chief Executive, and Medical Director I have had hands on in regards to:

- The introduction of health informatics in regards to remote monitoring of our patients in the community via tele-health.
- Providing a platform at PELC for Healthy London partnerships to develop projects.
- Incorporate GP VTS training which is a landscape development in the East London corridor for GP’s to have training and monitoring under the direct mentoring of experienced GP’S in our Out of Hours settings.

In conclusion, we would like to thank all our staff, Council members, volunteers, service users, partners, stakeholders, CCG’s and carers for their contribution to PELC’s development over the last year and for their support in responding to a challenging future in which we have real opportunities to make a difference.

Dr Shazia Mariam, Acting CEO /Medical Director



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PELC Chair and Management Team

PELC is a social enterprise which means we operate as a not-for-profit organisation, working entirely for the benefit of the communities we serve. Organised as a Registered Society, PELC has a governing Council which provides oversight and scrutiny of the organisation and PELC's Management Executive Team who deliver the executive management function. The PELC council comprises of both elected and appointed members including GPs, health professionals, staff members, patient representatives and other health and care stakeholders. Membership of the Society is open to all employees and GPs who provide services to, or are employed by the Society, together with non-working GP principals from the areas served by PELC.

- **Chairman of the Council: Mr. Brian Jones MBA B.Sc. (Hons) BA (Hons) FRSPH**

Brian Jones, Chairman of Council, was appointed in March 2017. Brian is a senior leader within the field of education, operating at Chief Finance Officer and Chief Operating Officer level. He was appointed to the Board of the Health Products Regulatory Authority, Ireland by the Minister for Health in January 2016. Prior to transferring to education, he spent 7 years working at a senior level within Public Health. Brian is an experienced board member, holding roles with several organisations. He regularly lectures about Corporate Governance. In addition to his duties as Non-Executive Director, Brian is Patron of several UK based professional associations.

- **Interim Chief Executive/Medical Director Dr Shazia Mariam MBBS DRCOG DFFP**

Dr Shazia Mariam is PELC's interim CEO, in addition to her role as PELC Medical Director which she took up in 2015. Dr Mariam is a local GP bringing a wealth of local knowledge and hands on experience of integrated urgent care services across PELC's local communities. Dr. Shazia has excellent knowledge of local health and care services, including as a previous Council Member of PELC and contributes to both regional and national healthcare for in the area of integrated urgent care. Also as a Medical Director, Dr Shazia Mariam serves as a PELC clinical guardian and NICE contributors. She is a champion for patient safety and care quality and leads the organisation through a continual commitment to improve patient outcomes.

- **Director of Strategy and Business Development: Dr. Ryan Irwin PhD MPA MSc BSc (hons)**

Ryan has extensive experience and expertise in health strategy and transformation gained through senior leadership roles at large, integrated NHS healthcare providers, in addition to consultancy experience independently working with organisation's such as the King's Fund and United Nations and in the commercial sector with KPMG and Attain. He has a demonstrable delivery track record developing health strategy and new models of care that achieve improved value and population health outcomes, both in the UK and internationally. Ryan started his career through the NHS General Management Training Scheme and holds a PhD, MPA, MSc and BSc (hons) in areas including Healthcare Strategy, Policy and Quality Improvement. Ryan leads on

PELC's strategic and business development agenda, including new contract acquisition, service transformation initiatives and performance reporting.

- **Director of Governance, Nursing and Quality: Michaelene Holder-March RGN RM LLB MSc, MIAEM MISQEM FInstAM, FCMI, FBCS**

Michaelene Holder-March has over 20 years of experience in the health and care sector in senior leadership/management roles across large and complex healthcare organisations. Michaelene has extensive experience of corporate and clinical governance, quality and service improvement particularly across areas such as patient safety, quality of care and patient experience. Her extensive portfolio includes leading and managing board assurance framework, Compliance, Information Governance, Risk Management, risk review for eHealth applications, CQC, Claims, Audit and Health and Safety. She has also acted as a subject matter expert for clinical pathway development working with organisations such as Cerner, Fujitsu and Accenture. Michaelene leads PELC Governance, Nursing and Quality agenda.

- **Director of Operations and Service Delivery Helen Mason MA CMgr FCMI**

Helen Mason has 33 years' experience in Emergency Services and Urgent Care from direct service delivery as a 999-call handler to Principal Fire Control Officer, where Helen was responsible for the successful modernisation and transformation of Essex Fire Control. Helen has 6 years' experience as a Senior Manager in London Ambulance Service Emergency Operations, leading a top performing team nationally during periods including the London 2012 Olympics, New Year's Eve celebrations, Notting Hill Carnival and Major London Emergency incidents. Helen has extensive experience in transformational change, operations, stake holder engagement, collaboration and effective performance management. At IC24, Helen was an Associate Director, responsible for 4 top performing NHS 111 contracts, 3 contact center's with over 500 staff and the GP OOH Service. Helen has an MA in Management, NEBOSH, Chief Fire Officer's commendation, NHS Leadership Academy award in Executive Healthcare Leadership and is a Fellow of the Chartered Management Institute.

- **Jonathan Davis Head of Human Resources, Training and Development BSc (hons) PG Cert CIPD**

Jonathan is a highly experienced HR Business Partner with an excellent track record of delivering complex major organisational change programmes supporting workforce development and employee engagement. Jonathan has strong skills in partnership working with operational managers to develop collaborative agendas and priorities which enhance and support complex organisational objectives. He has excellent skills and knowledge in the development of recruitment and retention strategies in competitive markets and hard to fill specialist technical roles. Jonathan is highly experienced in supporting organisations to meet complex professional regulation through proactive risk management and executable action plans.

- **Paul Barratt: Heads of Operations and Systems Resilience, SRPara**

Paul has been with PELC for over 5 years and held a number of clinical, operational and training roles as well as stepping up to strategic positions on behalf of the executive team to represent PELC at stakeholder's meetings. Additionally, he has led on the HSE assessments for the PELC headquarters as well as the redesign of King Georges Hospital Urgent Care unit. Paul has extensive experience of both the Private and NHS Ambulance Services, having served over 30 years and held other senior roles in all the major disciplines including Head of Patient Transport Services, Head of Paramedic Training, Head of Emergency Planning, Major Incident Gold Commander and numerous A/E and EOC positions and has been the Lead on very large scale diver's projects such as the Tour de France. Finally, he is a recognised national Prevent trainer.

- **Reza Jugon Head of ICTMEng, ACGI**

Reza was appointed as the Head of IT in September 2017. Reza has more than two decades of experience working in the IT industry. Reza is a certified IT service management professional with experience drawn from different industry sectors, who possesses knowledge and practical experience of the full ICT development life cycle. He has a focus in the life-sciences sector having worked for the NHS as well as a Global Pharmaceutical Company. Reza has led multiple distributed teams providing operational, vendor and customer support.

PELC the Organisation

PELC legal status is an Industrial & Provident Society membership is drawn from GPs, healthcare commissioners, patient representatives and staff. The organisation re-invests all profits into improving its service, there are no shareholders. PELC has evolved as an organisation since its establishment and today PELC provide a comprehensive range of integrated urgent care services to meet the needs of the community and enable swift access to medical care that is appropriate and effective. From the initial telephone assessment, to face-to-face consultations, the PELC team work together for the wellbeing of every patient to ensure their medical and care needs are met.

We collaborate with a wide range of health and care organisations to provide integrated urgent care (111, out of hours and urgent care centre services) to more than 2 million people across East London and West Essex. PELC is registered with Monitor which protects and promote the interests of patients by ensuring that the whole sector works for their benefit and the CQC (Care Quality Commission) who ensure that we provide the highest standards of clinical care for patients in line with government standards. PELC is a member of Urgent Health UK Ltd, a Federation of social enterprise unscheduled care providers that collectively have around a 25% share of the Out-of-Hours care services in England and Wales. By improving our national links with other social enterprise health providers, we can ensure we can benchmark our services, share best practice with like-minded organisations and constantly improve our services for patients and commissioners. Through engagement of staff and patients, we continued to support significant improvements including Urgent Care pathway redesign, triage development, implementation of lessons learned from each improvement cycle.

Our Vision, Principles and Objectives

PELC's vision is to create a health system that provides patient-focused and centered, culturally competent, clinically excellent and cost-effective care with exceptional outcomes and patient satisfaction.

Principles

- Provide a comprehensive service to all that we serve
- Aspire to the highest standards of excellence and professionalism
- Aspire to “put the patient first” in everything that we do
- Work across boundaries and in partnership with like-minded organisations in the interest of our patients and communities that we serve
- Be accountable to the public, patients and the local communities that we serve

Objectives

Our objectives are split into four core areas; Our Patients, Our Staff, Our Services and Our Business.

- **Our Patients** – To provide the highest quality of care and to improve patient pathways and experience through collaboration with our partners
- **Our Workforce** – To develop a highly skilled, motivated and engaged workforce who deliver their potential and continually strive to improve patient care
- **Our Services** – To improve year on year the safety and outcomes our organisation delivers for patients, staff and customers
- **Our Business** – To ensure our organisation is stable and viable with the resources to deliver its vision whilst growing our services through delivering continually high performance and outcomes

GOVERNANCE, QUALITY & NURSING by Michaelene Holder-March

A Review of Quality Performance

Following an announced Care Quality Commission (CQC) inspection on the 3rd, 6th and 20th of March 2017, Care Quality Commission (CQC) carried out a week-long inspection of our services. While we were extremely pleased to receive a rating of 'good' in relation to NHS111, we were disappointed to receive an overall rating of 'requires improvement' for our Out of Hours and Urgent Care Centre.

However, the issues highlighted were responded to CQC immediately by implementation of PELC's continuous quality improvement plan to address the concerns. In April 2018 The CQC revisited and an in-depth inspection followed, however, the draft report has not been shared to support the findings of the inspection. We were very pleased to receive very positive feedback. See CQC published overview reports below:

Urgent Care Service

The CQC found that the Urgent Care Service (Walk-in Service) which is co-located with Emergency Department at King's Hospital 'requires improvement'. The CQC found that the Urgent Care Service was responsive and the staff caring but that the effectiveness of the service was inadequate in some areas.

The screenshot shows a CQC Services page. At the top, it says 'Services' and 'Click for key' with icons for checkmarks, crosses, and stars. Below this, it states 'Here's the list of all registered services provided by Partnership of East London Co-operatives (PELC) Limited'. The first service listed is 'King George's EUCC' with a 'Requires improvement' tag. A yellow banner below it says 'We are carrying out checks at King George's EUCC using our new way of inspecting services. We will publish a report when our check is complete.' The address is 'Barley Lane, Goodmayes, Ilford, IG3 8YB (020) 8970 8426' and it is provided by 'Partnership of East London Co-operatives (PELC) Limited'. To the right, it lists 'Doctors/GPs' and 'Specialisms/services' including 'Diagnostic and screening procedures', 'Services for everyone', and 'Treatment of disease, disorder or injury'. Below this, 'CQC inspection area ratings' are shown for the latest report published on 30 June 2017: Safe (Good), Effective (Requires improvement), Caring (Requires improvement), Responsive (Good), and Well-led (Requires improvement). At the bottom of this section are links for 'Full Details', 'Share your experience', and 'Email alert sign-up'. The second service listed is 'PELC Out of Hours Service' with a 'Requires improvement' tag. A yellow banner below it says 'We are carrying out checks at PELC Out of Hours Service using our new way of inspecting services. We will publish a report when our check is complete.'

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

Quality Report

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Date of inspection visit: 16 March 2017
 Date of publication: 29/06/2017

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

Ratings

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

Out of Hours

Overview and CQC Inspections

Click for key      

Overall Requires improvement Read overall summary	Safe	Requires improvement 	Type of service
	Effective	Requires improvement 	Mobile doctors, NHS Out-of-hours service, Phone/online advice
	Caring	Good 	Specialisms/services
	Responsive	Good 	Services for everyone, Transport services, triage and medical advice provided remotely, Treatment of disease, disorder or injury
	Well-led	Requires improvement 	

[+ Our inspector's description of this service](#)

Latest inspection: 3 ,6 and 20 March 2017

Report published: 30 June 2017

Governance, Quality Meetings

<u>Meeting</u>	<u>Description</u>	<u>Upcoming Meetings</u>
Patient Engagement Group:	PELC Patient Engagement Group is a forum that provides an opportunity for patients, local people and carers to inform and influence the planning, designing and delivery of our health services. We value patient representative(s). As they play a vital role in improving our internal systems and processes. *Commissioner representative attends and Healthwatch representatives attend on an adhoc basis.	Quarterly
Learning and Task Group	This meeting aims to promote organisational awareness of patient safety incidents, improving incident reporting culture, providing feedback to staff involved in incidents, sharing learning across the organisation and changing practice to prevent recurrence. Membership includes Clinical staff (GP's)	Monthly
Safeguarding Operational (adults and child)	PELC holds a daily review of cases, however a monthly meeting on case discussions especially where there is a concern being expressed by one or more agency(s), which falls short of an allegation or disclosure being made, a Case Discussion will take place or review of appropriate referrals. Policy update	Monthly
Safeguarding Strategic (adults & child)	This meeting is the prime forum for sharing information and concerns, analysing risk, recommending responsibilities for action and agreeing on inquiry approach. *Commissioner representative attends	Quarterly
Health and Safety and Estates Group	To be compliant with HSE Regulations. The Group consider and advise PELC on the health, safety, welfare and wellbeing aspects of all policy, procedure and practice relating to staff, contractors, apprentices, visitors, and others within PELC sites and related off-site activities.	Quarterly
CQC reviews	The aim is to be proactive and work with the leads for the fundamental standards and the CQC core services to monitor compliance and take actions where gaps have been identified	Quarterly
Clinical Governance Committee	To be assured that PELC structures and processes are in place to provide the framework to support an environment in which excellent clinical care will flourish. And also, to be assured that when an issue occurs which threatens PELC's ability to enable excellent clinical care to flourish, that this is managed and escalated appropriately, and actions are taken and followed through.	Monthly *next meeting June 2018
Corporate Governance Committee	Corporate governance is the system by which PELC achieves its objectives and meet the necessary standards of accountability and probity. Also review Corporate risks and non-clinical incidents and compliance issues especially regarding IT and information sharing	Quarterly *next meeting June 2018

Duty of Candour

PELC endeavors to promote a culture of openness, transparency and honesty to improving quality and patient safety. Duty of candour process involves explaining and apologising for what happened to patients who have been harmed or involved in an incident because of their treatment. Over the course of 2017/18 PELC has not always met the standard of the 10 working days' target in relation to Duty of Candour.

However, this is mostly due to inability to contact patients and their family. There is clear guidance for staff outlining PELC's Duty of Candour Policy which promotes the process and usage. This allows PELC to meet its obligations to patients/carers/relatives and the public, by being transparent, open and honest about any mistakes that are made whilst patients are under our care. This is in line with the NHS Framework for Duty of Candour. This framework is also supported by the management of incidents and complaints is governed by PELC's Incident Reporting Policies and Procedures. The Medical Director is named accountable lead for Duty of Candour.

Patient Safety and Experience

PELC aim to present an accurate picture of patient experience and provide information on all aspects, where good and less positive. Where poor experience is reported and identified, actions are taken to ensure improvements are made and the outcomes will be documented in future reports. Patient experience is collated from a wide range of information from different sources.

Including the following:

- Talking to staff
- Completing one of our local patient experience comments card
- Writing or e-mailing
- Sharing their patient or carer experience story
- Posting comments on social media (e.g. Twitter/Facebook)
- Posting comments on NHS Choices or Patient Opinion
- Making a formal complaint
- Verbal (populated on PELC's feedback form)

It is recognised that each method of feedback offers a rich source of data and information for determining the overall performance of each service. Each method has its strengths and weaknesses, therefore, where possible data and information is triangulated to determine if there are patterns emerging and pointing PELC to gaps, weaknesses, challenges and concerns which will require addressing, as well as share the learning all clinical and non-clinical staff groups.

Using all methods of information available enables PELC to employ strategies for improvements and to understand the patient's experience of the services offered and delivered and is beneficial to assist in prioritising the focus of change and staff training.

PELC clinical governance department has employed the following 3 ambitions:

- **Ambition 1:** We want to improve the experience of our patients and carers from their first point of contact with the services and through throughout delivery of care.
- **Ambition 2:** We want to improve the type of information we provide to enhance treatment plans and communication between our staff, patients and carers.
- **Ambition 3:** We want to meet our patients' clinical, social and spiritual needs by partnering with the relative organisations to promote patient well-being

Management of Patient Safety

PELC uses a web-based patient safety and risk management software application called Datix. Datix integrates safety, risk and governance elements. This system is used for reporting complaints, incidents, health professional feedback, compliments and health and safety issues from all aspects of the service. PELC recognises that following the analysis of incidents, the main cause of patient safety issues is delay in care.

Analysing the root causes of the delays there are two common themes: Clinical productivity and Shift management.

Addressing both issues is central to ensuring the safety of patients contact with the UCC and Out of Hours. A focus on both will greatly improve the quality of the service provided.

Activities that have been initiated are:

- Sharing the learning from incidents and patient feedback
- Improving engagement with the workforce in addressing patients' initial concerns
- Developing mechanisms to measure and feedback information on clinical productivity
- Developing and implementing an annual audit schedule to ensure that clinical and operational performance is being measured against CQC standards
- Ensuring that all key policies and procedures are accessible to all staff working in the UCC and that these are being consistently being followed

Serious Incidents and Never Events

Serious Incidents and Never Events Serious incidents are declared when they meet the criteria in the Serious Incident Framework (NHS England 2015). Over the course of 2017/18, eight **(8)** serious incidents have been reported and each of these has been subject to a root cause analysis that provide details of root causes, learning and recommendations for improvement. During

2017/18 all staff involved in undertaking investigations have received Root Cause Analysis training. Learning relating to serious incidents has focused on the need to match resources against demand, to improve shift management and clinical productivity in order to reduce delays, and the need for staff to be cognizant with guidelines and processes. Actions that have been taken following a serious incident have included feedback to individuals and groups of staff, and additional learning and development.

