

# London Central & West

Unscheduled Care Collaborative

2018/19



## Quality Account

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# Welcome



## To the LCWUCC 2018-19 Quality Account

As with previous years, this edition takes a look back on our achievements in 2018-19 and takes a look ahead for this coming year, 2019-20.

LCW prides itself on an ethos of delivering safe, effective, responsive, caring and well led clinical services.

The majority of what we do is in the urgent care environment and we feel privileged to be able to provide services to the populations in North West and North Central London. Given the complexity of provision of urgent care services, we continue to devote a lot of our time and energy working in partnership and collaboratively with other organisations that collectively, all contribute to urgent care. The delivery of high quality services demands strong and effective clinical governance and we have implemented a more robust and comprehensive system of internal assurance committees overseen by our board. This has been necessary following a period of rapid expansion since taking on the first integrated urgent care service in London in 2016.

The following account sets out our approach to ensure that our services remain safe and effective.

In the high pressure environment that we work in, it is important to acknowledge that it is the whole system that must be able to deal with urgent care demands and expectations and can do so in a joined-up and resource effective way. These aims are best achieved by organisations that are open and reflective and are able to review and measure their performance in terms of patient outcomes and safety. We therefore feel that it is vitally important that as a constantly evolving and developing service provider, we learn from events where things could have been improved in terms of patients' and carers' outcomes and experiences- this means we understand the need to learn from complaints, incidents and feedback from all of our stakeholders including the external organisations that we collaborate with.

I am confident that this Quality Account sets out very clearly our continuing open and transparent approach towards service improvement

A handwritten signature in dark ink, reading 'Simon Douglass'.

**Dr Simon Douglass**  
Medical Director  
LCWUCC

**Our Quality Account 2016/17 identified a number of key quality and safety priorities for the year 2017/2018. LCW is pleased to be able to report positively our achievements against these priorities over the year:**

**Supporting** Commissioners and other providers in the development of integrated services, focused on accessibility and ease of access for the benefit of our patients

**Maintaining** and building on our reputation for integrity and innovation in providing high quality joined-up patient care as the Lead provider of integrated urgent care.

## ACHIEVEMENTS IN YEAR:

**Continuing** to support whole systems development in line with the NHSE five year plan and local sustainability and transformation plans.

**Implementing** a number of service initiatives to improve access, responsiveness and quality of care to patients:

**Piloting** and implementation of electronic prescribing to improve the governance of and access to medications to patients contacting our Service by phone for GP consultation.

1. Implementation of local direct access lines to provide prompt Clinical advice and primary care referrals to colleagues in London Ambulance Service (LAS), local care homes and other community healthcare clinicians.
2. Testing and piloting of NHS 111 online content in conjunction with NHS Digital, enabling patients to self assess their

symptoms online and automatically receive a call-back from a clinician if their condition requires this.

3. We expanded the successful Neurological response service providing rapid assessment and treatment out of hospital to patients with Multiple Sclerosis under the care of Queens Square and the Royal Free Hospitals.
4. Piloting direct booking from 111 into primary care practices for patients requiring a face to face consultation in-hours or out of hours into a local GP "hub."

LCW Continue to pursue Partnership working with GP Federations to support their development and identify opportunities for joint working.

## CQC inspection

We are pleased to report that following a return visit by the Care Quality Commission (CQC) in January 2019 LCW's NCL IUC Service has received an Overall **Good** rating across all of the domains:

**Safe  
Effective  
Responsive  
Well led  
Caring**

Our previous inspection identified some areas where we required improved processes in place and the inspection team were very satisfied that we had worked hard to restore our previous good ratings for all of our services. There was specific mention of how our teams 'work to ensure patients safety in the following areas:

***"Staff involved and treated people with compassion, kindness, dignity and respect. There was a strong focus on continuous learning and improvement at all levels of the organisation. The leadership, governance and culture of the service promoted the delivery of high-quality person centred care."***

# A Quality Workforce

LCW has continued to invest in a number of organisational development resources to ensure the organisation has an effective and well led team to deliver high quality services and support opportunity and growth.

The focus on the importance of employee wellbeing continues to be a factor in the aim to support a reduction of sickness and absence and in particular, the recurrence of stress as a reason for absences. Our initiatives are based on best practice in promoting employee wellbeing and continue to be positively promoted to the workforce.

- Employee Assistance Programme
- Consistent Management and Human resources support to promote wellbeing
- Engagement sessions
- Mindfulness sessions
- Participation in the Health and Safety committee

## **Employee Assistance Programme launched 2017**

All new employees are provided with information of the service and posters are displayed in all of the areas that staff frequent. Whenever an employee or a group of employees is involved in a situation that could be stressful, they are reminded of the service by their manager or by HR. On occasion the HR team would arrange for a member of the EAP counselling staff to make direct contact with the employee to speed up the support when the need is urgent.

## **Recognising Grenfell**

LCW have been operating out of our headquarters at St Charles Hospital in North Kensington since 1994. We are an integral part of the community and several of our staff were affected either personally or from witnessing the catastrophic fire that occurred on 14<sup>th</sup> June 2017 and caused such trauma and grief within our local community to colleagues and friends. On the anniversary we were involved in the local and national remembrance events and ensured we played a full part in recognising the contribution of our local support to our employees.

## **Focus on Mental Health promotion**

- Mental Health Awareness Week is promoted each year
- Mindfulness sessions continue to be held on a regular basis and all staff are invited to attend.
- A Suicide Awareness course was attended by frontline members of our 111 Staff in October 2018 and there are plans to roll this out to other 111 staff.
- We have trained and now have on site, mental health first aiders drawn from our operational, frontline team.

## **Mental Health Training**

- The HR team members have attended courses to support the management of stress at work and managing absence which is to be incorporated into our policies and the organisation training plan.
- Reminder of support arrangements available for staff is displayed in all work locations

## **Mandatory training**

LCW recognises the importance of having a well trained and skilled workforce. As such we have introduced new and expanded content to our mandatory training programme to enhance team working and ensure the workplace is health and reflects our standards and values and include the following key subjects:

### **1. Bullying & Harassment**

Face to face training continues for all new employees and an annual follow up with the module on the e-learning platform is carried out for all term staff. The policy on Bullying and Harassment and Sexual Harassment is now a working document

### **2. General Data Protection Requirements (GDPR)**

New national guidance is reflected in our annual update training for all staff which ensures that safeguarding of patient level data and confidentiality is every member of staff's priority.