However, PELC manage of patient safety is not solely reliant in the software system. PELC has developed a culture of Health, Safety and Risk awareness that enables proactive behavior across our teams.

Shared Learning from Serious Incidents

Learning identified from the complaints received during 2017/18 has resulted in several actions ensuring that it is shared organisational wide and with peers:

- All staff receive an appropriate induction tailored to their role, and including any agency staff in this
- Reception staff can offer better information on waiting times to patients waiting to be seen
- Clinical notes were made contemporaneously and, in enough detail, to provide full overview of the assessment, rationale for treatment plan and any safety netting advice provided
- All clinical staff were aware of the need to follow PELC Medicine Management Policy in line with the NICE British National Formulary (BNF)
- All clinical staff were invited to a continuing professional development session delivered
- All operational staff are cognizant and compliant with the procedures for complaints

Complaint

PELC's complaint management aims to provide a framework that facilitates continuous improvement. PELC employs a complaint process that informs patients, carers, staff, and other stake holders that we are transparent, efficient and effective with complaint handling procedure. PELC's complaint principles is based on;

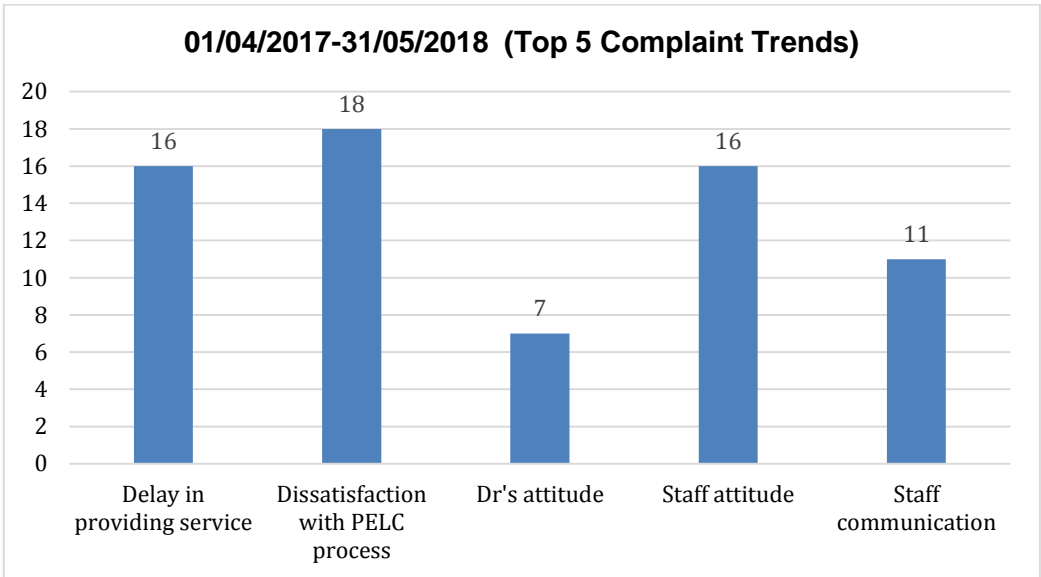
- Patients' rights
- Patient experience
- Patient focus service
- Patient involvement in our quality improvement (attendance to patient experience and engagement forum)

During 2017/18, the changes we have made in the complaints management have led and

encouraged more meaningful engagement and involvement with our patients and users, ensuring that lessons are continually learned to safeguard quality and prevent failures in care and treatment. This section of the report aims to provide a comprehensive review of complaints activity over the past year. An analysis against other comparable periods is presented to indicate any trends or variation in activity.

In accordance with PELC’s complaint policy, if a concern cannot be resolved locally, and results in a written complaint (thus deeming it to be formal) the complaints handling procedure commences, the patient is notified of the process, time frame and formal response. A total of 93 formal complaints were received and investigated compared to 97 received during 2015/16. PELC take all complaints very seriously and wherever possible we use them to learn from and to make changes and improvements to our services, this is also embedded in the Learning and Patient Engagement Group and Clinical Governance meetings.

Top 5 themes/trends raised in formal complaints by Service



In regards to the 5 top complaint themes;

1. Communication (attitude)

- Retraining of staff and how to respond to patient requests
- Also retraining staff in communication skills
- Provide take home leaflets for patients and their carers
- Promote HR policies including the disciplinary procedures

2. Delay (as noted above in ‘Management of Patient Safety’ section PELC introduction of clinical productivity and shift management has had a significant impact on the delay trends)

3. Dissatisfaction

- Involvement of patients in PELCs quality improvement agenda
- Involvement of Healthwatch representatives
- Promoting an open and transparent culture in addressing patient concerns (See paragraph on patient feedback)

Number of formal and informal concerns received and were investigated as complaints.

01/04/2017-01/04/2018	EUCC	OOH	ONEL NHS 111	ELC NHS 111	Total
Delay in sending records to GP	0	1	0	0	1
Delay in providing service	0	6	5	0	11
Dissatisfaction with PELC process	3	3	5	3	14
Dr's attitude	3	12	3	0	18
Dr's communication	1	5	1	0	7
Failure to diagnose	0	2	0	0	2
Failure to refer or inappropriate referral	0	0	2	0	2
Inaccurate records	2	0	0	0	2
Inappropriate advice or treatment	1	4	3	0	8
Inappropriate medication	0	1	0	0	1
Refusal of home visit	0	1	0	0	1
Service not available	0	0	1	0	1
Staff attitude	1	3	10	1	15
Staff communication	1	0	8	1	10
Total	12	38	38	5	93

Complaints – Parliamentary and Health Service Ombudsman (PHSO) Cases

If a complainant is unhappy with the response received from PELC, they have the right to contact the Parliamentary and Health Service Ombudsman (PHSO) to request an investigation into their complaint.

The PHSO is the final line in the NHS complaint process and offers an independent view on whether the NHS has reasonably responded to a complaint. The PHSO has increased the number of investigations it undertakes and consequently PELC will see an increase in the number of complaints investigated by the PHSO.

Parliamentary & Health Service Ombudsman

Reference	PHSO Decision
Reference: ID1109	Therefore, we have provisionally decided not to uphold this complaint.
Reference: ID1283	<p>Partly Upheld: PELC have mentioned within its response that after conducting an investigation, it was found that an abdominal examination took place on 6 August 2016. Although the complainant strongly disputes this, we found no evidence to oppose the finding made by PELC. That is not to say we wish to dispute what the complainant has said but we cannot dismiss the PELC's investigation either</p> <p>Recommendations: Within 4 weeks of the date of our final report, PELC should: Apologise to the complainant for its failure to provide pain killers; and pay the complainant £150 to recognise the impact this failing</p>

Compliments

Whilst it is recognised that complaints are one of the most valuable sources of feedback and PELC goes a step further and recognised that compliments are rich data and information source for service improvements and staff recognition and satisfaction. Compliments are received through a variety of sources (verbally or letters). Compliments are documented on the DATIX management system and shared across our teams.

COMPLIMENTS								
Emergency & Urgent Care Centre	11	0	0	0	0	0	0	11
Out of Hours Service	0	53	0	0	0	0	0	53
ONEL NHS 111 service	0	0	9	0	0	0	0	9
ELC NHS 111 service	0	0	0	1	0	0	0	1
Becketts House HQ	0	0	0	0	1	0	0	1
Out of Hours Service	0	0	0	0	0	8	0	8
NHS 111 service	0	0	0	0	0	0	1	1
Total	11	53	9	1	1	8	1	84

Claims & Litigation:

This section of the claims and litigation report provided information in clinical negligence, public and employ liability which PELC has received during the financial year. Certain bench marking information is no longer available from NHSR (NHS Resolutions– formally known as the NHSLA, which changed named in April 2017) and forecasting is calculated from historical figures with reference to quantified trends.

Also includes information on cases relating to services that will no longer be operated by PELC, due to the transfer of the NHS111 Service to LAS, any claims brought before the service was transferred out will continue to be managed by PELC, unless additional evidence is required by the staff Tupeed to LAS.

PELC's objective is to ensure that the analysis of trends relating to clinical claims is used to:

- provide outstanding care
- to collaborate with other organisation on identified learning
- to ensure PELC is a financially sustainable organisation for the damages that maybe required to be paid or held in account for ongoing claims.

There were **11** (eleven) clinical related claims and they are broken as, see table below; having reviewed all the open claims between this period, there were no identifiable trends for service reconfiguration for our current service.

Looking forward

As highlighted above there are no identifiable trends for services to adjust our claims, however PELC continue to extract relevant data and triangulate it with our complaints, concerns, compliments and incidents to promote organisational learning.

To drive this approach forward record keeping and clinician attitude continues to be an area which requires improvement to ensure successful defense against future claims and litigation. This includes clinical notes, risk assessments, Datix records and personal reports.

In regards to employment tribunals

April 2017/2018

Open	Closed
7	4

The top trends for clinical cases that resulted in claims during this period are;

- delay in diagnosis
- delay in treatment
- failure in referral process
- misdiagnosis
- personal/bodily injury

Employment Tribunals:

- In the period of April 2017/18, PELC has had 2 cases that went to the employment tribunal.
- PELC settled 2 employment case out of court

PELC historically had very few cases that went to the employment tribunal. PELC is committed to continuous improvement through trend analysis and learning lessons from all employment cases resolved. For example, previous tribunal cases have led to the review of PELC policies and communication model.

Learning:

in line with PELC's governance process for claims and litigation, the following steps have been put in place to diffuse opportunity for claims and litigations which may be sourced with the ED from complaints, incidents, concerns, compliments, and professional feedbacks.

In regards to Employment tribunal cases, the learning invoked training, open communication, and early recognition of staff dissatisfaction.

Incidents

PELC is keen to learn from events and circumstances where things may not have gone as well as they should or could have. Learning is shared both at a local level (through team meetings), GP Education Forum, PELC Clinical Governance meetings and through review of national guidelines and information. During the course of 2017/18 there have been 2219 incidents reported. On average there are 180 incidents reported by month, which have been categorised as the following:

Areas	Value
Abusive, Violent, Disruptive or self-harming behavior	1517
Access, appointment, admission, transfer, discharge	105
Accident that may result in personal injury	9
Clinical Assessment	37
Diagnosis, failed or delayed	57
Financial Loss	7
Implementation of care or ongoing monitoring/review	10
infrastructure or resources	11
Medical device/equipment	9
Medication	76
*Other (partner organisation, equipment	303
Patient Information	53
Security	14
Treatment Procedure	11
Total	2219

PELC provides a regular quality report at the monthly contractual performance meetings. Learning that has been identified is shared with staff on a regular basis and also ad hoc where the need

arises. Also audit of the change introduced is promoted organisation-wide.

Learning from Incidents and Feedback

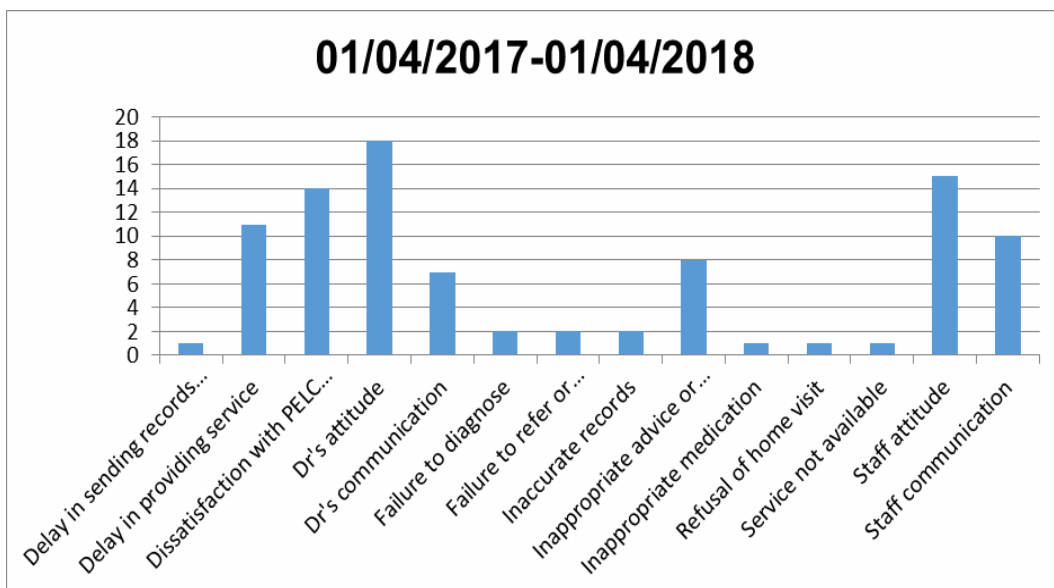
The Director of Nursing, in partnership with the Medical Director, has led the process to consolidate the management of serious incidents through the Patient Engagement and Experience Group, which reviews all incidents causing moderate harm or above, alongside any significant near misses.

This meeting is attended by nominated leads, the purpose is to ensure that there is learning from incidents and actions eliminate or reduce risk; training and support is provided and that duty of candour is undertaken with patients or families to ensure that as an organisational learning from incidents and feedback occurs including;

- Improving understanding of the incident reporting process and the early identification of all incidents and concerns
- Ensuring that the resources devoted to governance activities are sufficient to meet the demand
- Improving the response times in reporting and conducting investigations into incidents and complaints
- Establish staff engagement to review incidents and feedback and identify learning and quality improvement activities
- Involving the Human Resources, Operations Director and comms to communicate the message via staff forum.
- The involvement of the Head of HR and Director of operations promulgated through the organisation in an appropriate and effective manner.

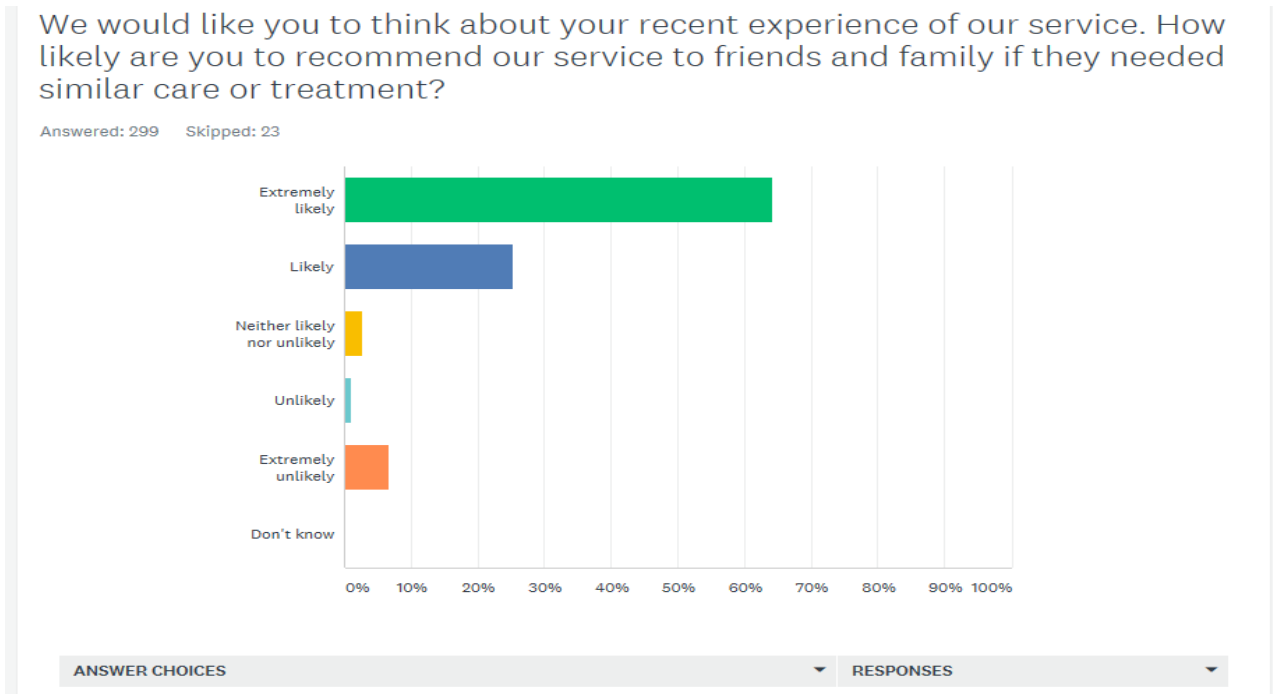
Patient Feedback

Patient feedback on their experience of the service is a valuable source of information to test how the service is meeting the needs of patient as well providing useful ideas for improvement. PELC prefers to focus on patient feedback for improvement across all services. The table reflects the common themes received through patient feedback. (complaints, compliments, incidents, concerns)



PELC has struggled to increase the level of feedback that we aim to obtain via the Friends and Family Test. The numbers have grown towards the end of the year; however, the overall percentage of patients who felt that they would or would not recommend the service.

As shown in the table below clear majority who completed a Friends and Family Test survey would be likely or extremely likely to recommend the service has increased.



Increasing Patient Feedback

During the forthcoming year 2018/19, PELC aim to increase the feedback it receives by developing and implementing a patient engagement strategy which will incorporate:

- Increasing the number of Friends and Family Test questionnaires that are handed out
- Working with Healthwatch to undertake more focused pieces of work with patients using UCC and OOH
- Considering the introduction of alternative methods of gathering patient feedback, text message for example
- Ensuring that positive feedback is captured effectively
- Sharing patient feedback with staff on a regular basis
- Collaborating with King Georges and Queens hospitals to develop a joint partnership patient feedback strategy led by the Director of Operations
- Updating Service Manager incident management protocols to support the development and training in line with national guidance.

Clinical Effectiveness & Audit

PELC has not been directly involved in any clinical research during the year 2017/18.

During the course of 2017/18 a number of first cycle audits including:

- Infection control (see next section)
- Audit of telephone triage undertaken by GPs
- Audit of notes of cases managed by GPs and non-medical practitioners
- Weekly scrutiny of above for large volume prescribing of drugs of potential abuse, including tramadol, diazepam and codeine,

Safeguarding Children and Young People and Adults

PELC acknowledges that all staff including volunteers who meet children, young people and adults during their work activities have a duty to safeguard and promote their welfare. This is supported by a comprehensive suite of safeguarding policies and practices which are underpinned by key pieces of legislation and statutory guidance and do not replace the Local Safeguarding Children Board (LSCB) guidance, which should be consulted as a reference and advisory resource when appropriate. The underlying principle is to enable and support staff to discharge their statutory duty where there is a suspicion that there may be a safeguarding concern.

PELC aims to protect children by following national child safeguarding guidance within their own activities and in their dealings with other organisations and has thus decided to safeguard children under Section 11 Children Act 2004. PELC also has a duty of care to all our patients and their statutory duty to protect adults at risk from abuse and neglect. Our Adult Safeguarding Policy encompasses Safeguarding Vulnerable People in the NHS Accountability Assurance Framework (2015) Mental Capacity Act 2005.

Early in 2017 Barking and Havering Clinical Commissioning Group raised concerns about the training of staff in relation to safeguarding. Because of these concerns an action plan to improve safeguarding was immediately taken onboard. This has included the development of a full review of all safeguarding policies and a greater focus on safeguarding training.

Safeguarding Improvement Plan

In 2018/19 PELC will play a pivotal role in continuing to develop and implement a safeguarding improvement plan which encompasses:

- Mainstreaming Safeguarding
- Developing Effective Safeguarding Structures and Governance
- Continuous Review of all Policies and Procedures in line with national guidelines
- Improving Safeguarding Training, Learning and Development
- Improving Partnership Working
-

Organisational Learning from Corporate and Clinical Governance

The on-going development of the whole of the PELC workforce will contribute to the delivery of a safe and quality service for patients. Specific areas of development will be based on:

- A training needs analysis of the whole workforce conducted through one to ones and performance development reviews.
- The themes and trends from patient feedback and from incidents
- The review of the PELC statutory and mandatory training matrix
- Role specific requirements
- Statutory requirements
- Contractual requirements
- Establishing regular one to ones and performance development reviews
- Establishing staff meetings
- Development and implementation of work based apprentice qualifications.

Preparedness, Resilience and Response

PELC Preparedness, Resilience and Response is in line with government legislation. To prevent emergencies from occurring by identifying local high level risks based on the National Risk Register. We worked closely with our partner agencies to identify local risks and to agree joint plans to provide a coordinated multi-agency response.

PELC Major Incident Plan provides a generic management framework to respond to and recover from a significant emergency or major incident. We were not required to activate our Major Incident Plan this year, although London has experienced several major incidents and emergencies. The Plan has been reviewed and tested through local and regional exercises to ensure that we can provide an effective and efficient response in the event of a major incident or emergency. We also learned from incidents, both local and national, to enhance our own local planning and response. The Interim CEO and Medical Director Shazia Mariam and the Director of Governance, Quality and Nursing attended the NHSE Major Incident Plan training.

Infection Control

Infection Control E-learning is part of the mandatory requirement at induction for all staff to complete it. This continues to be updated at least annually or in light of new evidence or guidelines. It is currently being updated in order to meet the NHS core learning standards to allow this training to go with the member of staff to another NHS organisation. PELC has had no known reported Clostridium difficile cases and no MSSA or MRSA bacteremia cases. However, training and promotion of infection control will continue to be a focal point in upholding infection control process and procedure organisational wide.

Nursing

PELC Quality Assurance Framework for nursing, and allied health professions is to provide assurance that quality assessments are managed in a consistent manner and provide a standardised approach to monitoring and managing quality improvement. The assurance reviews incorporate assessment of Inclusion and Diversity and ease of access to services; this impacts

on the nursing strategies care offered to our patients, the recruitment of nursing staff in our service and delivery care plan.

During 2017/18 PELC has established a revalidation policy using the nursing and midwifery council standards, and core competencies for clinical appraisal. This is to ensure that PELC employs staff that are competent at every point of 'care' This has resulted in the development of personal revalidation folders. The annual performance and development appraisal is now incorporated into the revalidation process. Staff is supported to successfully revalidate through continuing professional development and group supervision sessions.

We continue to recruit to reduce our reliance on temporary and agency staff. However, along with other NHS organisations, we are experiencing challenges in meeting workforce recruitment needs due to the lack of registrants available to recruit within the UK. Despite these challenges, we have recruited beyond our usual catchment area for suitable clinical staff. Feedback from candidates is that our reputation for providing high quality care and support to staff is the main reason they want to work here.

WORKFORCE AND ORGANISATIONAL DEVELOPMENT by Jonathan Davis Head of HR, Training and Development

PELC HR policies are formalised, documented and approved by the Remuneration Committee or CEO as designated by the PELC Council.

HR policies provide written guidance for employees and managers on how to handle a range of employment matters. They play an important role in practically and effectively implementing an organisation's HR strategy. They also provide consistency and transparency for employees and managers, helping to enhance the psychological contract and create a positive organisational culture. New policies have been revised including the Retirement policy to ensure they reflect current best practice and legislative requirements.

In addition, several HR toolkits have been developed for employees, managers and senior management. These toolkits are designed to help managers to access relevant information and guidance to help them effectively manage their teams.

- PELC redesigned the recruiting process for the managers to get the right people for the Health Advisor position.
- PELC introduced flexible working for employees to increase the quality of the work rather than number of hours worked and to promote work-life balance.
- HR conducted training for managers in relation to the application of the appraisal and sickness policy. This enabled them to manage employees with confidence and to support them during their return to work.

PELC has a comprehensive set of Employment Policies and Procedures which are further supported by a range of SOP's (standard operating procedures). All our Policies and Procedures support and are compliant with the Equality Act 2010.

Disability Confident Employer

The recruitment processes at PELC have been specially designed to support and encourage people with a disability or related illnesses to apply and work for PELC. We have an enviable track record of being able to make reasonable adjustments with staff to enable them to work in a pattern or environment that supports their individual needs. The impetus of this work was the shortage of clinicians required to run the Clinical Assessment Service within 111. Attracting experienced clinicians who can no longer work in a primary face to face setting has been a unique proposition that we offer a supported office environment whilst still working on the front line in primary care.

PELC support all applicants with disabilities and are currently working towards accreditation for the Disability Confident Scheme which includes evidence that PELC are:

- actively looking to attract and recruit disabled people;
- providing a fully accessible recruitment process;
- offering an interview to disabled people who meet the minimum criteria for the job;
- flexible when assessing people so disabled job applicants have the best opportunity to demonstrate that they can do the job;
- proactively offering and making reasonable adjustments as required;
- encouraging our suppliers and partner firms to be Disability Confident; and
- ensuring employees have appropriate disability equality awareness.

Employee Engagement

PELC engages with all our staff via multiple channels, this is noted throughout our organisational structure. There are four employees who have volunteered to attend and contribute to the PELC Council and Executive Management monthly meeting.

The Council is responsible for all the decisions that are made in relation to the running of the business and our strategic direction. PELC meets formally on a regular basis with representatives of the employee forum and through the formally agreed consultation processes, including the completion of equality impact assessments which are part of our contractual obligations.

PELC engages and cascades information through a range of communication approach across its workforce via one to ones, team briefings, weekly electronic communications, newsletters, and via its intranet pages. An annual staff survey which mirrors the NHS national Staff survey is undertaken annually and is shared with the employee forum as part of the process of business development to further engage and support staff in the work of PELC. This has been particularly useful in making changes to some of the management processes such as appraisal and return to

work including Absence Meetings. The development and inclusion of staff from the staff forum have been invaluable in the development of supporting activity within PELC to support mental health awareness and support for staff who have been experiencing poor mental health. This key issue was highlighted by the staff survey and prioritised by the employee forum.

During this 2017/2018 financial year PELC also undertook some structural and critical re-organisations which required high levels of “buy in” and acceptance by the workforce. Most of these changes were because of the ever-changing commissioning landscape of the NHS commissioners. Increasing the requirement for statutory and mandatory training has also increased our employee engagement as PELC have had to revisit all training and delivery channels and sought to embed training and development in all employee meetings with managers on an ongoing basis rather than annually at the bi annual appraisal meetings.

A key element of our increasing engagement of staff in 2017/18 was the flexing of work rota’s and working patterns to provide individuals with unique and specific working patterns to support their lives and needs. This has required additional administrative support but has been cost effective in that PELC have a flexible workforce that are able to flex to the demands of the service in a much more effective way. Much of this work can be attributed to the team managers who have close working relationships with all their team members and are able to advocate and plan jointly to support staff to work in unusual working patterns.

Workforce Performance and Improvement.

PELCs work is highly regulated and deeply reported via data sharing and statistics; this wealth of data has continued to spearhead transformations modelling of the service through the development of Beacon status for changes such as direct booking and a higher level of calls going through a clinically lead Clinical Assessment Service. The Team Leaders and Supervisors meet on a weekly basis to ensure that PELC continued to be a lead provider in terms of performance throughout the year both Nationally and Pan London. Our success and position at the top of the provider’s leader board has fostered a culture of pride and commitment of all our staff to serve our communities to the best of our ability.

PELC’s vision and values has also supported the goal of clinical excellence for all patients.

This principle is at the forefront of all changes to staff and systems and has ensured that all staff are engaged and fully understand the goals and objectives of PELC. The Council who comprise clinical and non-clinical staff as well as the staff side representatives are briefed on a regular basis about the PELC’s performance such as finance and workforce KPIs and encouraged to give their feedback and ideas. In addition, staff are briefed via team brief on the PELC’s planning processes and performance at the beginning of the financial year and then throughout the year and through briefings business plans and objectives from the Interim Chief Executive. The HR Department serves an important role in promoting and encouraging staff to offer feedback ideas and comments.

Information on Health, Wellbeing and Occupational Health (OH)

PELC offers a wide range of support to staff regarding health and wellbeing. PELC ensure all employees have access to competent, comprehensive and confidential occupational health services during their pre-employment checks. There are various policies and procedures defining the roles, responsibilities and lines of communication of the Occupational Health (OH) service. Staff can access the OH service in a timely manner as laid down by a service level agreement with our OH provider. We expect all employees to co-operate with us so that we can ensure their health and wellbeing is addressed.

Wider recognition of our staff:

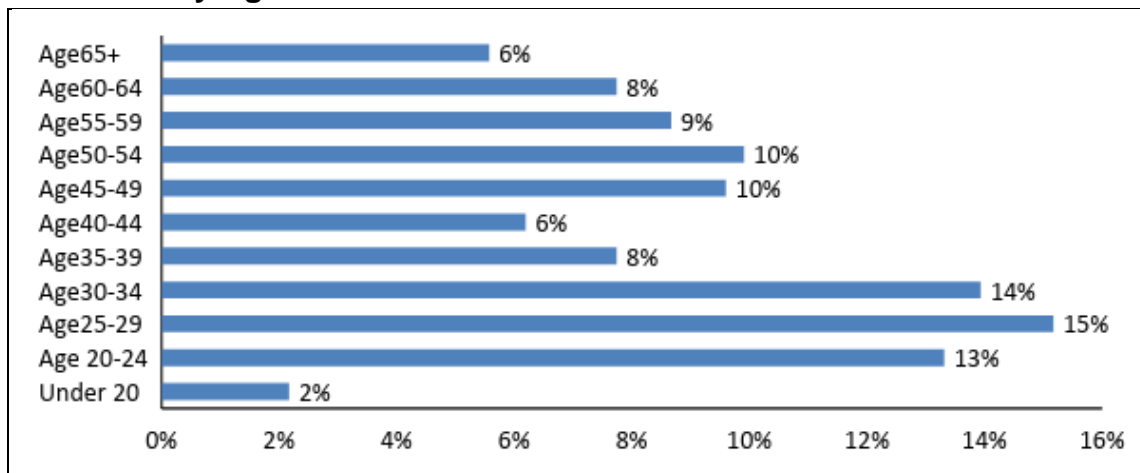
We take pride in the recognition that our staff across the organisation via our own Awards, where staff nominate colleagues for their exceptional contribution towards providing high quality care. PELC staff recognition isn't about only handing out awards; the ethos behind it is to inspire everyone and appreciating the remarkable. This recognition is all part of a happier environment and a creating a better culture. Creating real and lasting behavioral change is important to drive quality and patient safety at the forefront of our agenda. The breadth of award winning or shortlisted services demonstrates that our staff continues to work collaboratively and innovatively, seeking to achieve improved outcomes for service users, patients and carers.

Award Winners 2017/18	Award Winners 2017/18
Olivia Wiley Bank Call Handler	Rachel Muburi Call Centre Manager
Ian Lain 111 Coach and Auditor	Priscilla Fernandez Finance officer
	Victoria Namabiri Governance Assistant

Workforce Report:

On 31st March 2018 PELC had 323 employees. The data in the table below is sourced from the PELC HR database.

Workforce by Age:



The chart above shows that the largest proportion of staff falls within the age category of 25–29 years (15%). The next highest categories are 30-34 years (14%) followed by 20-24 (13%). Overall, PELC workforce age profile covers a wide range of age groups. Due to the mixed age groups, the older generation is able to impart their knowledge and experience on the younger workforce. This has allowed PELC to establish a thriving and motivated workforce.

Workforce by Ethnicity:

Ethnicity	Total
Asian British Bangladeshi	47
Asian British Indian	41
Asian British Pakistani	35
Black British African	35
Black British Caribbean	29
Chinese	1
Irish	3
MIXED	10
Not Specified	21
Other Ethnic Group	13
Turkish	2
White	86
Grand Total	323

27% of the workforce identify as white compared with 67% BME staff, 6.5% have not disclosed. This data shows that we continue to employ an ethnically diverse workforce. This has allowed PELC to reap the benefits of diversity. PELC will continue to undertake further analysis in line with the Workforce Race Equality Standard to identify any concerns such as whether BME staffs are represented on all levels of the organisation.

PELC recognise through workforce audit that there is poor response from the Chinese and Irish; Chinese & Turkish in applying for role. Therefore 2018/19 the workforce strategy would be reaching out to local organisation with in their community to advertise vacancies.

Workforce by Employee type:

Gender/Employee type	Female	Male	Grand Total
BANK	61	24	85
FT	38	21	59
FTC		1	1
PT	124	54	178
Grand Total	223	100	323

PELC as an organisation is very proud that we have a significant number of female staff, this is most noticeable in our executive management team. (Interim CEO, Medical Director, Operations and Director of Governance, Quality Assurance and Nursing)

PELC offers part time contracts to allow staff to have flexibility and to promote a work life balance. 55% of our staff are on part time contracts while 26% of our staff are on BANK contracts meaning that 26% of staff pick shifts that allow them to balance their work and life yet remained gainfully employed.

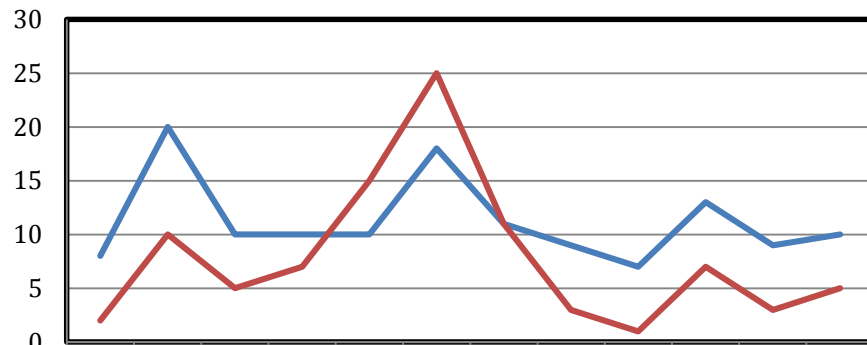
2017/18 – THE YEAR AT A GLANCE:

MONTH 2017	KEY MILESTONE/EVENTS
April	Staff Survey results are shared with the Employee Forum
May	Beacon Status for PELC in terms of developing a CAS and Video consultations
June	CQC inspection rates the 111 services as Good
July	Project Team agreed for Apprenticeships
August	Excellent Call Management and response rates throughout the holiday month.
September	Development of Schwartz Rounds in the call centre
October	Implementation of Supervision Training for Safeguarding
November	Consolidated our Gender Pay Report and prepared new tender documents Integrated Urgent Care Contracts
December	High levels of performance against increasing calls and poor weather.
January 2018	No employee relations cases lodged in January 2018
February 2018	Implementing the PELC restructure in corporate level
March 2018	Our key priority was CQC, working in partnership with all managers to ensure that all staff have completed and recorded their statutory and mandatory training, Appraisals and DBS checks
April 2018	Working towards the NHS 111 TUPE transfer to LAS

Sickness absence:

The health of our staff is important and providing support through what may be difficult time due to ill health is another way in which we demonstrate the value of our staff. PELC's sickness rate for 2017/18 financial year is 3.83%. Absence monitoring aims to reduce absence levels to an acceptable level. PELC has successfully implemented robust systems and process to manage sickness absence at manager level with support from the HR department. The report below presents the percentage of sickness over 2017/18.

Trend of Starters & Leavers



	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar2018
Leavers 2017-2018	8	20	10	10	10	18	11	9	7	13	9	10
Starter 2017-2018	2	10	5	7	15	25	11	3	1	7	3	5

Staff survey:

The Staff Survey is one way for PELC to learn directly from staff about their work. The responses received help to ensure that their views inform decisions to influence PELC's strategic positioning in managing with patients as well as with employees. Following the 2017/18 Staff Survey results, several actions were taken in response to key areas of concern e.g. Mental Health at work, gender pay, employee recognition, engaging with workforce & PELC newsletter, apprenticeships and health (worker) Ambassadors. We also have recently had an employee volunteered to be a mental health champion.

During the staff forum the employees were given the opportunity to discuss the emotional and social challenges of caring for patients. This platform allowed staff to share their experiences of working with physically or verbally abusive patients, visitors and careers. Staffs were also reminded of the bullying and harassment policy and various sources of support available via the line managers.