## WORKING IN PARTNERSHIPS

We continue to work closely with GP Federations and health and social care partners in the development of patient centred, whole systems integrated care and improving access to high quality and appropriate care; in particular, with West London GP Federation in providing systems and governance functions for the hubs delivering 'May Care, My Way'.

As an active member of the provider network, we are involved in the alliance of Providers delivering Inner North West London Community Independence Service (CIS), led by Central North West London Mental Health Trust; LCW continues to provide GP clinical leadership and support to the service as well as hosting the call centre operation.

Developments during the Year

### WORKING WITH PATIENTS

LCW benefits greatly from the relationship we have with our local Clinical Commissioning Group (CCG) patient representatives across North West and North Central London. The patient representatives are independent and provide a patient perspective as well as being key participants of the contract oversight and monitoring of quality standards.

LCW have hosted a successful event during the reporting year where our patient representatives had the opportunity to see presentations from some of our training team and frontline staff

### 111 SERVICE

LCW continues to work in partnership with our Commissioners in the development of improved or enhanced pathways to benefit our patients. We were particularly pleased to see our findings and recommendations from the evaluation of our 111 pilot and the GP in the room pilot have influenced the national IUC scope and specification.

**We continue to develop the Mental Health pathway as a priority, working with CCGs and mental health providers to deliver an improved experience for our patients with mental health related needs. We were the first provider in London to trial and implement the transfer of patients assessed in 111 as being in crisis directly to a professional in the local Mental Health service operating from local hubs for onward care and treatment and have been involved in the further development and evaluation of this model of care.**

**The 111 service now has the advantage of a national telephony network to support peaks in demand for the service and provide increased resilience.**

### 111 GP "in the Room"

LCW has designed improved patient pathways for the Integrated Urgent Care service as a result of our audit and evaluation of the 111 pilot, the GP in the Room during the previous year. This pilot proved to add significant value to the core 111 standard as the GP as a senior clinician is able to provide advice and support to community teams, accept handovers of care from ambulance staff attending patients that do require care but do not require conveyance to hospital to receive it. The presence of GPs within the 111 call centre, as well as our IUC clinical Hubs, ensures that our services are consistently able to assess, advise and care for our patients who may have complex needs within the community.

The same GP resource enables LCW to assess and manage a significant number of patient contacts within primary care where the patient may have presented at Emergency Departments or called 999.

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## QUALITY AND SAFETY

LCW have a strong and recognised culture of promoting patient safety through clinical audit. Clinical audit is additional to the routine audit of staff performance or compliance with our NHS licences or contracts. Our clinical audit programme is agreed by the LCW Quality and Governance Committee. In all cases the audits are led and overseen by a senior responsible clinician i.e. education lead, training lead or Medical Director. The method used is approved and the outcomes and

learning are regularly shared with the appropriate groups of staff.

LCW provide the 111 service for the North Central and inner North West London areas. This is a 24/7 telephone service which provides assessment of patients symptoms based on NHS pathways Clinical Decision Support software which is deployed under license from NHS England.

The 111 Service is staffed by Health Advisors (Non Clinical) and pathways Clinicians (Paramedics or Qualified

nurses) both of which are trained in the use of NHS pathways and accredited in its use by competency based assessment during and at the end of their training.

It is important that audit is undertaken not only of individuals compliance using the pathways system correct, but also audit of themes that contribute to quality and safety of patients contacting the service.

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### Integrated Urgent care- NHS 111

#### Identification of "complex calls" audit

The LCW clinical and training team have audited the recognition of contacts to the 111 service that have multiple symptoms or any "red flags" based on learning from serious untoward incidents. These calls always require quick transfer directly to a clinician to best manage higher risk patients. We regularly carry out additional audits on particular samples of calls to ensure that this is being done consistently.

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#### Cardiac arrest audit

Our call advisors and clinicians in the 111 service need to be ready to respond to an emergency by giving lifesaving advice over the phone. All calls are recorded and where we have had to dispatch an emergency (Category One- 7 minute) ambulance for a cardiac arrest we audit the time taken from the call to the commencement of cardiopulmonary resuscitation (CPR) advice. This is part of our regular audit cycle and has led to consistent performance within the target time of 300 seconds from the point a call is answered.

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#### Call length audit

We recognise that it is important to listen, respond fully and offer the appropriate advice at a pace that is suitable for the caller or patient. It is also as important to identify where staff may not be performing as expected and one indicator of this is where call lengths appear excessive. We are here to guide and assess patients efficiently and identifying through audit where this may not be happening enables to address this through the training and coaching of specific staff.

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#### Time to assessment start audit

Staff working with our patients over the phone need to get the correct details of their location, whether they require an emergency ambulance immediately and then identify the reason for the patients call to the service. This needs to be done efficiently on every call we therefore regularly audit sample of calls to the service against our gold standard of 180 seconds allowing to provide targeted coaching where required.



## Risk management

LCW has a commitment to providing high quality, clinically effective services. We have robust policies and procedures in place for the management of incidents, complaints and feedback which are regularly reviewed and updated to ensure that we are able to respond as an organisation to identified risks in order to assure our Commissioners and service users of the safety of our service and demonstrate our commitment to service improvement.

As well as the learning from serious incidents, LCW also regularly reviews our processes and systems internally as

and when issues arise, whether they are from complaints or feedback from healthcare professionals including our own team. Our use of the Datix risk management system allows incidents and concerns to be logged by staff at all levels within the organisation and enable risks to be assessed, prioritised and followed up appropriately. The information generated by this risk reporting mechanism is subject to review by our senior team which provides oversight and ensures that any themes are identified and reported to our Board via updates to our risk register

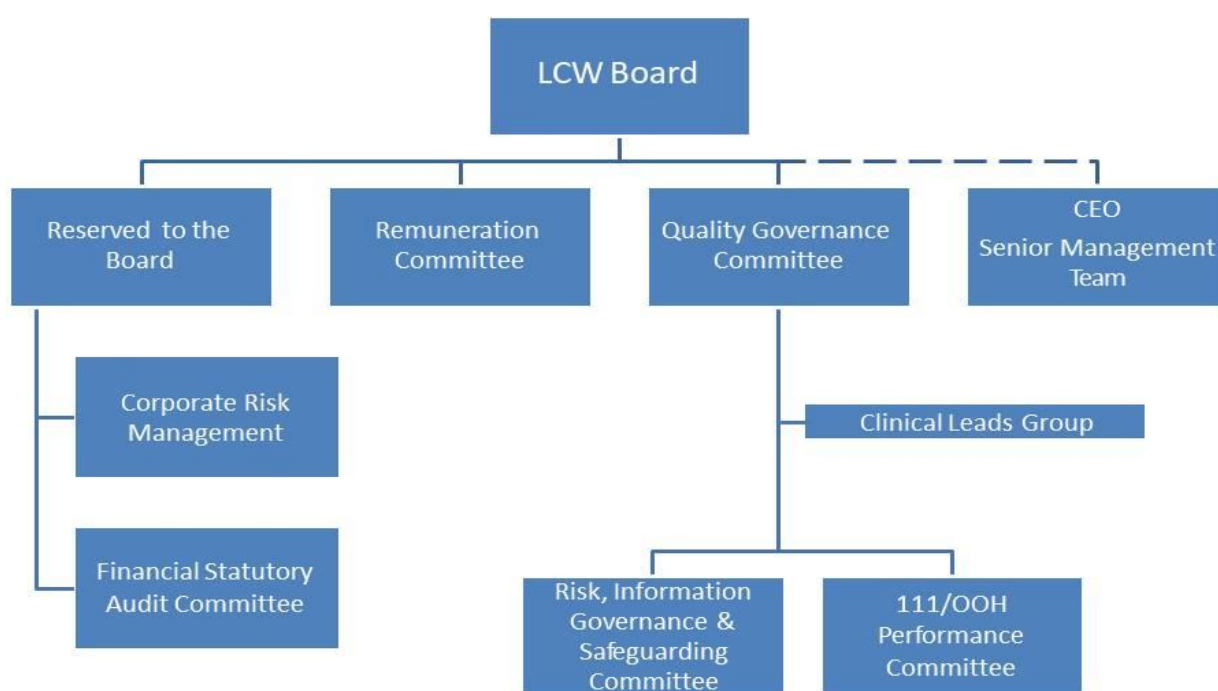
## Governance Structure

LCW has been developing its Governance structure during the year to enable us to best meet the requirements of our contracts and to assist us in making sound decisions across our contracts.

The Committee structure allows for “ward to board” communication of risks and the measures we are taking to ensure the safety, quality and effectiveness of our

through the Governance Structure which consists of Quality Governance Committee, the Risk, Information Governance Committee and the Performance Committee. All of these committees have clear terms of reference which measure, review and reference our fulfilment of the Care Quality Commission’s (CQC’s) five domains of Caring, Effective, Well Led, Safe and Responsive. All committees report in to the LCW Board.

### London Central & West Unscheduled Care Collaborative





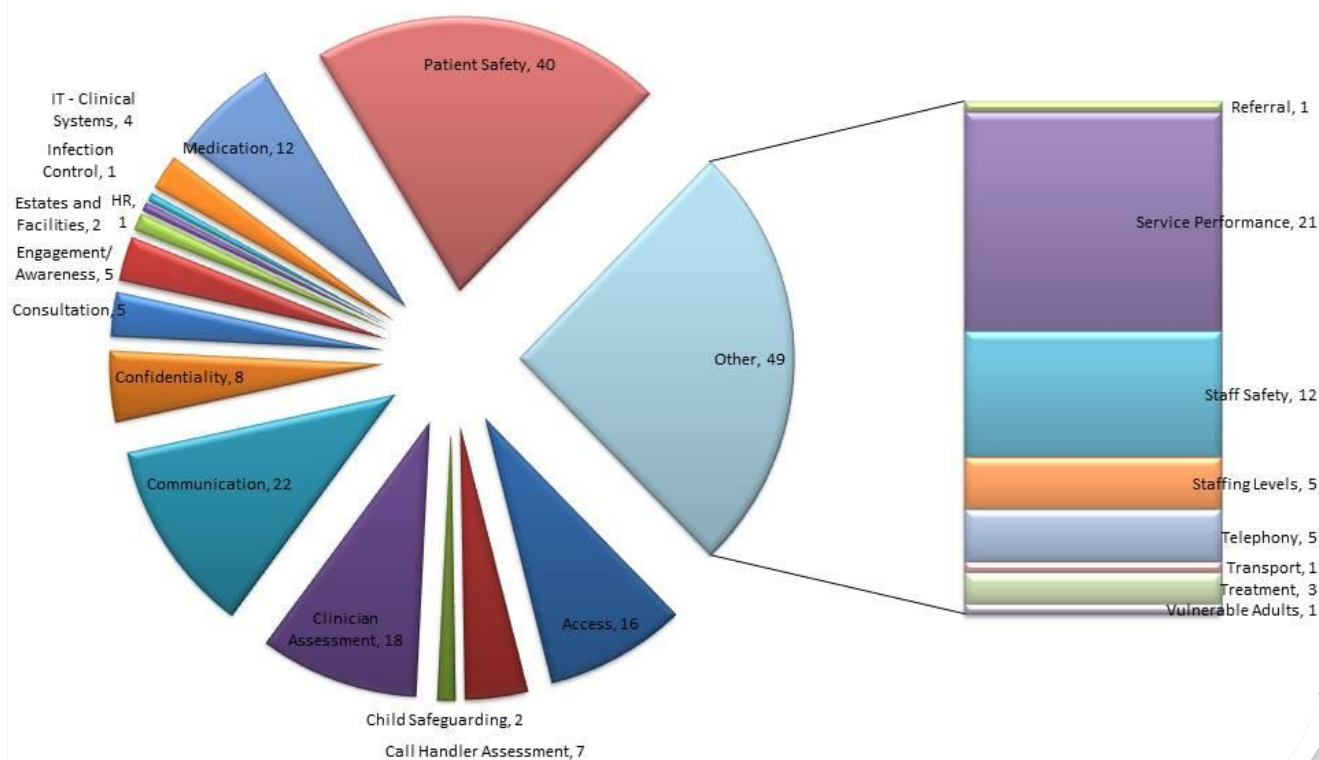
## LEARNING FROM FEEDBACK

LCW is committed to a Learning culture where staff can report incidents, risks and feedback that they encounter whilst delivering our services, this may be through feedback from patients or their own experiences where systems haven't worked as expected. We have a strong culture of recognising risks and reporting to enable the senior team to understand the issues that arise and take appropriate accountability for managing risk within each directorate.