Gender Pay Analysis:

Gender pay is positive in that PELC do not pay either gender any more than the other in terms of average pay. In fact, there is a 2 to 1 imbalance of females to males. This excludes bank staff and the calculations are related to hourly rate of pay not whole time equivalent or the like

Gender Pay analysis						
Total staff	235	100%				
Total Female	161	69%				
Total Male	74	31%				
<u>All staff</u>	Per Hour					
Median Pay	9.46					
Actual Average	12.54					
All Mode	9.64					
	All Staff	Female		Male	Difference between Male and Female	
Median Pay	9.46	9.64	10000%	9.72	99%	
Actual Average	12.54	12.58	10000%	12.37	102%	Women on average 2% better paid
All Mode	9.64	9.64	10000%	9.64	100%	No difference between gender for the more frequent mode of pay

Proposed Areas for action in 2018/19:

- Staff satisfaction and engagement continue to be the key drivers towards delivering high quality, values-based care and are directly associated with patient experience and outcomes.
- Over the coming 12 months and beyond, PELC plans to take action to foster a culture of openness and transparency to promote staff led change and to provide a first-class service for patients;
- Launch an organisational wide staff engagement methodology to ensure staff feel listened to and involved in positive changes that affect them;
- Share positive success stories to raise confidence levels and empower others to speak up and take responsibility to lead change;
- Re-launch the PELC values and behaviors framework and ensure they are role modelled by senior management teams;
- Through objectives setting ensure that at a team and individual level all staff are clear on their role and responsibilities and how what they do contributes to the organisational priorities;

- Continue to promote and support staff health and well-being ensuring access for all and ensure all staff are aware of how to report and what support is available;
- Make any necessary changes to the process for reporting to ensure it is fit for purpose;
- Ensure all reported incidents are dealt with swiftly and appropriately and that feedback is provided; Work with those areas most affected to ensure staffing levels are adequate, any vacancies are filled swiftly, or new roles are identified and developed;
- Ensure all staff are clear on the organisation's top priorities and how their role contributes;
- Act on feedback regarding why staff would not recommend it as a place to work or receive treatment; Senior managers to be visible and available for their staff;
- Cascade of clear and regular communication from board to frontline is evident because of staff engagement commitment new project and innovative project notable in all the service area.
- Encourage and act on feedback from staff and continue to develop a culture where staff feel safe to raise concerns and confident that any issues will be addressed and any resulting actions feedback.

CONTRACTS AND PERFORMANCE OVERVIEW by Dr Ryan Irwin: Director of Contracts and Performance

National context

PELC currently provide a range of services that contribute to improving whole system health outcomes as part of an Integrated Urgent Care offer. PELC provides high quality integrated primary and urgent care services that support the integrated urgent care agenda, in addition to wider primary and population-based care models being developed across local CCG and STP footprints. Integrated Urgent Care is the “Front Door” to the urgent and emergency care system through a single-entry point – NHS 111 – into wider urgent and emergency care services (including primary care, acute care, mental health, community services and others) that combine high quality, clinical assessment, advice and treatment to shared standards and processes, in addition to supporting patients to self-care. Central to the development of Integrated Urgent Care is the establishment of a “Clinical Hub” offering patients who require it access to a wide range of clinicians, both experienced generalists and specialists.

In addition, PELC also operate Urgent Treatment Centres and Out of Hours Services to 5 CCG's and over 1 million patients across North-East London and West Essex. There is a national NHS priority to develop “Urgent Treatment Centres” to improve urgent and emergency care patient outcomes by reducing unnecessary pressure on A&E and other parts of the urgent and emergency care system, whilst supporting improved care quality and delivery in a setting appropriate to patients' needs.

Urgent treatment centres are GP-led, open at least 12 hours a day, every day, and equipped to diagnose and deal with many of the most common ailments people attend A&E for. Urgent

treatment centres will ease the pressure on hospitals, leaving other parts of the system free to treat the most serious cases. The urgent treatment centre offer will result in decreased attendance at A&E, or, in co-located services, the opportunity for streaming at the front door. All urgent treatment centre services will be considered Type 3 / 4 A&E and will contribute to the 4-hour access and waiting times target locally. (Ref; <https://www.england.nhs.uk/urgent-emergency-care/urgent-treatment-centres/>)

Local Context

Integrated urgent care offers an opportunity to both shape and support the entire health economy to improve health and care outcomes for local people. PELC were one of the first organisations to introduce and develop integrated 111 and Out of Hours services making use of a technology-enabled environment to support patient assessment, management and treatment, including for the operationalisation of 111 online – allowing patients the ability to gain remote online, algorithm-driven triage with signposting advice.

In 2017/18 has seen a significant change in PELC's portfolio of services secondary to local procurement and contracting exercises. From 1st August 2018, the East London 111 contract will be delivered by London Ambulance Service, with wider integration with 999 and Emergency Face-to-Face services.

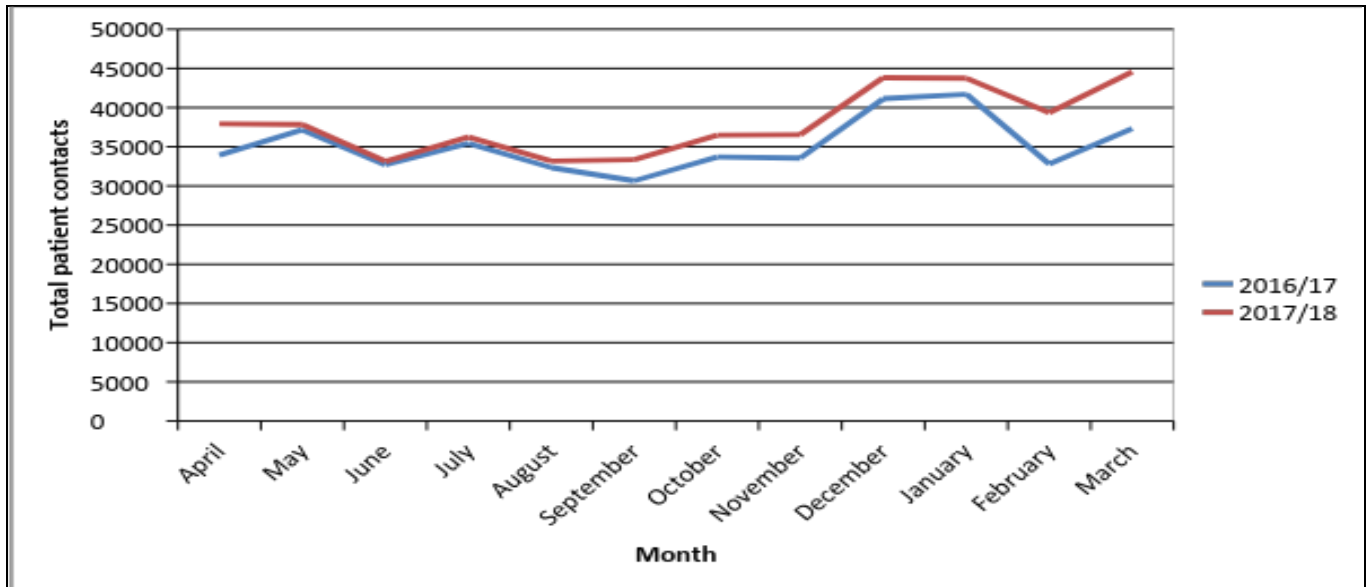
However, PELC have gained contract extensions and new service contracts for the following services;

- King George's Urgent Treatment Centre
- Queens Hospital Urgent Treatment Centre (Streaming and GP see and treat)
- Out of Hours Services to North-East London (Barking and Dagenham, Havering and Redbridge)
- Out of Hours Services to West Essex

Annual contractual income planned for 2018/19 from these services (in addition to 111 services until 1st August 2018) is around £11.5 million. PELC have continued to work closely with local and national stakeholders in the development and delivery of the services it provides to local communities including;

- Local patient and community groups
- The voluntary partnership forum led by PELC to support engagement with local voluntary organisations
- Local primary care and local medical committees, including through being a recognised GP Training Scheme provider supporting the education and development of local trainee GP's in urgent care settings
- Local CCG and STP fora including local A&E delivery boards
- Local and National Integrated Urgent Care fora

Activity and Performance Overview for 2017/18 East London 111

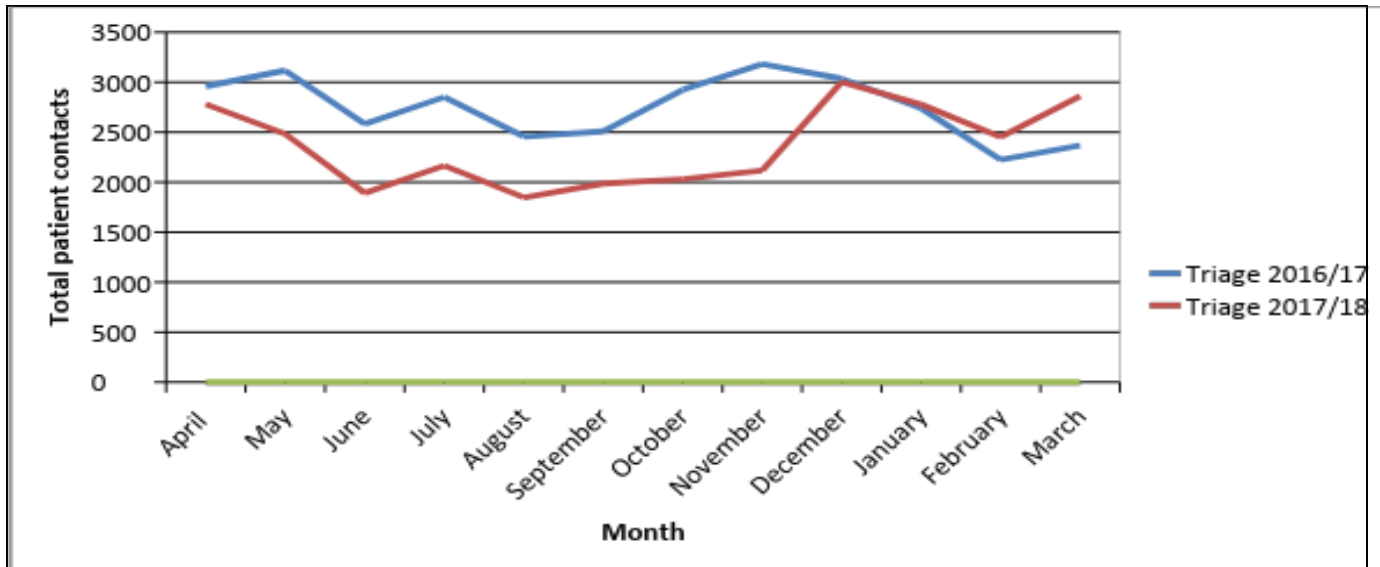


PELC have consistently met and achieved the following KPI's over 2017/18;

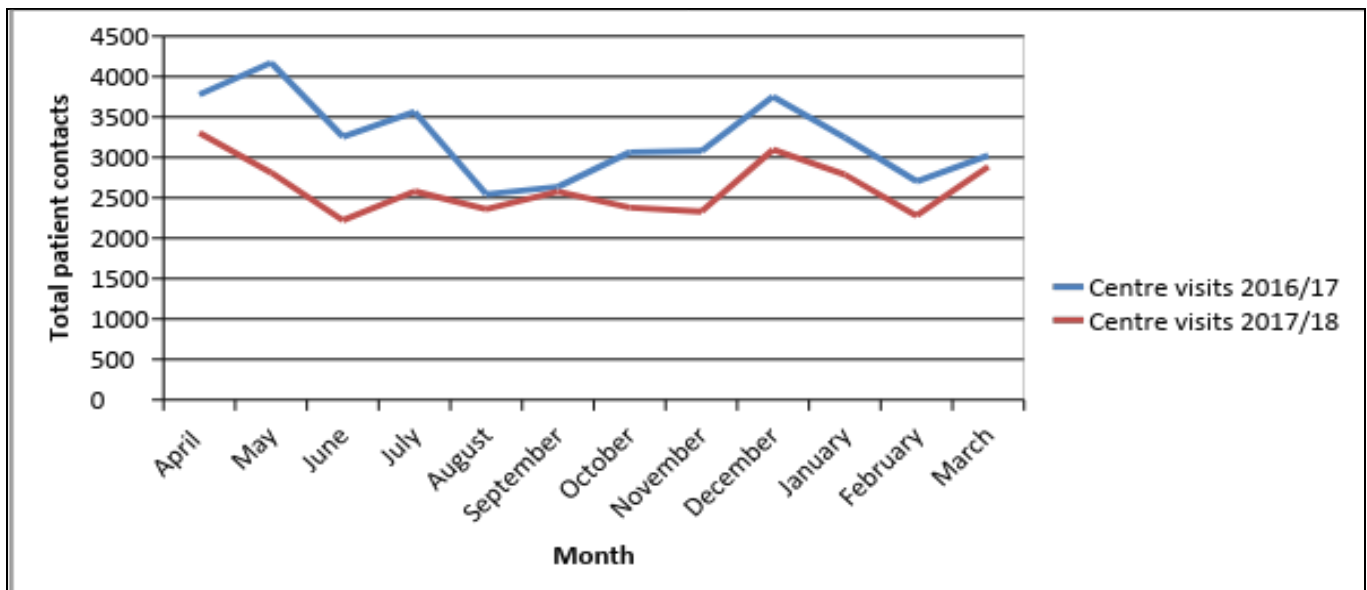
- Over 95% of calls answered within 60 seconds
- Over 90% of audited calls (audited as part of NHS Pathways licensing requirements) referred to A&E or Ambulance Service deemed as an appropriate referral as audited through CQI. (priority 1) (Linked to reduction in LAS conveyances)
- Less than 5% of calls abandoned after 30 seconds
- More than 60% of calls closed within the service – Particularly supporting improved patient self-care management and reduced inappropriate onward referrals to the wider acute care system.

North East London and West Essex Out of Hours

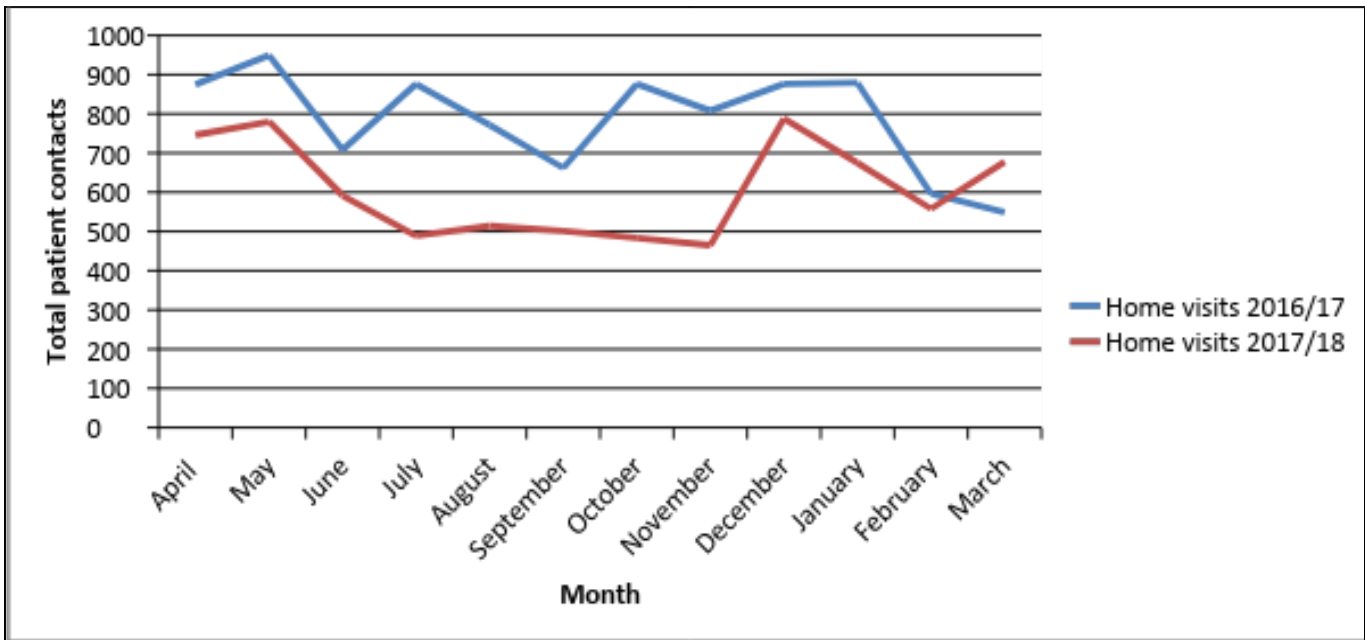
Triage



Centre Visits



Home visits

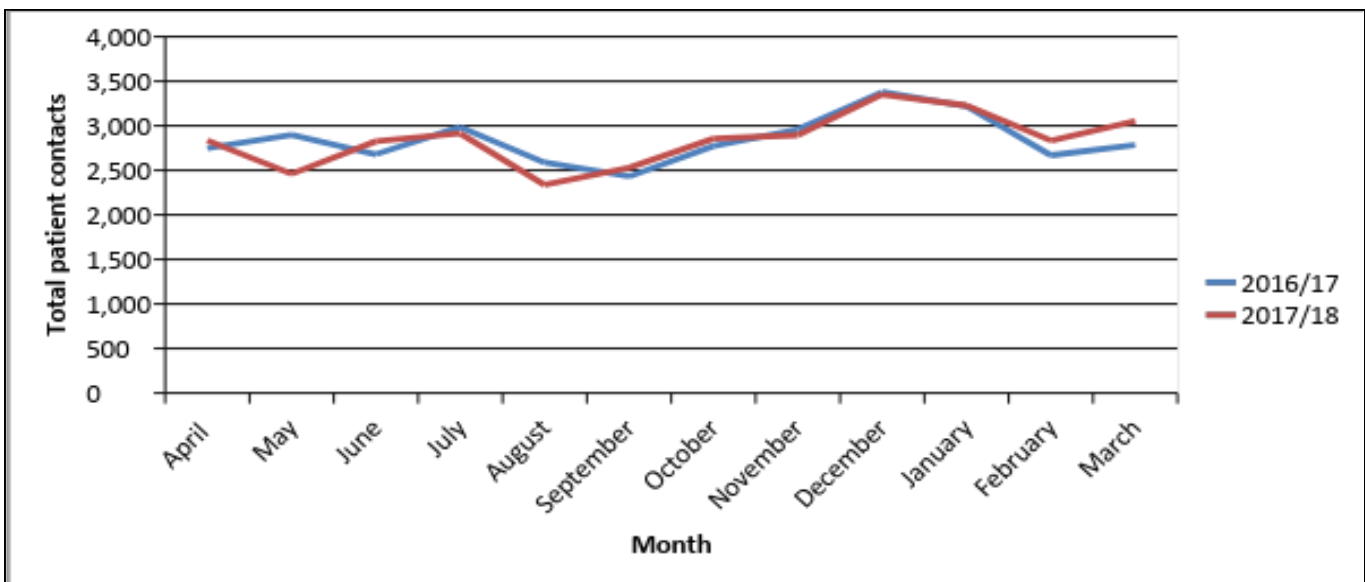


Key KPI achievement in 2017/18;

- More than 90% of patients assessed within required timescales

*Please note, Out of Hours activity reports only include patient numbers for patients registered with an in-area CCG.