Trends and themes arising from complaints, incidents and feedback from health professionals in the services we work with are presented at regular meetings with our commissioners and with our internal teams which allows us to monitor progress in managing the reasons where services may not have achieved the expected outcome.

Summary information for reported incidents across the organisation:

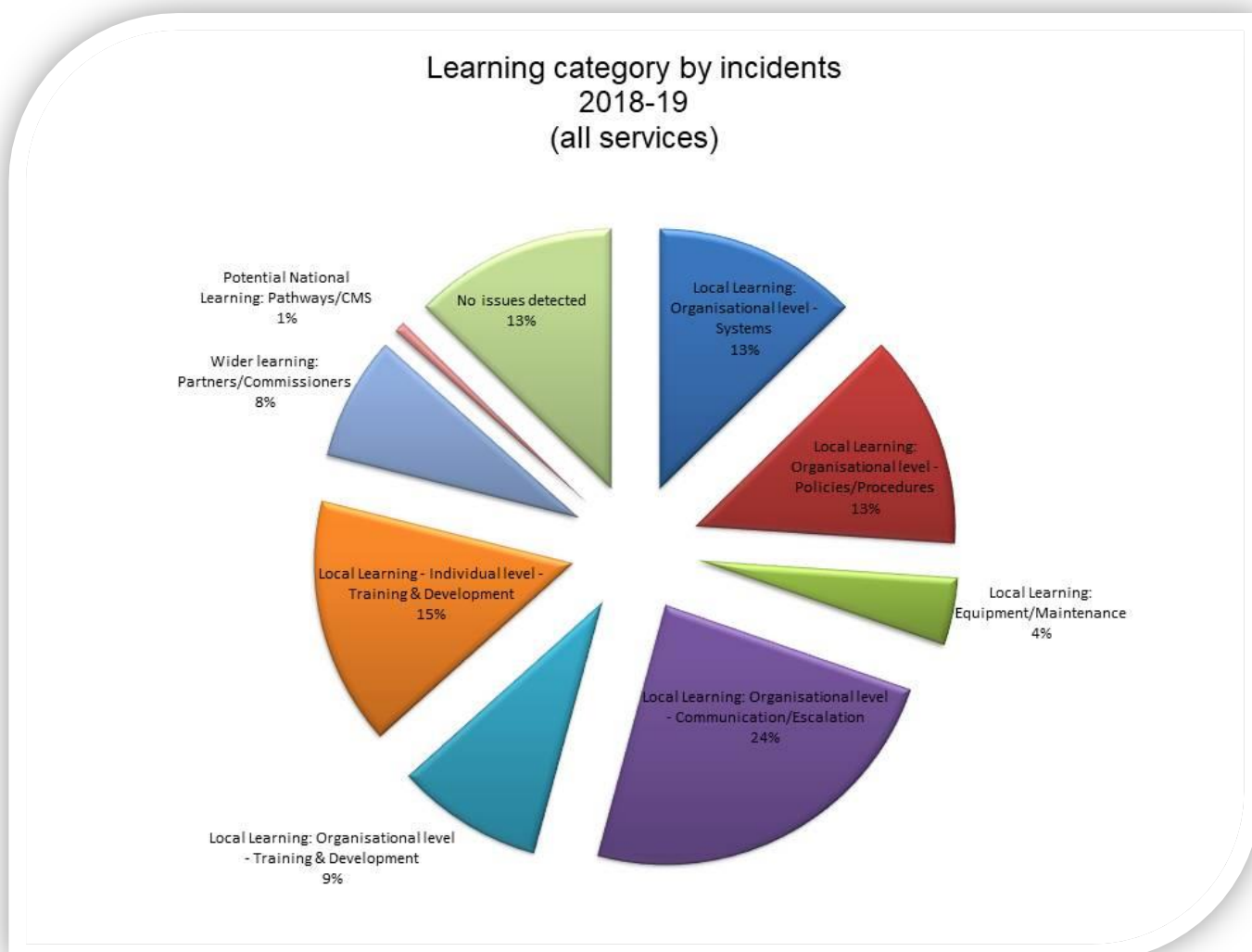
Incidents by Sub category 2018-19



LCW uses an electronic system for recording and managing the actions required following incidents, staff are trained to raise an incident form if they identify any concerns or issues. The sub category of the incident relates to the type of concern and is summarised, this categorisation is

important as it allows for themes to be identified and monitored as an overall risk. In the above patient safety is the largest category and reflects LCW's prioritisation of safety for patients and a high level of awareness and reporting across the organisation

## Identifying Learning



As well as encouraging the reporting of incidents and concerns LCW ensures that action is taken to follow up appropriately and manage any risks identified. As the integrated Urgent Care Setting we work in requires us assist patients get the care they need not only from one of our LCW services such as care from out of Hours GPs, but also from services delivered by other providers across London such as secondary care or care from a Mental Health provider the learning and actions identified may apply to one of these other providers. It is important therefore to consider system wide learning and share this with partner organisations clearly and openly in the interests of patient safety and improving services generally.

For the year in question 1% of reported incidents required national level action and 8% yielded system wide actions to act on learning that LCW had identified locally. The proportion of 13% where no specific issues were identified relates to after an investigation has been carried out to establish this is the case.

Lessons learned in relation to Communication and escalation (communicating with more senior team members or managers) is the single largest category of learning arising from incidents. This may relate to communication between individuals, teams and specific parts of the organisation. Improved communication measures that have been implemented in this period are revised meeting documentation such as a standard format for action plans and minutes, implementing weekly “huddles” led by a senior manager to update all staff about key issues, service changes and developments as well as learning.

13% of reported incidents involved learning related to systems of work such as operational processes which are constantly reviewed in conjunction with incidents, complaints and feedback. This corresponds with the equal proportion of actions taken in relation to updated policies or procedures which is a measure of learning having been identified and reflected in the appropriate organisational guidance for st

## Duty of Candour

LCW abide by the Duty of Candour in the case of any patient harm as a result of a failure of care identified as part of an investigation, performance audit or other routine review of care delivered or service quality. This requirement is reflected in our organisational policies and forms a part of all of our serious incident reviews where there has been avoidable harm to a patient or service user.

## Contributing to System wide learning

LCW continue to work closely with partner organisations in cases relating to patient experience of jointly provided services; a clear example of this is our work with the Pan London Integrated Urgent Care Clinical Governance Group. Our teams of service managers and clinical leads work closely with their counterparts in partner organisations to manage risk and improve patient pathways and outcomes.

We presented learning to this group in relation to the management of a flu outbreak which we responded to in the winter pressures period by deploying a GP and a nurse practitioner to screen and prescribe antiviral medications to a large group of vulnerable patients. A new policy was put in place across London based on our experience and learning from this.

We have also contributed our learning around system wide or local issues via our regular patient and commissioner led Clinical Quality Review meetings where our quality and performance is reviewed, improving access is a key theme that has been the subject of discussion and we have presented data and analysis of systems in place for ensuring services are managing patients safely when they transfer care from one part of the system to another.

Throughout the last year, we have focused on some key areas of practice and conducted a number of clinical audits to ensure we are providing high standards of care e.g. safety netting advice in OOH consultation notes. LCW applies relevant selection criteria to our audits to ensure that they are both clinically relevant, related directly to patient feedback or local/ national NHS quality initiatives or related to reducing risks to patients

# PATIENT EXPERIENCE

## Compliments

Our team really appreciates it when a patient or their representative takes the time to feed back the positive experiences they have had under the care of one of the services LCW provide, not only does this recognise individuals providing outstanding care and satisfaction but it also reflects well on the whole team when these comments are shared. Compliments always get logged and we also identify general learning and best practice where we can.

*Here are some examples of compliments received 2018/19*

*For the first time I phoned 111. I found them efficient and they said a doctor would be with me within 2 hours. Dr came in 30 min and I was most impressed with the service.*  
Patient from Barnet

**The Dr was fantastic and went over and above the call of duty.  
She is an asset to the out of hour's service.**  
Patient from Hammersmith and Fulham

**My husband and I wanted to thank you for your attentive, kind, reassuring and Professional care.  
Also to let you know the medical team at St Mary's were very impressed with your summary letter!**  
Patients from Brent

**Dr was a wonderful and caring Doctor. I felt really looked after.  
She is the best I met. I would recommend her to all my family and friends.  
I wish she had her own practice because I would want to join straight away.**  
Patient from Central London

I would like to say what an amazing service I received tonight from your 2 helpful and kind telephone operators that I spoke to the doctor who phoned back understanding my 15 year old son needed to see a doctor tonight. He was brilliant. The doctor at Finchley Memorial hospital put our mind at rest but reassured us that if there were further problems someone was at the end of a phone. Brilliant service thank you!  
Parent from Barnet

*I was extremely grateful to the doctor who telephoned me and sent me a Prescription for the antibiotics to the local pharmacy. Excellent help.....*  
Patient from Haringey

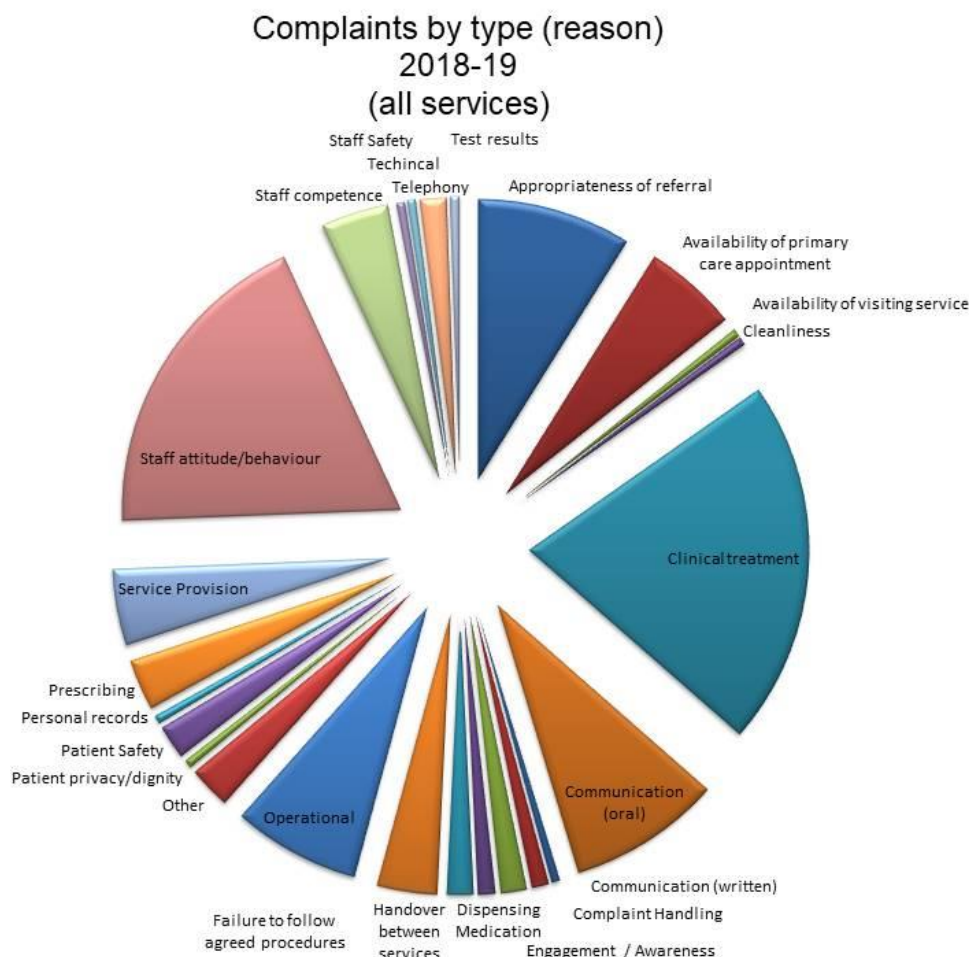
**Would like to compliment the call handler for helping not commit suicide-  
Patient calling 111**

*'The 111 service is fantastic and I couldn't do without it – I think it's marvellous!' 'The Dr that came out to see me was a diamond. He was very thorough and extremely helpful, better than own GP, I thought he was absolutely fantastic'*  
**Patient from Central London**

## Learning from Complaints

When services don't deliver to the expectations of our service users and or their families LCW undertakes a review of each instance to identify learning and where

necessary take corrective action. This may be in the form of individual learning or changes to policy or procedures.