King George Urgent Treatment Centre



Key KPI achievement in 2017/18;

More than 95% of patients seen within 4 hours – An exceptional achievement recognising national urgent care demand and pressures

Key outcomes from improvement initiatives achieved in 2017/18

- Clinical Assessment Service (CAS) Implementation; More than 100 remote clinical contacts a day delivered through the GP-led CAS. The CAS, with access to wider primary, mental health, community and specialist services, has resulted in more than 50% of 111 calls being assessed and managed by a clinician, up from 25% pre-implementation. This has resulted in a near 100% increase in the number of patients that are managed within the service without onward referral. Over 95% of patients from collected surveys stated that the CAS clinician was polite, helpful, reassuring and directed them to the right service. PELC also went live with 111 online – allowing patients the ability to gain remote online, algorithm-driven triage with signposting advice.
- Enhanced Clinical Assessment Implementation; Avoiding at least 15 unnecessary Emergency Department and Ambulances referrals per day for vulnerable patients under the age of 2 and over the age of 85, supported through use of a shared care record, through enhanced clinical assessment of patients by GP, nurse and paramedic trained clinicians.
- Leadership of two primary-care led Urgent Treatment Centres in East London; Consistent achievement of the 95% 4-hour wait standard, seeing more than 160 patients per day

Outcomes were achieved through exceptional clinical leadership, partnership working and responding directly to local patient needs. Challenges were met through adopting a learning culture, with rapid operational responsiveness and improvement against key quality indicators which was noted in our CQC 2017 inspection reports for receiving a good rating in regards to 'Responsiveness'

NHS 111, Urgent Care Centre's and GP Out of Hours Service, by Helen Mason: Director of Operations and Service Delivery

PELC NHS 111 provides patients with a free number to call from a land line or a mobile phone. NHS 111 is a signposting service for urgent, but not life-threatening needs. An assessment is undertaken by Health Advisers, utilising the NHS Pathways CDSS (Clinical Decision Support System.) This system is maintained and developed by NHS Digital. The call will either be managed by a non-clinical Health Advisor or transferred to a Clinician, depending on the reason for the call.

Clinicians (Clinical Advisors) are also trained to use the Pathways system alongside clinical judgment. NHS 111 relies on the national Directory of Services (DoS) to identify the most

appropriate service for the patient to be directed to. This is according to the location, clinical symptoms, clinical risk and which services are available at that time. The Directory of Service (DoS) reflects locally commissioned services to meet the needs of the population. PELC takes pride in ensuring that anyone who has a care need will be assessed and treated in the right place, at the right time, by the right professional and given the right treatment to meet the individual's need. Including providing support to carers and family.

NHS 111 Training

All staff who use the NHS Pathways CDSS are required to complete the following mandatory training as a minimum, which is completed within the first week of employment before the start of the Pathways course. This cover:

- Welcome and introduction to colleagues
- Organisational Induction
- Introduction to the intranet
- Key policies and procedures
- Statutory and mandatory training including information governance, safeguarding, health and safety, basic life support
- Telephone triage
- Expectations for Pathways training
- Site orientation
- Customer service skills
- Management of vulnerable callers
- Mental health issues in telephone triage
- Resilience plans
- Systems training – Aداstra, Rotamaster, Mitel.
- Directory of Services
- Pathways Training Course – completed during weeks 2 and 3 of employment
- Clinical Module 1 (Clinicians only)
- Pathways Module 2 – completed 10 weeks after employment has commenced
- Clinical Module 2 (Clinicians only)

During 2017/18 PELC NHS111 staff also participated in several projects which were funded by the Healthy London Partnership/NHS England. These projects included:

Warm transfer of Patients to Mental Health Direct

Referring patients directly to a mental health crisis line that are either known to Mental Health Services or wish to access them. The previous route for dealing with these patients was to send them to ED where they could access the mental health services. PELC continues to work with NHS 111/IUC, Mental Health Direct (Outer North East London) and the Directory of Services Team on this project.

Enhanced Assessment of Category 3 and 4 Ambulance Dispositions

PELC Clinical Advisors are undertaking an enhanced clinical assessment for all low acuity, C3 and C4 ambulance dispatches generated by Pathways. This project is an extension of various trials throughout the country where C3 and C4 calls were triaged further with a high proportion being changed to more appropriate outcomes for patients. This project is in conjunction with London Ambulance Service and other London 111 providers. Since PELC has moved to queuing these calls for up to 15 minutes, up to 95% are now being re-assessed, therefore maximising the positive impact on the requirement to reduce ambulance service demand.

Barking and Dagenham, Havering and Redbridge Community Treatment Team (CTT)

HCPs from CTT spent time in the call centre listening to calls and providing advice to PELC's Clinical Advisors and GPs on the type of assistance they can give to patients at home, with the aim to reducing hospital admissions. They also dispatched members of the CTT team to patients after selecting appropriate calls from the triage queue. This improved awareness of local community based services for all staff in PELC's 111 service and also ensured that patients got the most appropriate and timely treatment at home.

Re- Triage of Emergency Department Dispositions

.PELC Clinical Advisors undertake a further assessment when the 111 Health Advisor has reached an ED Disposition. This project is in place to carry out a further enhanced assessment to direct patients to a more appropriate service for their symptoms therefore reducing the pressure on EDs across the system.

Audit

PELC continually monitors quality, safety and care through local and national audits, following the requirements of the license that is in place for all 111 providers. PELC holds monthly audit meetings to discuss number of audits completed, outstanding audits and feedback given to Health Advisor and Clinical Advisor from audits that have not reached the required standard. Team Managers attend these meetings and identify areas where additional training or coaching is required.

All staff are measured against key performance indicators and are provided with feedback on their performance indicators during 1:1 meeting. Any common themes are raised at the Operational Strategy group meetings so that wider training sessions can be delivered where necessary.

PELC has added elements to the standard triage process to ensure that new processes have been successfully embedded e.g. SBAR and OPEL (see below). Staff trained in auditing attend national audit leveling sessions to compare and identify how individual sites audit NHS Pathways calls. The sessions also reaffirm audit principles and gain consensus around how competencies and indicators should be scored.

NHS111 Operational Learning

The NHS111 team at PELC believes that learning takes place by continued feedback and review of errors as a way to improve performance and patient journey. This process has encouraged staff to take on more responsibilities, to become coaches themselves and to set high standards for other staff to follow.

Every Health Adviser and Clinical Adviser has five calls audited each month in their first six months in post, to highlight consistent themes and trends in performance which may need to be addressed through further training and support. After the first 6 months, and as long as there are no issues or patient safety concerns, the Health Adviser and Clinical Advisor will undergo three audits per month under the Pathways license requirement. This is reported monthly in CCG's CQRM and the Council monthly report.

Health Advisors and Clinical Advisors are encouraged to reflect on calls identified as not reaching the required standard by listening to them and going through the scoring system with an auditor to identify areas to improve. PELC takes an active approach with all staff to learn from mistakes made and identifies ways to reduce them happening in the future. Two examples of this are shown below:

SBAR (Situation, Background, Assessment and Recommendation)

SBAR was introduced by the Director of Operations to improve communication between Health Advisors and Clinical Advisors when seeking advice or providing information. Adapted from the traditional nursing model, PELC's SBAR supports handover across telephony, assists with professional communication and enables structure to provide a clear and concise handover, therefore reducing confusion and risk of misunderstanding. A review was undertaken after 3 months to quality assure this intervention. The findings were that there were significant improvements, especially around assessment.

Tips of the Day

A 'tip of the day' is issued via email, when changes or amendments are made to a procedure already in place and also when errors occur these are usually identified during audits. They serve as a reminder to all staff. This method of communication is reinforced during 1:1 meetings with staff when they are questioned on the content of recent 'tips of the day'.

End to End Call Review

PELC attends monthly pan-London Clinical Governance meetings where end to end call reviews take place. PELC provides such a call on a rotational basis with the other London providers so that the call and end to end process can be analysed, with recommended actions being considered. In addition to this PELC carries out end to end reviews where required for complaints management etc., to ascertain the whole patient journey and ensure that any improvements across the system can be made.

Pilots and Projects

PELC has been piloting initiatives to support system improvements including:

- Additional GP in IUC CAS to enable more calls to go straight to a GP
- <1s and <75s straight to CAS GPs after module zero key questions
- Video conferencing for GP care home consultations
- Supplying Queens UTC GP and streamer cover to assist BHR in service delivery
- Additional GP assisting Princess Alexandra Hospital (ED streams patients to OOH GP at peak times on request)
- Assisting with GP Clerking into community beds in St Margaret's Hospital West Essex
- NHS111 on-line (low usage but increasing)
- Additional clinician at peak times to increase ambulance revalidation % and ED revalidation facility – being tracked via trajectory, PELC performing well.
- Princess Alexandra Hospital Integrated Urgent Care alliance pilot to form an UTC service ahead of future contract requirements

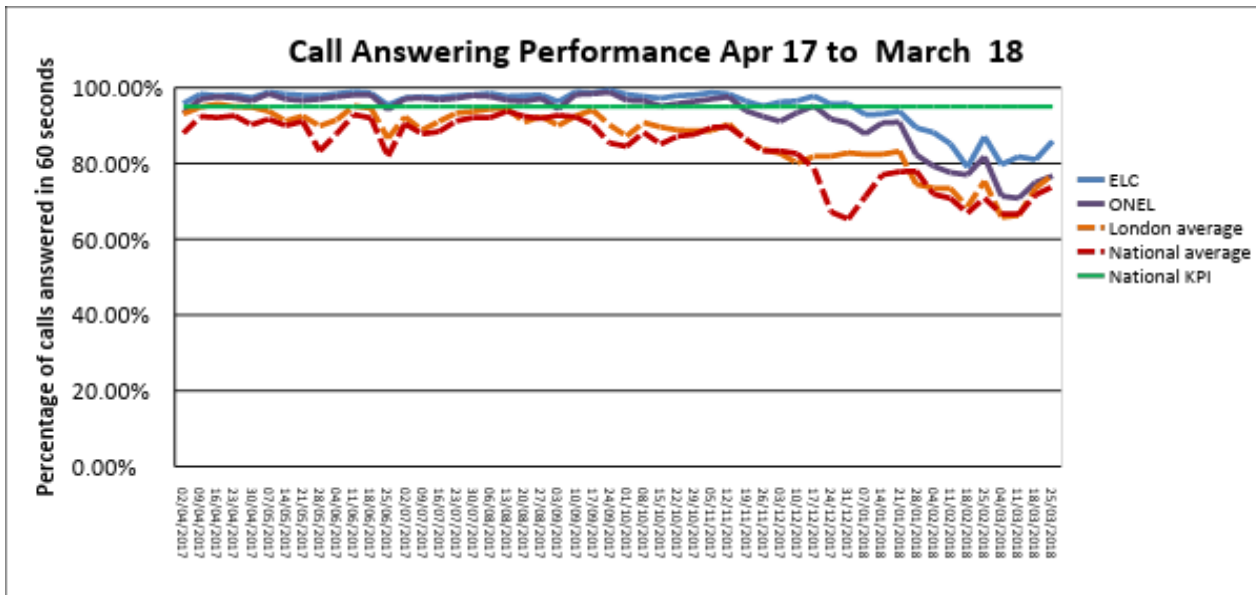
Performance against National NHS 111 Standards

PELC has been consistent in achieving a high standard of performance in KPIs for all services, with the NHS111 contracts often performing at the highest standard in England. Performance in both call answering, and clinical quality has been above the average national and London standard throughout the last financial year, despite PELC being the busiest 111 providers in London.

Below is an overview of some of the key performance indicators set by NHS England and the PELC NHS 111 service's performance against them. These are minor areas of the required minimum data set provided via UNIFY to NHS England. This data also informs the National and Local Quality Indicators commissioners have set for the service.

Call Answering Performance

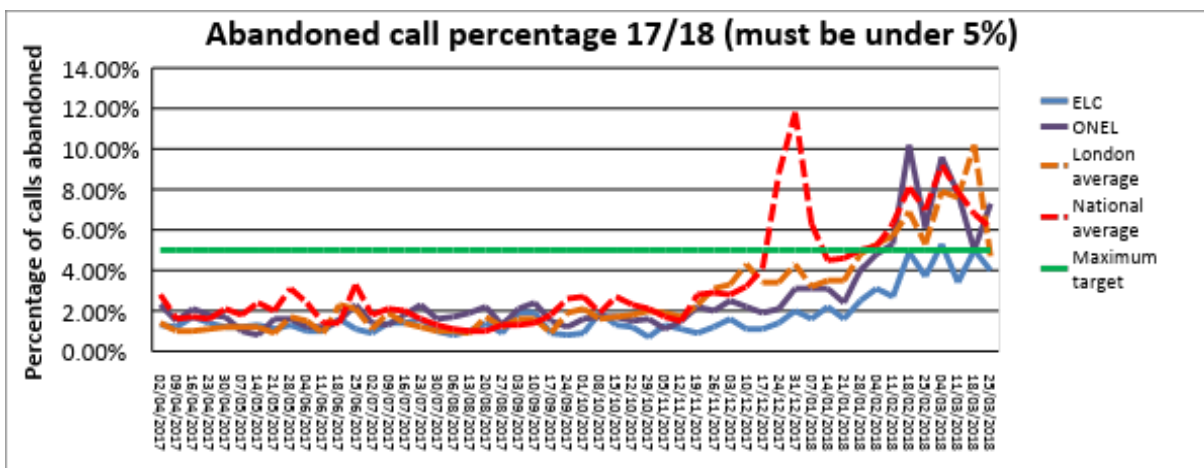
The graph below shows the NHS111 call answering performance over the last 12 months. The national target is to answer a minimum of 95% of NHS111 calls within 60 seconds. As national advertising was introduced over the winter period, demand for NHS111 increased, causing pressure on call answering performance across England. However, nationally PELC remained one of the top performing providers due to robust performance management and optimised rota coverage.



This challenge on call answering performance has been recognised nationally and the new key performance indicators (KPI) will see less emphasis on the target.

Abandoned Calls

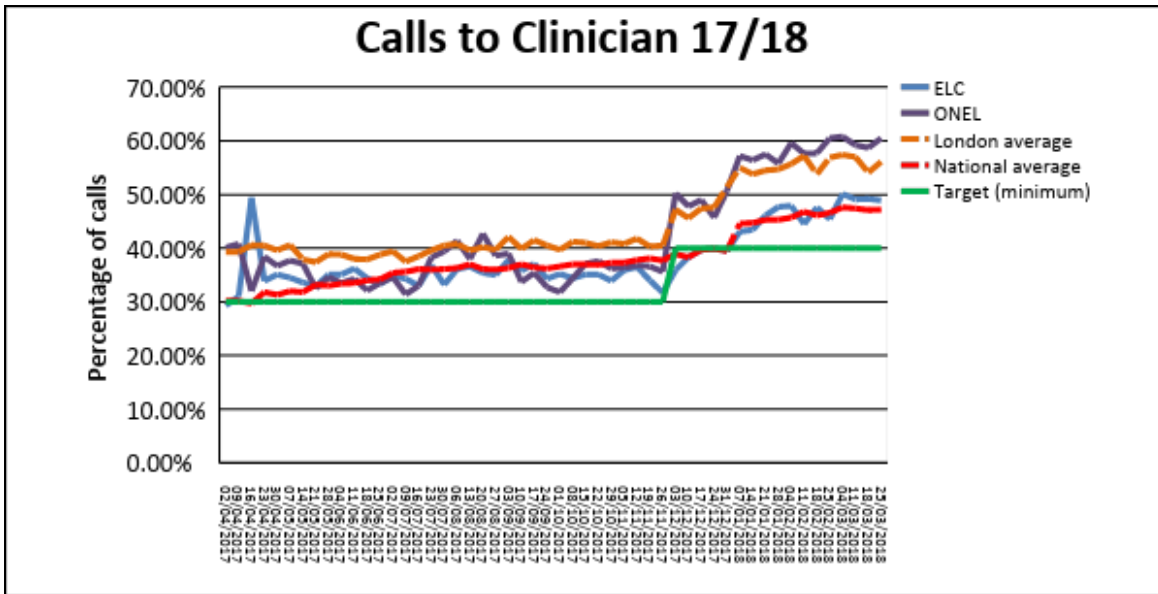
This figure below shows the percentage of calls that are abandoned before being answered. The national target is for an abandonment rate of less than 5%. PELC’s ELC service has remained within the target throughout the year. PELC’s busier contract, ONEL, fell outside of the national target as demand increased over the winter, however performance remained generally in line with the national average during the most challenging period of the year.