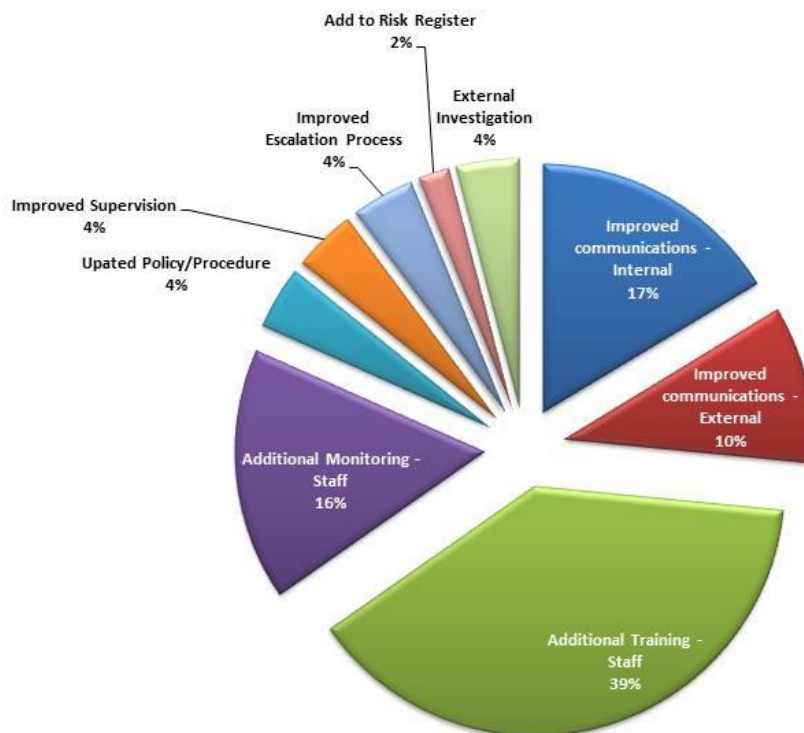


Under half of the overall number of complaints we receive are upheld either fully or partly however we always review the both the upheld and not upheld complaints to identify themes which could indicate where an improvement in the way we deliver our services or

The main themes have been around the related areas of customer service and standards of oral communication. Whilst these are mostly addressed through individual coaching we have invested in a programme of customer service training for teams which focuses on communication skills and the provider we use to deliver this spent some time with our complaints team to real anonymised examples of the issues that have been identified as leading to a less than satisfactory experience.

train our teams. This review takes place at a senior level through one of our regular team meetings to share learning and identify actions required. Over the 2018/19 period the key themes that have led to complaints about the service are summarised in the above chart In respect of clinical care the main theme in the 18% concerns issues related to prescribing and availability of medicines, and within this the access to repeat prescriptions is a key theme. A significant proportion of these complaints do not get upheld as there are strict contractual regulations that we must comply with when patients request supplies of their regular medications in the out of hours period. In some cases patients who expect a prescription, particularly for broad spectrum antibiotics may appropriately not be prescribed these where they are not clinically indicate

### Actions and learning from complaints 2018-19 (all services)



Actions taken in respect of complaints are reflected in the above chart. The majority of complaints are addressed through reflective learning, usually facilitated by a manager or coach where the member of staff involved is required to review their actions and identify how their performance could have been improved. Only 1% of actions arising from complaints resulted in a more formal process and this would be implemented in situations such as where there had been a more serious failure in standards or where there was repetition of an issue that had previously been addressed through reflective learning. Regular communications to teams are also in place which detail

learning and themes from complaints such as our integrated Urgent care learning from experience bulletins sent out by the Medical Director.

In addition to regularly monitoring complaints themes and learning we also implement the friends and family test at our sites to which patients can leave further feedback if they wish and have the option of remaining anonymous. The outcomes of these surveys including any verbatim comments from patients are presented to our commissioners and patient representatives in our regular patient experience reports.



## AUDIT AND PERFORMANCE

### 111 Service

There were a series of audits undertaken in relation to contacts from patients with mental health needs and the pathways for care in place. We continued to audit a significant sample of calls resulting in emergency ambulance dispatches to pinpoint best practice in relation to identifying emergencies. This audit also enabled us to establish where staff may require more input from the education team around effective questioning and probing of answers.

As well as call centre access measures LCW continue to audit and measure performance against key areas to ensure that the 111 service delivers the quality and responsiveness expected.

As well as the individual audit requirements for users of the NHS Pathways software, LCW also ensures that clinical outcomes from the use of the system are reviewed.

### GP Out of Hours

All GPs working at LCW are continuously audited for quality using the Royal College of General Practitioners Urgent & Unscheduled Care Toolkit. This involves a monthly random 1% or minimum of two calls sample per GP of their clinical notes with an additional sample of telephone consultations using the voice recording between the GP and the patient

Any themes identified relating to individual GPs' practice are reviewed by the GP Performance Lead and fed back

individually. New GPs to the service receive increased number of audits to support their learning. Audit activity, themes and actions are also reported to CCGs as part of our clinical quality reporting.

The GP Performance Lead uses benchmarking reports reviewing individual GP performance against a variety of indicators such as referral to 999, average consultation call length and percentage of calls managed by telephone advice. This data is reviewed and communicated to the individual GP for use at their Medical Performers list annual appraisal and as necessary for their re-validation.