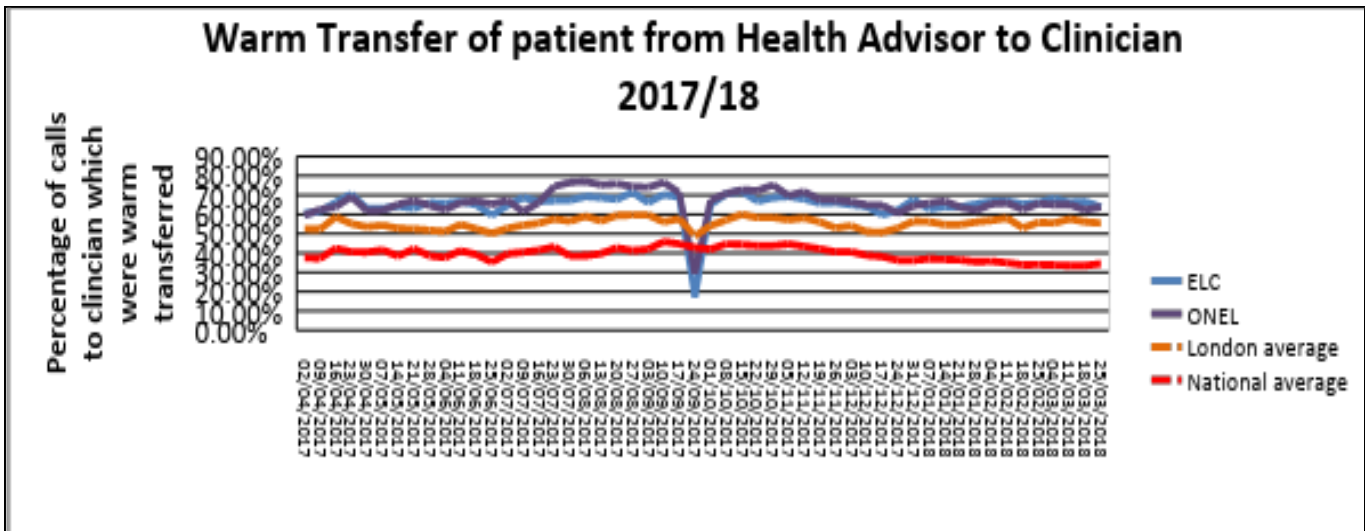
Calls to Clinician

One of the key performance changes for NHS111 over the last year has been the phased increase of the proportion of patients who speak to a clinician after calling 111. There has been no additional funding for Clinician cover, therefore PELC’s success in this metric has been reliant on

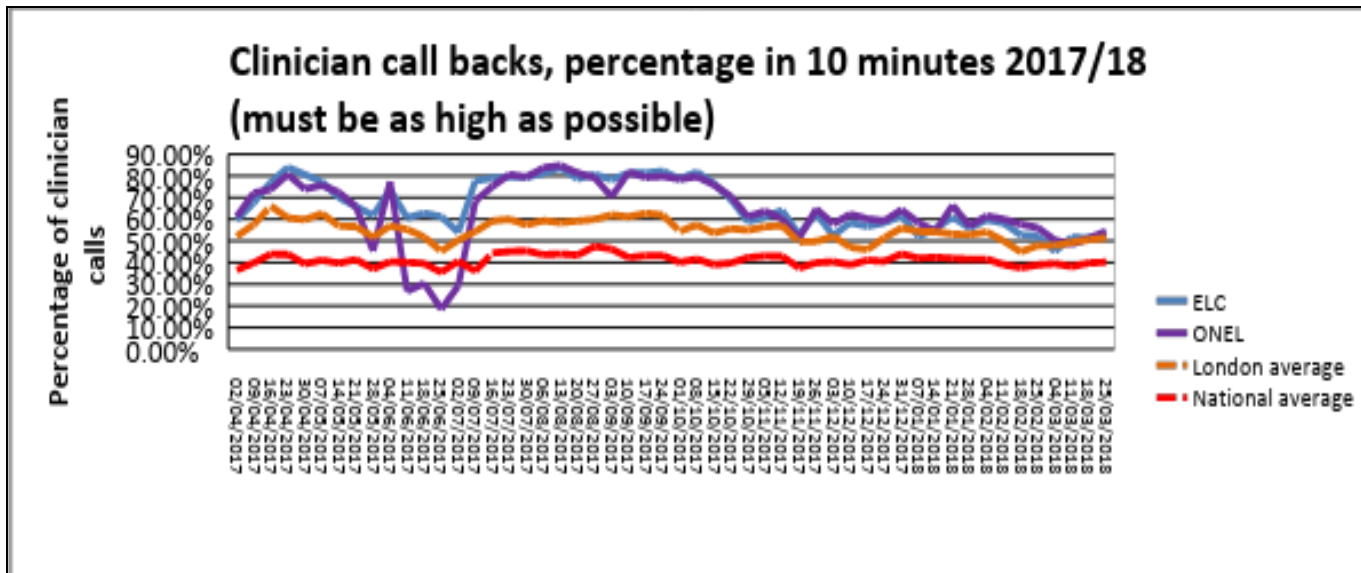
excellent coordination of the team and rota re-alignment. PELC's performance has been continually above the phased targets and through the winter has been a top performer nationally.



PELC did not use Clinicians to answer 111 calls from the start to push the % to clinician figure up to the required level. PELC considers this to be an inefficient use of Clinical expertise. Therefore, PELC has maintained good performance in the standard quality metrics for clinical response to 111 calls alongside increasing the percentage passed to a clinician from 111 Health Advisors. NB September drop ins service levels was due to system failure in delivering warn transfer. Good performance was regained and remained consistent as reflected in the chart below.

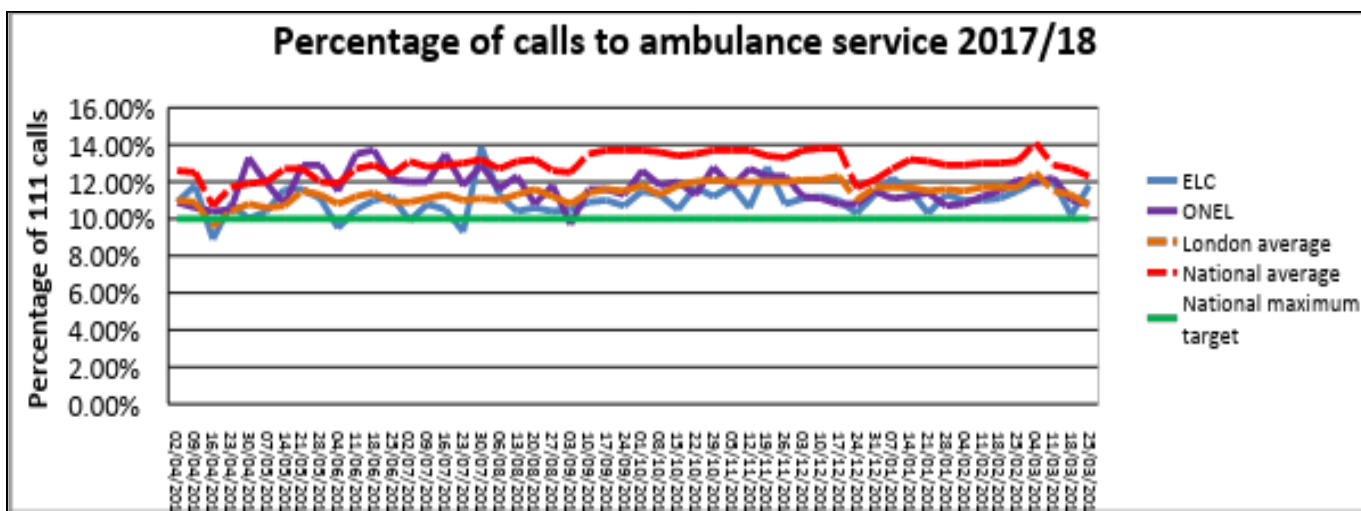


When warm transfers have not been possible within the required timescale, calls are queued for clinicians. In this case they should be called back within 10 minutes. PELC has consistently performance above the national average in this metric. (note anomaly in September due to system fault where warm transfer could not be made)



NHS111 calls referred to ambulance service

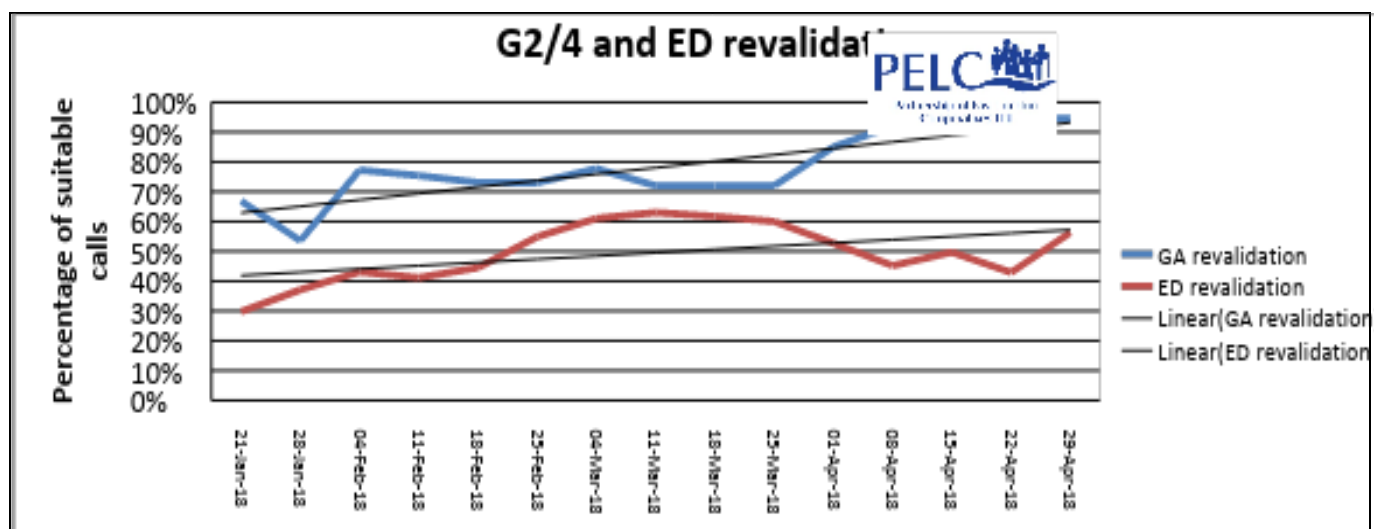
NHS111 is monitored on the percentage of calls referred to the ambulance service. The national target set by NHSE is a maximum of 10% of 111 calls, however this is not being met nationally, due to Pathways dispositions producing ambulance referral outcomes at a higher level than the target.



Statistically, PELC has consistently performed at a better standard than the national average, and the majority of the time better than the London average. This has been achieved by running probing courses to ensure that Health Advisors and Clinicians ask further questions for events that might usually trigger a low acuity ambulance e.g. difficulty in breathing vs coughing fit.

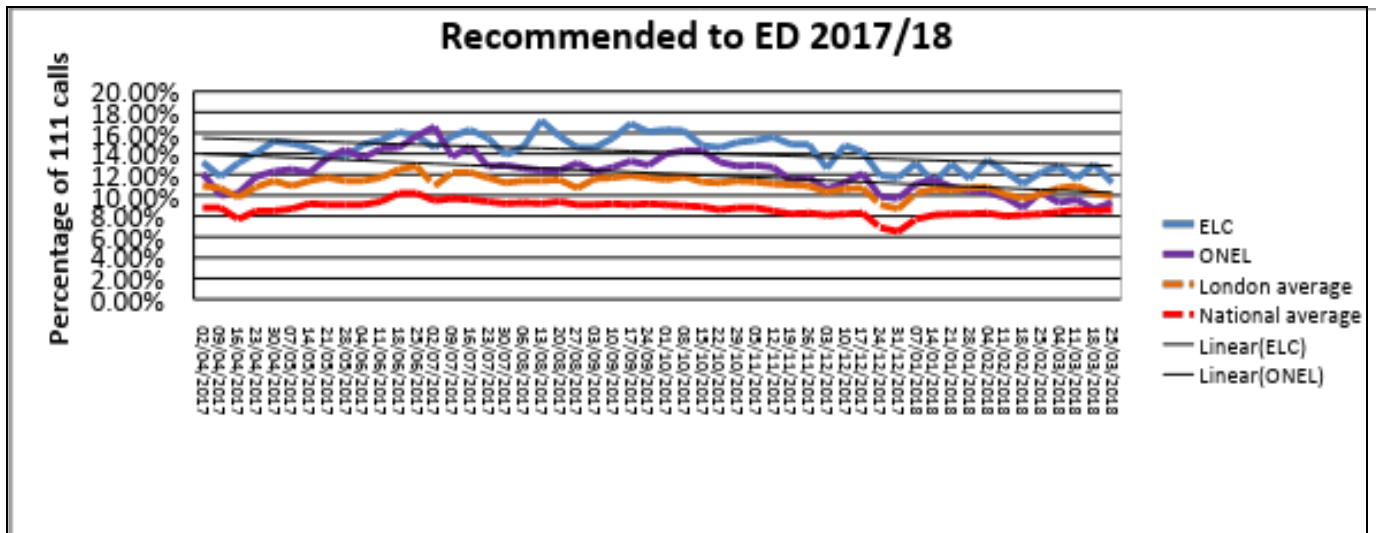
To further improve this metric and minimise the impact of NHS111 on the 999 service, a requirement for the lower acuity ambulance calls to be re-validated by a clinician was introduced. In the last quarter of the year this included being able to queue calls for up to 15 minutes before dispatching an ambulance if a clinician cannot re-validate the call within this time-frame. Since January 2018 this has widened to included calls where patients are recommended to go to ED, however these are permitted by warm transfer only wherever possible.

PELC has been one of the best performers in this metric and has met the required 95% target for ambulance calls by the end of April 2018.



Recommendation to ED

This metric has been the biggest challenge for PELC. However, following the provision of courses to improve probing skills for all NHS111 staff, together with the re-validation by a Clinician where warm transfers are possible, PELC has improved through the year, with ONEL now performing better than the London average. ELC is impacted by availability of alternatives and local demographics, but the work done has driven a vital improvement. The original national target set by NHSE was less than 5% but no providers have been able to meet this target.

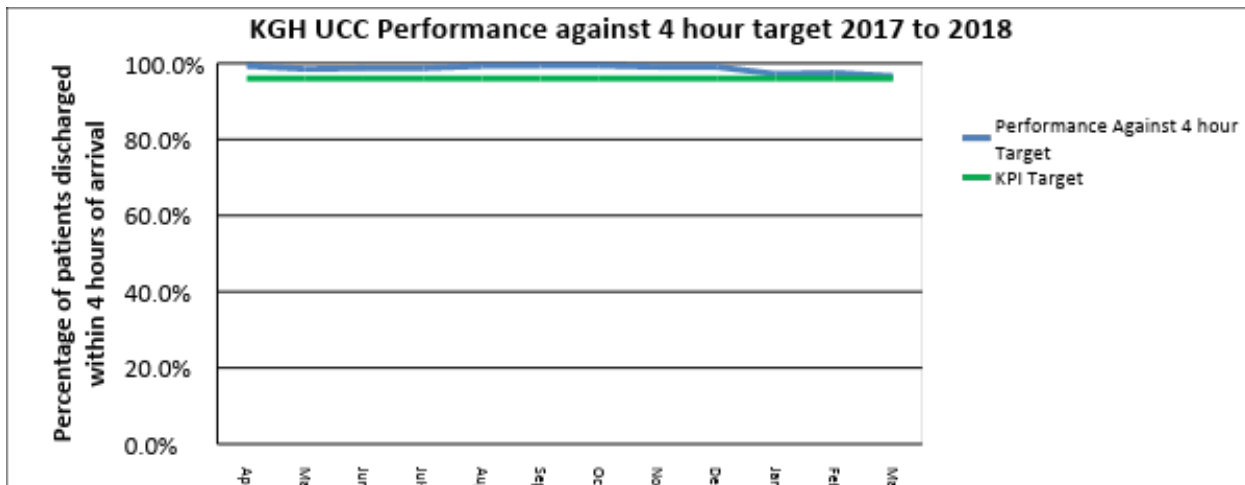


THE URGENT CARE SERVICE

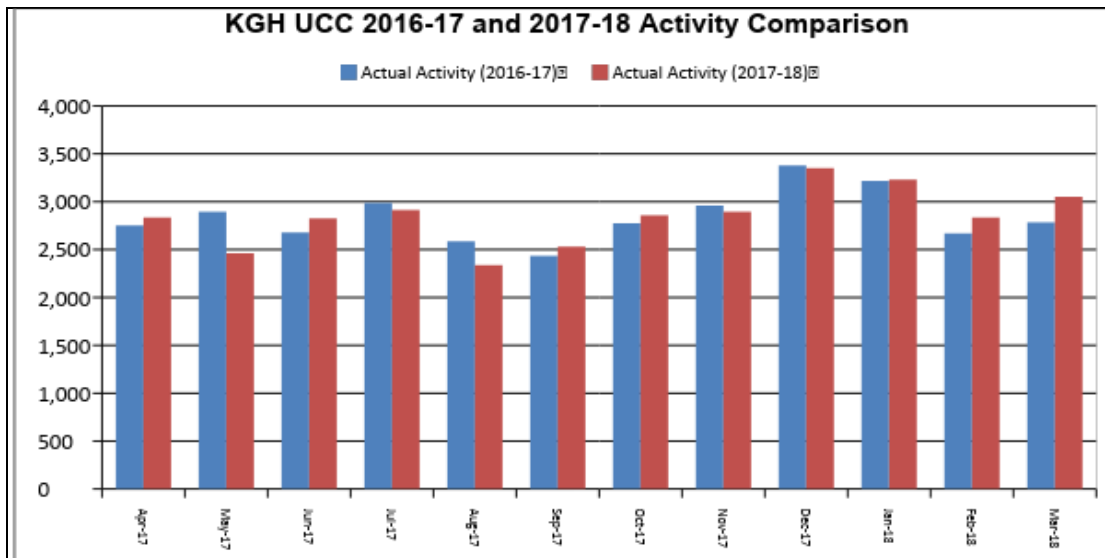
Performance Against Key Performance Indicators

PELC's King George Hospital Urgent Care Centre continually performs to a high standard against the key performance indicators. The performance target is to discharge >96% of patients within 4 hours of arrival.

100% of patient discharge summaries are sent to the patient's GP practice within 48 hours and 100% of frequent attendances are flagged to the patient's GP by the CCG.



Demand for the KGH UCC has shown an increase over the last quarter of the year but performance has remained above target throughout this period.