Any members of the team (two standard deviations from the mean) are reviewed on a 1:1 basis with the Performance Lead and objectives and training support are set with matters relating to training and compliance. Audit for staff using NHS Pathways within the 111 service is prioritised on the basis of the following criteria with the highest clinical risk areas being addressed over other areas:

**1. Any staff who are currently or have recently been under an individual performance development plan for previous failed call audits or involvement in complaints and incidents**

**2. Trainees and recently qualified users of the system.**

Users who have consistently high scores and no concerns identified receive minimum audit as well as those in training, coaching and supervisory roles who have demonstrated a high level of practice competency.



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# EDUCATION AND TRAINING

## GP EDUCATION

The Education Club worked well in 2018/19. It addressed:

1. Statutory training (Basic Life Support and Level Three Child Safeguarding) LCW has appointed a new provider of Child Safeguarding training. Sessions have been well evaluated by participants and this feedback will be considered going forward. The provider will include learning points raised by participants in the 2

18/19 course. We worked hard to improve GP compliance with adult safeguarding by use of the online mandatory training via our provider Blue stream academy.

2. Two linked workshops for explored innovative ways for LCW practitioners to learn. A series of recommendations was made and considered by the Clinical Governance Group.

## LESSONS FROM EDUCATIONAL ACTIVITIES

The LCW Clinical Governance Committee reviewed learning from audits, the Education Club, GPR supervision and performance data (complaints, notes audit and patient feedback). Learning was communicated to members through bulletins from the Medical Director and education lead

Particular points were:

Appropriate questioning of patients who present with self-harming ideas. Patients should always be asked if someone is with them

For the 111 service we are continuing with the themes of the current audit cycle in relation to best practice i.e:

- NHS Pathways 999 and Emergency Department endpoints and the reassessment of patients to identify alternatives to non emergency ambulance use
- Audit of risks identified through incidents and complaints i.e. location validation, recognition of signs of sepsis and recognition of repeat callers
- In addition we will focus on clinical audit to support new pathways development in anticipation of the integrated Urgent Care service model such as mental health crisis

We have a dedicated team of practice coaches and auditors who carry out audit as part of our quality improvement cycle.

## SAFEGUARDING ADULTS AND CHILDREN

- During 2018/19 LCW continued to develop our safeguarding processes and resources. The main body responsible for this is LCW Safeguarding Committee, chaired by our Executive Director for Safeguarding who is also a working GP and reports directly to LCW's Medical Director.
- The Committee is responsible for identifying the training requirements that will enable our staff and clinicians in all relevant areas to work to local and national safeguarding standards and competencies. As well as this the Committee leads the implementation of learning at organisational level in conjunction with Adult Safeguarding Committees and Local Safeguarding Children Boards
- We welcome attendance from our commissioners and designated professionals to participate in the LCW Safeguarding Committee and this helps ensure that our organisation wide communications and actions are in accordance with those of the local systems.
- To ensure we are compliant with current best practice and legislation in respect of safeguarding LCW is required to submit detailed information in the form of Safeguarding Health Outcome Frameworks to our local Safeguarding Children and Adults Boards.
- We have high standards of training and development of all staff and our face to face and online training for teams is regularly reviewed to ensure it is current and that teams are undertaking refresher training when it is due (annually). No new member of staff with any patient contact is able to work unsupervised without a Disclosure and Barring service check at the correct level and only having successfully completed safeguarding training at the level required for their role.
- In 2018/19 LCWs various services initiated over **2300** individual referrals where we recognised that a vulnerable child or adult required intervention or follow up by local authority care or other statutory safeguarding agency.

## OUR VISION

1. Continue to provide patient centred services ensuring care is timely, consistent, safe and seamless
2. Remain a high quality unscheduled care provider who leads innovation in service redesign to continually improve access and choice for patients in our community
3. Provide Commissioners with cost effective, high quality unscheduled care services and support them in the development and implementation of innovative service redesign
4. Invest in partnerships to proactively support delivery of integrated models of care, ensuring Commissioner and NHS partners receive a cost-effective alternative to private sector provision

## OUR VALUES

- We provide services that remain focussed on the patient and which are delivered in a consistently safe manner and to a high quality standard of care
  - We consistently deliver 'quality' as defined by the Department of Health, Commissioners and the Care Quality Commission
  - We retain the public service ethic – serving the public good - rather than the individual good
  - We remain a highly innovative, Clinically-led service.
  - We remain a not for profit organisation, thereby minimising the financial impact on the health system by consistently delivering value for money
1. LCW maintains its social enterprise ethos through being totally commissioned by the NHS and reinvesting surplus to develop our clinical services to the benefit of the communities we serve
  2. We remain committed to the teaching and development of all of our staff, whatever their role in supporting the delivery of services, and pride ourselves on being a 'learning' organisation
- We undertake external scrutiny and benchmark ourselves against similar services, through our membership of Urgent Health UK. This enables us to implement new learning and continually improve our service to patients
  - Our ethical values evolve to align with the changing external environment; however, they retain, as their core value, the principle of serving the best interests of our patients in everything we do.

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## 2017/18s objectives-

In our 2017/18 quality account we set a number of key priorities, in each year's quality account we review the progress we made against these priorities and summarise for our stakeholders:

### Priority 1

- **Implementation of true "End to End" review process to identify learning from the patient journey**

**How success is measured:** minimum of 4 patient Journeys per month will be subject to multidisciplinary review in accordance with best practice 111 guidelines for commissioners

*Successful- we now regularly present reviewed calls with learning themes calls to our North West London Clinical quality review group and to our call review forum in North Central London*

### Priority 2

- **Improving the consistency of GP advice and triage – Supporting best practice**

**Selection criteria:** Patient safety and delivering effective care.

**How success is measured:** Reduced variability between individual clinician's performance, achieving best standards of approach to assessment and as a result improved outcomes.

*Successful- we now regularly produce improved reports for GPs using a system which is set up to measure and benchmark key areas of performance and audit to provide meaningful and balanced feedback*

### Priority 3

- **Developing a sustainable clinical workforce to meet the needs of patients in integrated urgent and unscheduled care.**

**Selection criteria:** Service transformation- improving patient experience.

*Successful- we have implemented both of the following key initiatives:*

- *Advanced practitioners home visiting in out of Hours setting*
- *Enhanced remote clinical support for care homes*

*We are currently progressing the following to launch in 2019/20*

- *Piloting Triage Nurse (TAS) Nurse/ Advanced Nurse Practitioner (ANP) skill set to support direct to clinician pathway*

#### Priority 4

- Implement the recommendations of LCW's Stakeholder engagement strategy to increase patient and community involvement in our service evaluation and planning.

#### How success is measured.

LCW will have undertaken further engagement activity in line with the recommendations of the Strategy and have evidenced how information gained through this activity has been used.

*Significant progress has been made- we regularly engage with the CCG patient representatives through our Clinical Quality Review Groups and have attended key planning events as a patient/provider team*

#### Priority 5

- LCW will implement an enhanced customer service programme for 111 staff which will focus on improving communication skills

**Selection criteria:** Themes from complaints and feedback.

**How success is measured:** reduced feedback where communication or customer service skills are a theme.

*Significant progress- there has been a reduction in upheld complaints over the year and we commissioned an external provider to produce and deliver new training based on real complaints the service had received where customer service was cited as an issue.*

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# 2019/20 objectives - What we will do....

## Priority 1

- **Implement improved direct access to full primary care and medical records to support clinicians in integrated urgent care services.**

In out of hour's services the patient's GP and medical records are not fully viewable to GPs and Clinicians who are managing patients in this period. Direct access to the records will provide improved continuity of care. We are currently engaging with colleagues in the commissioning teams and NSHS Digital to pilot a secure system called GP Connect which allows LCWs GPs to view and add to patient records directly.

**Supporting best practice Selection criteria:** Patient safety, patient experience and delivering effective care.

**How success is measured:** Improved patient satisfaction measures, increased positive health professional feedback.

## Priority 2

- **Implement a new electronic workflow system to improve the coordination of Complaints and incident management (RADAR)**

LCW currently use a number of standalone systems for specified purposes to allow us to work effectively, our current system for complaints and incident management an example of one of these. We have invested in an integrated system which should make the collection of evidence for following up risks incidents and feedback more efficient and reduce the number of separate systems and databases they need to use for these purposes.

**Supporting best practice Selection criteria:** Patient safety, patient experience and statutory compliance

**How success is measured:** reduced time from initiation to closure of complaint and Incident investigations.

## Priority 3

- **Implementation of electronic prescribing of controlled medications.**

Controlled medications are subject to strict controls around prescribing and storage. Extending our current electronic prescribing system to incorporate controlled medications offers our patient's choice of which pharmacy they wish to collect their medication from. A text message is also sent when the medication is ready for collection. This also goes some way to reducing our carbon footprint as currently prescriptions must be given in person to the patient who then has to collect. There is a further benefit in the form of avoiding errors in dispensing associated with handwritten prescription forms.

**Supporting best practice Selection criteria:** Responsive care

**How success is measured:** prescriptions issued by EPS only

## Priority 4

- **Implementation of a quarterly organisational newsletter focusing on the domains of quality and risk management across all services.**

Currently LCW issues a number of communications in various forms to address risk and quality such as our learning from experience bulletins, staff newsletter, Medical Directors updates to GPs and clinicians and safety alerts. Amalgamating these into an indexed and archived single publication across our services should make these updates easier to access and also allow teams to see what is happening in the service in areas other than their own.

**Supporting best practice Selection criteria:** Patient safety

**How success is measured:** positive staff feedback- positive evaluation by CQC

## Priority 5

- **Creation of a direct interface between Adastra patient management and Sesui telephony systems to minimise data entry errors and improve contract reporting accuracy**

If details such as telephone number can be directly populated in the patient records on each call by the telephony system at the point of a contact to the service this ensures accuracy of the information by avoiding the probability of human error.

**Supporting best practice Selection criteria:** Patient safety, Responsive care

**How success is measured:** reduced demographic entry errors and improved reconciliation of patient contact data to correct contract reports and activity data.





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**NHS Enfield CCG statement, on behalf of the population of North Central London and associate commissioners, Barnet CCG, Camden CCG, Haringey CCG and Islington CCG for the London Central and West Unscheduled Care Collaborative 2018/19 Quality Account.**

NHS Enfield Clinical Commissioning Group is the lead co-ordinating commissioner responsible for commissioning an integrated urgent care service from London Central and West Unscheduled Care Collaborative (LCW) on behalf of the population of North Central London. As lead coordinating commissioner NHS Enfield Clinical Commissioning Group welcomes the opportunity to provide a statement for LCW's Quality Account.

Commissioners have reviewed the information contained within the Quality Account and confirm that it presents a balanced view of the quality of services provided by LCW. We confirm that to the best of our knowledge, the report is a true and accurate reflection of the quality of care delivered by LCW and that data and information provided within it, which has been cross reference with information received via contractual performance and quality monitoring, is accurate.

Commissioners recognise the challenges 2018/19 presented and commend LCW's leadership and staff in continuing to strive to provide an effective, high quality service. In particular Commissioners would like to acknowledge the provider's response to the 2018 Care Quality Commissioner report and its implementation of improvement actions to regain its rating of Good across all sites. We acknowledge the work undertaking to expand the learning and risk culture within the organisation and will support LCW with its ongoing developments. We commend LCW's continued participation in local and pan London service improvement and thank all LCW staff for their immediate and unwavering response to major incidents.

Commissioners welcome the progress made with priorities identified for 2018/19 and endorse the quality priorities for 2019/20. We look forward to working with LCW as it implements its new priorities and in developing reporting structures that reflect the revised national contract.

Enfield CCG is pleased to be working with LCW as it builds on the existing model of integrated urgent care to ensure sustained improvement in patient safety, clinical effectiveness and patient experience in the coming year and in developing future Quality Accounts.

A handwritten signature in blue ink that reads 'Dr J. Amarin'.

Dr Jarir Amarin  
GP Locality Lead  
NHS Enfield Clinical Commissioning Group

Chair: Dr Mo Abedi

Chief Officer: Mr John Wardell