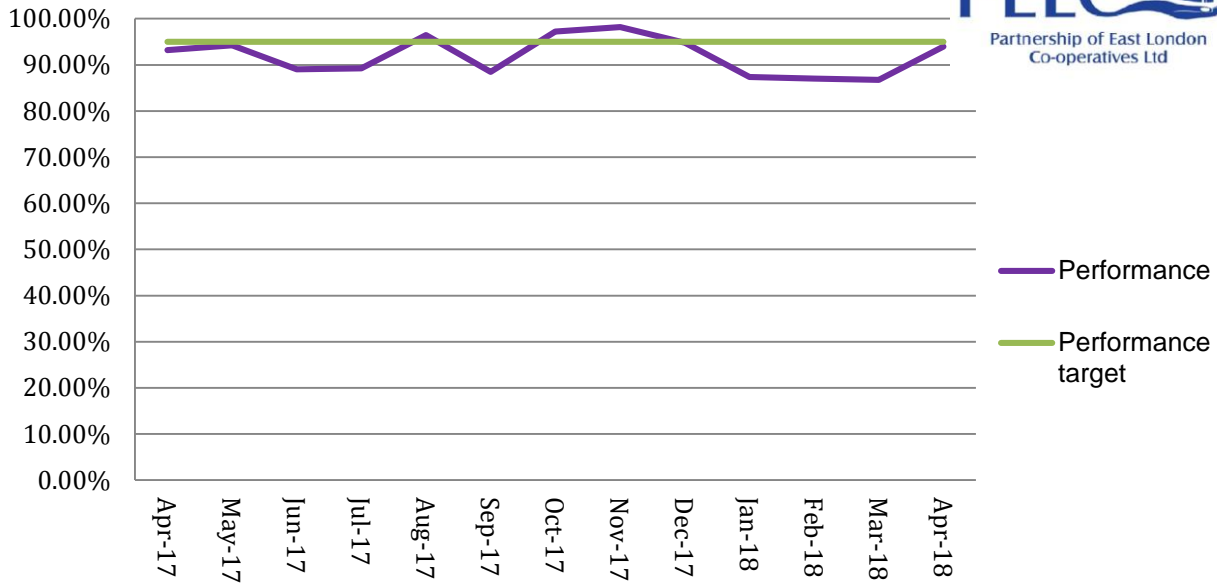
GP Out of Hours Services

PELC has contracts to provide the GP OOH service in Barking, Havering, Redbridge and West Essex. Performance is measured against urgent, and less urgent call back, base visit and home visit time targets.

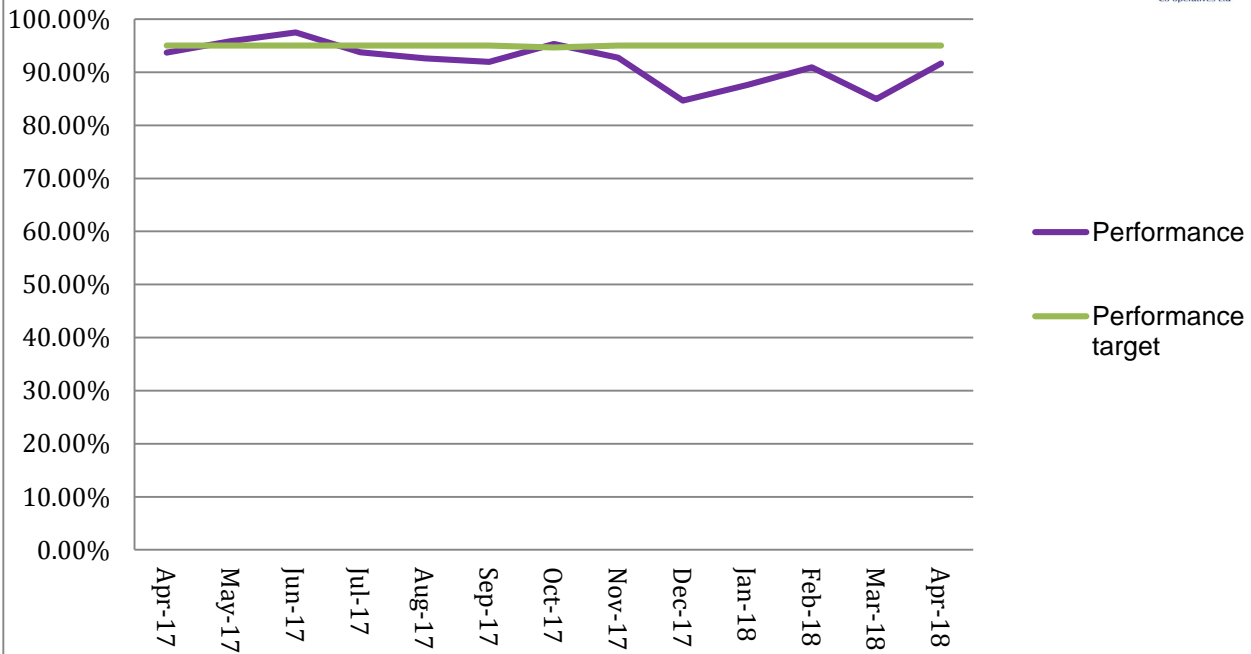
Whilst the heavy demand of the last quarter represented some challenge due to surges stemming from escalation elsewhere in the system, and severe weather-related illness, PELC's performance remained comparatively strong and returned to the target level by the end of the winter.

Home visits were impacted by snow, ice on the roads, however PELC were able to offer care and treatment to all patients without any known or reported patient safety issues. (including complaints)

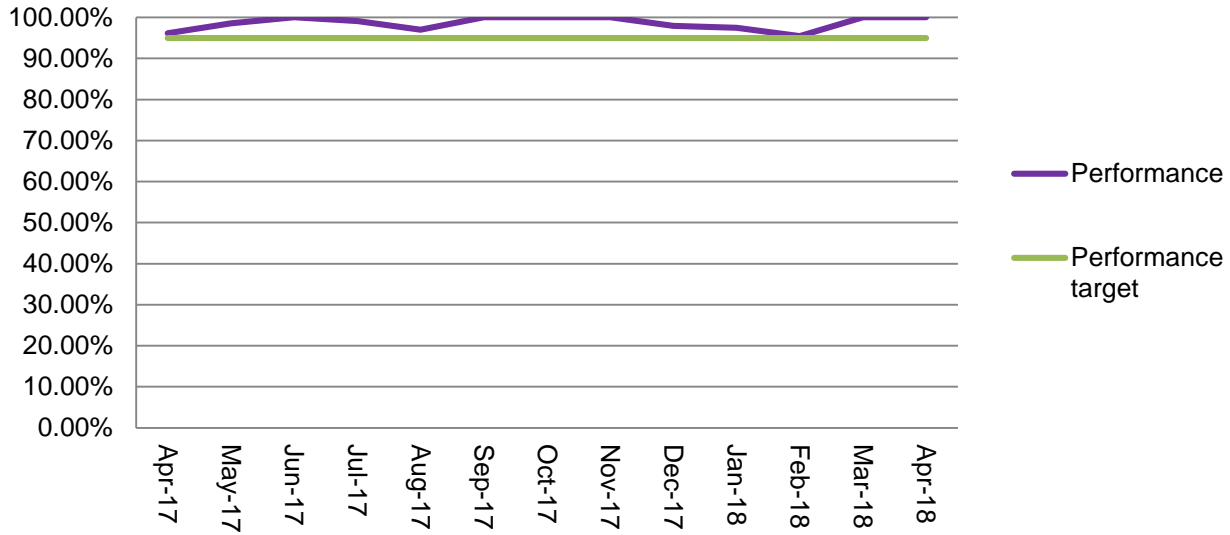
BHR GP OOH urgent telephone assessments



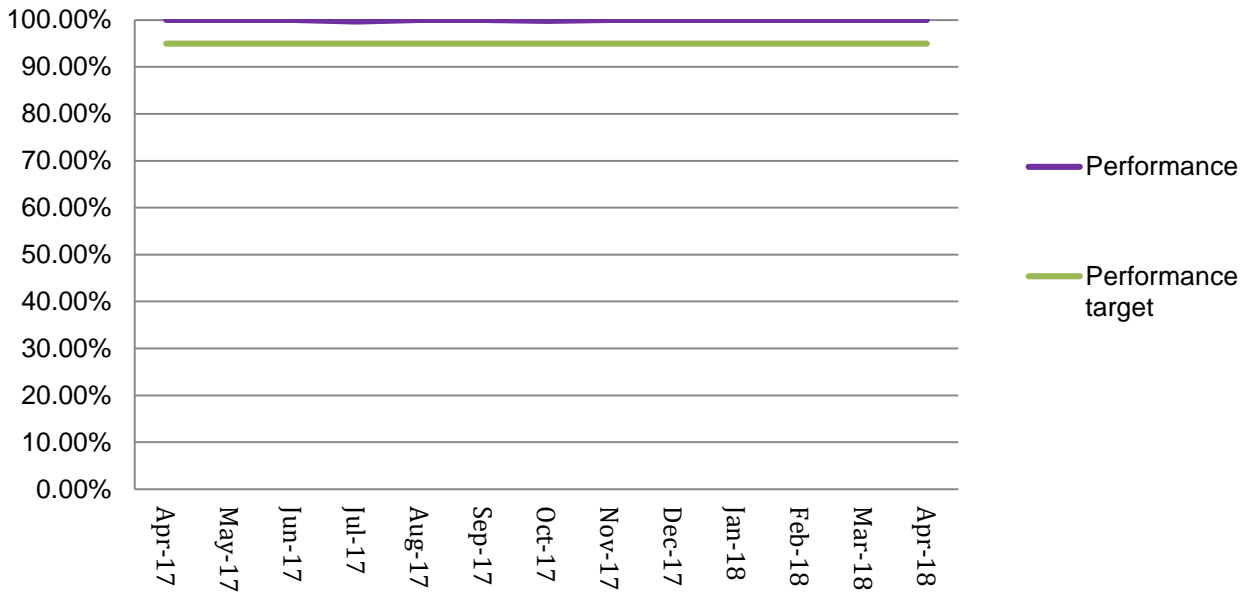
BHR GP OOHs less urgent telephone assessments (60 mins)



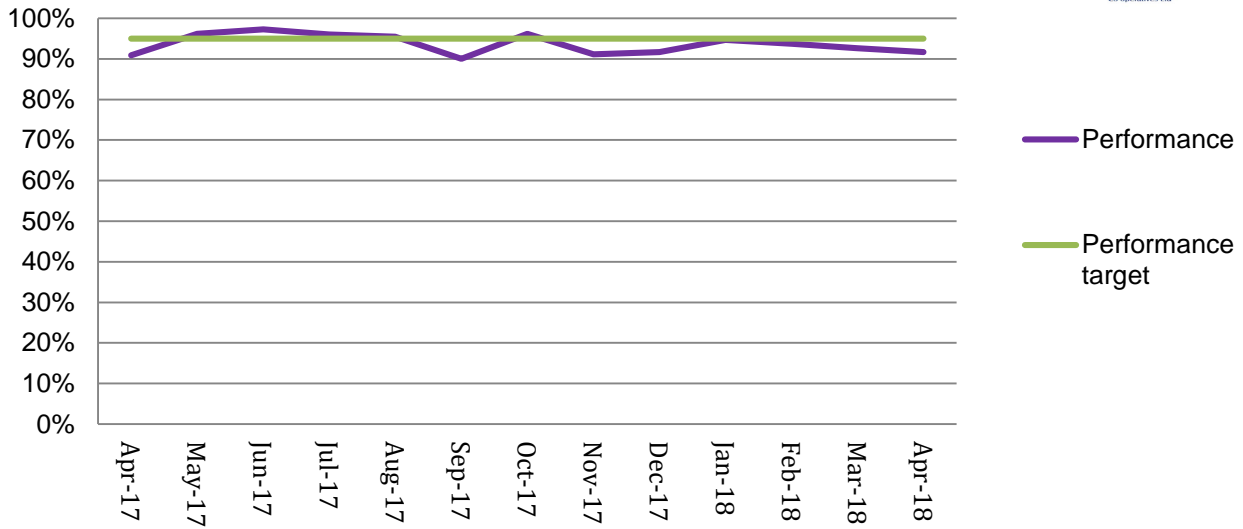
BHR GP OOHs Urgent base visits



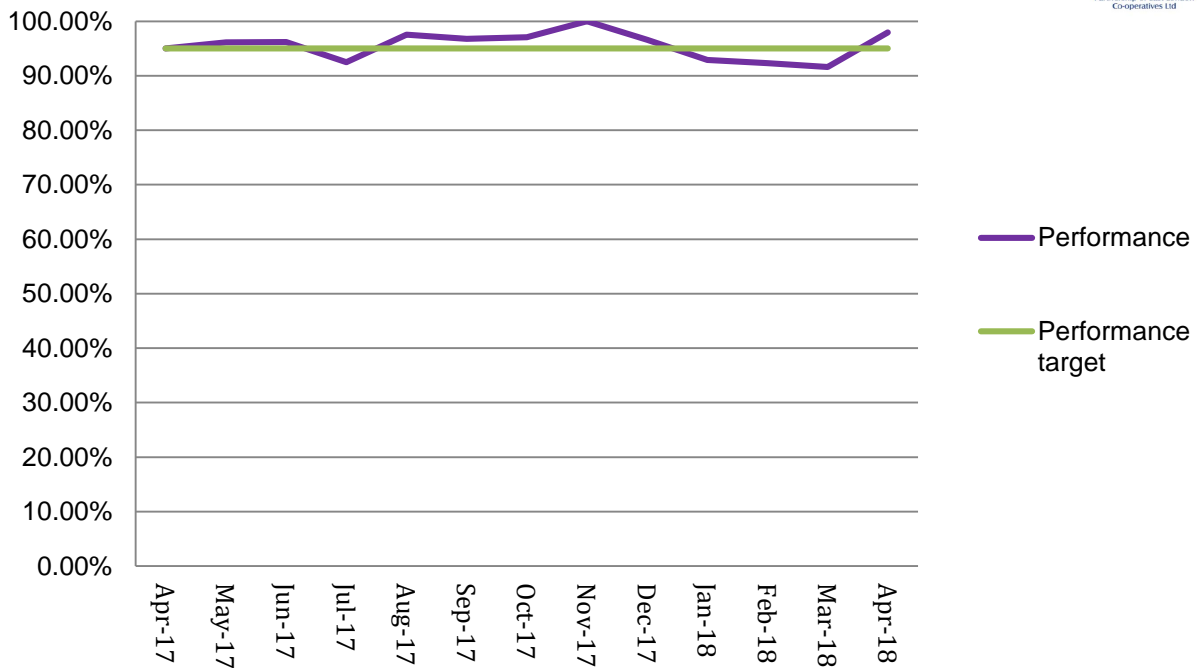
BHR GP OOHs less urgent base visits



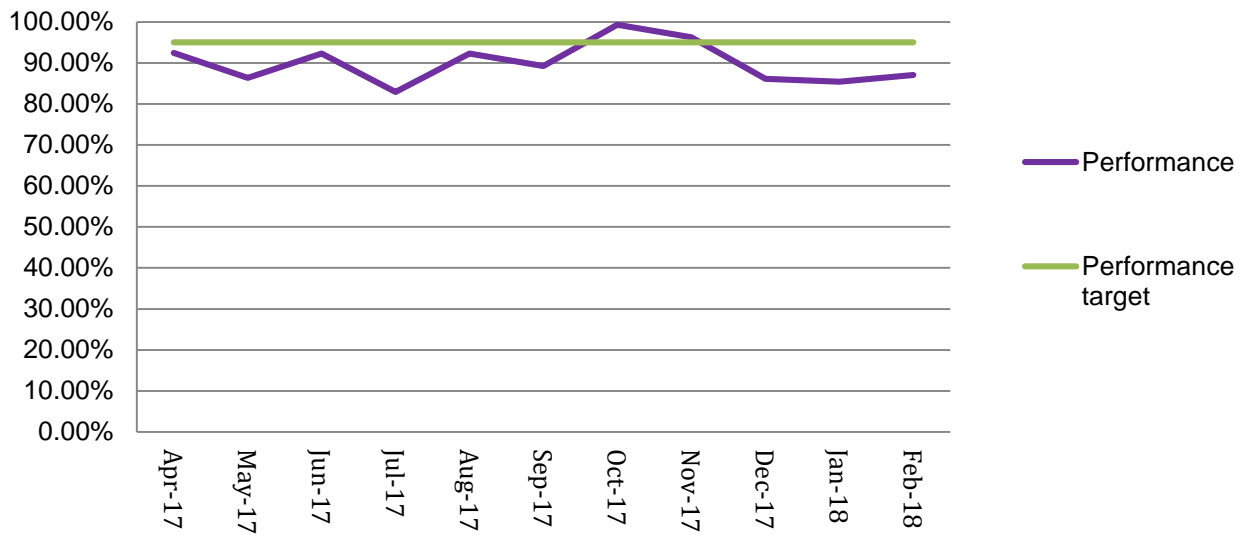
BHR GP OOHs urgent home visits



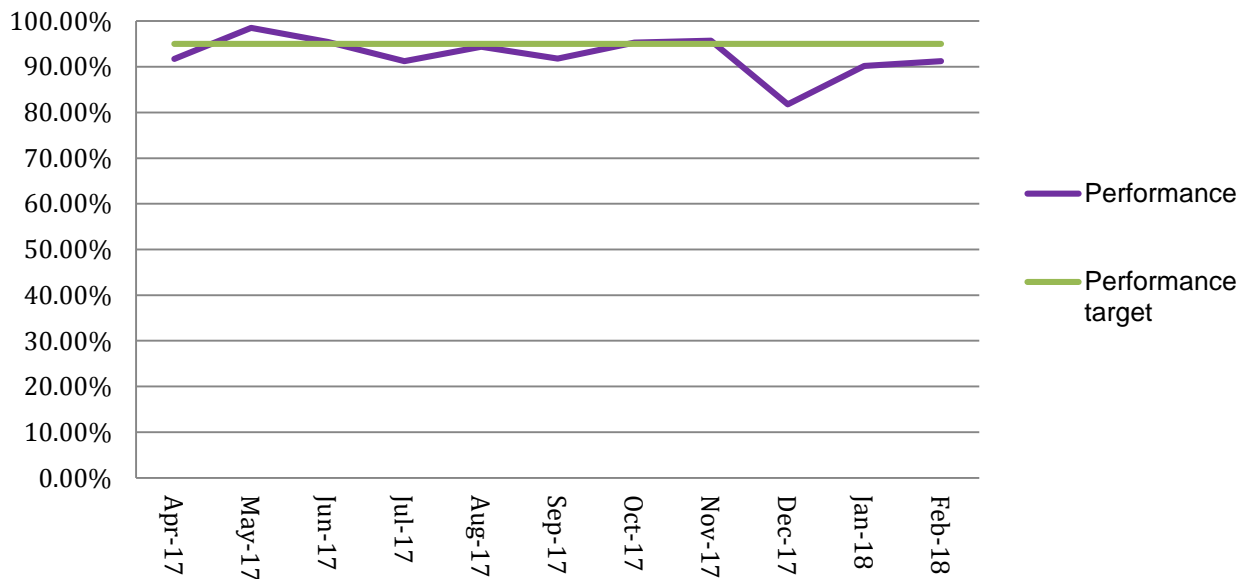
BHR GP OOHs less urgent home visits



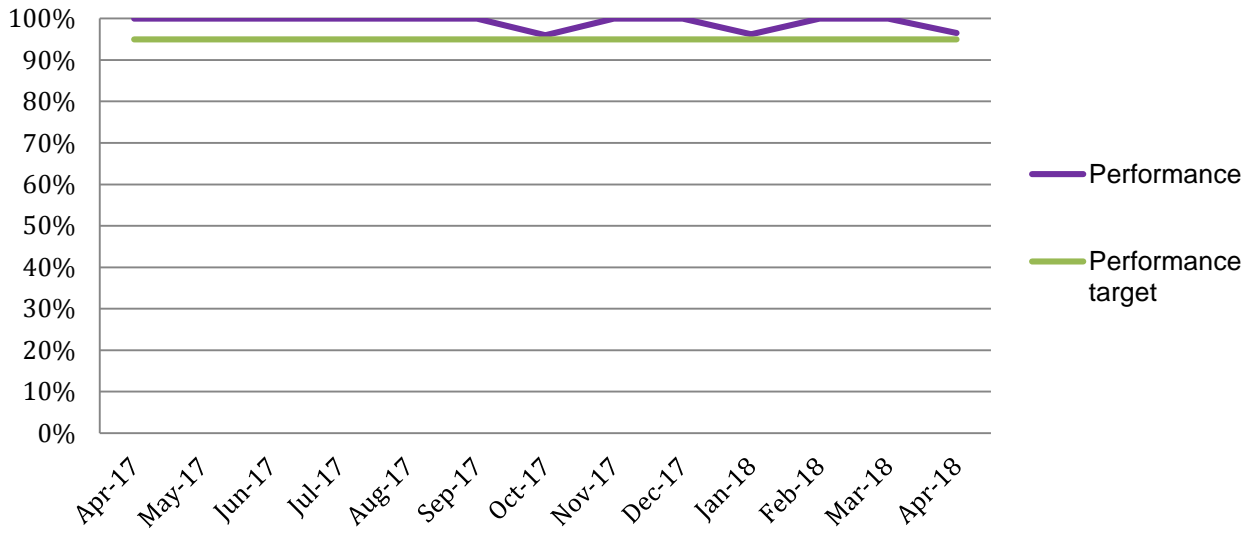
West Essex GP OOH urgent telephone assessments



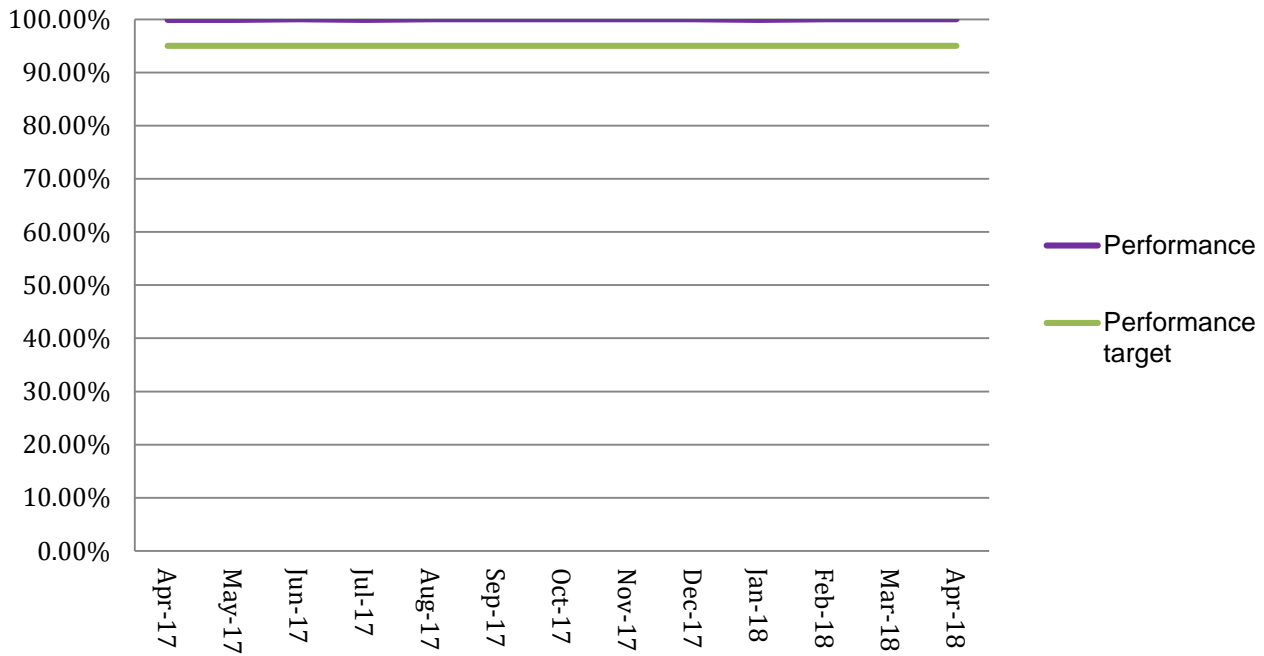
West Essex GP OOHs less urgent telephone assessments (60 mins)



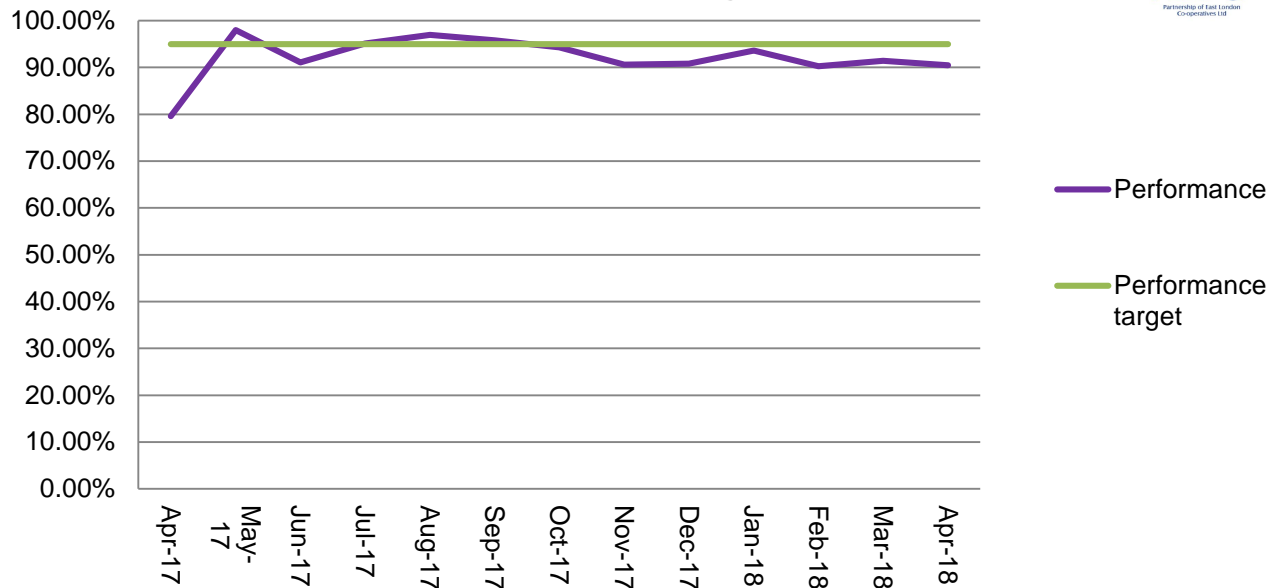
West Essex GP OOHs urgent base visits



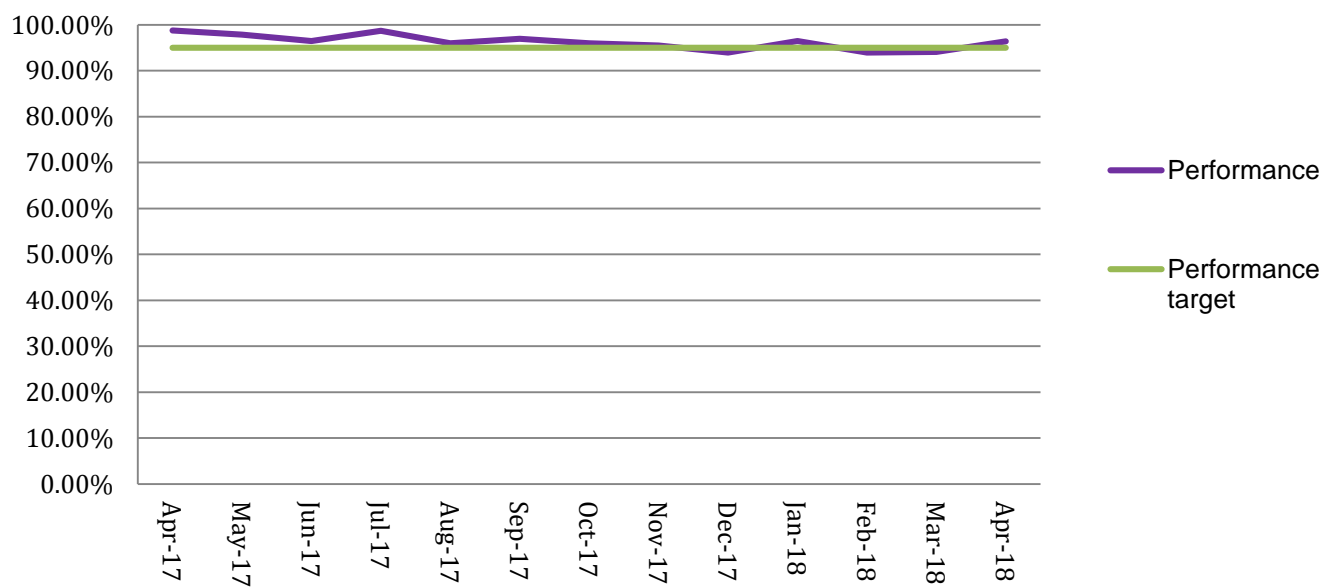
West Essex GP OOHs less urgent base visits



West Essex GP OOHs Urgent Home visits



West Essex GP OOHs less urgent home visits



2017/18 – THE YEAR AT A GLANCE

MONTH 2017	KEY MILESTONE/EVENTS
April	Appointment of new Director of Operations
May	Review of all operational performance, rotas and SOPs
June	Introduction of SBAR process for all clinical handover within NHS111. Individual performance management of staff and revision of break plan to support improved performance.
July	2 day fallback to contingency site for all services that are usually provided from Becketts House, successful test of all equipment and processes, seamless handover and high standard of service delivery
August	Completion of new recruitment process for NHS111 call handlers Introduction of new call back time countdown flags on Adastra for GP triage and CAS, improving urgent response
September	Introduction of OPEL process for NHS111 (demand management plan) the role of 'Call Handler' changed to 'Health advisor' to value staff skills.
October	Contract procurement preparation
November	Contract procurement preparation Development of new prescription management process commenced
December	% of calls to clinician target moved from 30 to 40%. Clinical 111 rota re-aligned to ensure achievement of new target
January 2018	Agreement of new improved prescription management process for OOH bases and UCCs.
February 2018	Training and go live for new prescription and drugs management process at OOH bases and UCCs
March 2018	Development of new SOP for low acuity ambulance queuing and ED revalidation CQC inspection of PELC services (awaiting outcome)

FINANCE AT A GLANCE

The national health and care economy continues to face significant financial pressure due to macro-economic factors and both demographic and social pressures such as population growth and ageing, increased disease chronicity and greater patient expectation of care providers. Locally in North East London and West Essex, health economies (including both commissioner and provider organisations) have been under pressure financially, both in terms of short-term cost saving requirements and long-term requirements to ensure value for money (outcomes relative to cost) for the local communities served. This has included the initiation of formal financial turnaround processes across both commissioners and major providers locally.

This environment is both an opportunity and challenge for PELC. A challenge to ensure services deliver high quality and safe care with reduced resources (doing “more for less”), and an opportunity to embrace new solutions to improve productivity, efficiency and patient outcomes, particularly through developing new care models and exploiting new advances in technology that are particularly relevant to the urgent care arena in which PELC operate.

PELC are at the forefront of some of these exciting changes, for example, in the development of two local Urgent Treatment Centres in East London that will make use of new clinical models, patient risk profiling and triage at the hospital front door and point of care diagnostics to ensure patients presenting with an urgent health need are assessed and treated as quickly and effectively as possible. Critical to the development of these new care models is PELC’s close relationship with local primary care and the involvement of local primary care representatives, together with community representatives on our governing council. Additionally, PELC are working with wider A&E Delivery Boards and Sustainability and Transformation partners in East London and West Essex to support improvements in population health using joined up health and care data to improve care delivery and outcomes.

PELC is proactively addressing the financial challenges that it faces. Our financial position is changing consequent upon the cessation of our 111 service contract. This will reduce our turnover by approximately 34%, though that has been ameliorated in part by additional income from a number of sources. PELC is also in the process of negotiating a contract extension and enhancement for existing contracts, which is likely to replace a proportion of the turnover forgone, particularly through the development of the Urgent Treatment Centres at King George and Queens Hospital sites in East London.

We have taken the business opportunity presented by the transfer of the 111 contract to re-examine and reduce our cost base. This is in addition to the ongoing work undertaken by PELC to identify innovative ways to identify and implement cost improvements. In particular, we have worked to reduce our management, administration and property overheads so that a greater proportion of our expenditure is directed towards high quality patient care. In summary:

1. Income is forecast to reduce from £17 million in 2017/18 to £11.8million in 2018/19, a reduction of 31% (the contract currently being negotiated is not reflected in the forecast numbers). Annual contractual income from 1st August being around £8,758,623 when accounting for the transfer of the 111 contract to London Ambulance Service.
2. Direct costs will be reduced, mainly as a result of the TUPE (LAS) of staff to £8.9 million, giving a contribution of £2.8 million (24% of turnover). This improvement in contribution level is mainly driven by assumed improvements in productivity as noted above.
3. Continuing work will be undertaken to further reduce agency costs, which are already approximately 60% of the levels incurred previously.

4. Overhead staffing costs will reduce from £1.27 million to £1.06 million, a reduction of 17%. This includes the savings expected to be achieved from the TUPE of eligible staff from overhead departments as well as from the restructuring proposals. Further work will be undertaken to reduce these further if required.
5. Other overhead costs will fall reflecting changes already made and further savings (eg in IT) when the 111 contract ends.
6. On the basis of these assumptions, there is a forecast surplus of £515k.

It is important to emphasise that there remain uncertainties relating to the forecast financial performance. However, these are being closely monitored so that remedial action can be taken if required. We expect, and will work to ensure, that, on a contract by contract basis, each contract makes an appropriate net positive contribution towards overheads and the surplus.

Conclusion

A surplus is attainable in 2018/19 if there is effective control of operational expenditure and a successful conclusion to the contract negotiations and there are no system shocks.

HEALTH AND SAFETY

PELC has introduced a robust framework for HSE and Estates management which includes a Risk register and weekly inspection by Head of Operations and Governance H&S Lead. There were 0 incidents were reported for April 2018 to the HSE under the RIDDOR

FREEDOM OF INFORMATION REQUESTS (F01)

There have been no requests for the past 3 months

GENERAL DATA PROTECTION REGULATION

GDPR is a statutory requirement effective from May 25th 2018. Adopting GDPR into the PELC is therefore a legal requirement and enables the PELC to continue to process patient data.

PELC has continued to take a pragmatic approach to the implementation of GDPR in the confidence that PELC is already compliant with the Data Protection Act (DPA) 1998 and previous achievement of the IGTK Level 2. Following the recent release of further national guidance, PELC is now more able to assess its readiness and will be updating its action plan accordingly. This will include wider communication with staff to ensure that they are ready to respond to patient enquiries.

Whilst the priority for PELC is ensuring that all health records are fully considered against the requirements of GDPR, work has also been ongoing in other areas such as Human Resources to assure wider organisational readiness. More work will be required in these areas however this is being brought within the overall work plan. Overall the Council should feel assured that the PELC will be ready for GDPR adoption from the 25 May 2018 if actions on action plan are completed timely.

Appendix

Appendix

1 Letters: Healthwatch

PELC is actively developing a working relationship with Healthwatch. The Patient Engagement meetings have been held with attendance from Healthwatch representative.

Healthwatch Redbridge
103 Cranbrook Road
Ilford, Essex IG1 4PU
Tel: 020 8553 1236
Web: www.healthwatchredbridge.co.uk
Email: info@healthwatchredbridge.co.uk



To Whom it Concern

Healthwatch Redbridge have been attending PELC (Partnership of East London Cooperatives) meetings.

We have found the very useful in updating PELC with the work we have been doing but also to gather patient feedback about local NHS services.

We value a member of the public in attendance to this meeting as it gives us a chance to hear about real life experiences of patients as well as understand it from the point of view from professionals.

We look forward to continuing our working partnership with PELC in the future as it is a fantastic way to communicate with members of the public and with people working in the services.

Thomas Thorn
Media and Volunteer Support Officer

A handwritten signature in grey ink that reads "Thomas".



Appendix 2:

Commissioners recommendation: