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Introducing Totally

Totally is an independent provider of healthcare services on behalf of the NHS and other healthcare providers across the UK and in Ireland. Totally is made up of, and operates, as a number of brands including Totally, Totally Urgent Care, Totally Elective Care, Vocare, Greenbrook Healthcare, Pioneer Healthcare, About Health and Premier Physical Healthcare.

Each year, we help around two million patients get the care they need, whether that is via NHS 111 services, at UTCs, through GP out-of-hours or via elective care, which includes the delivery of elective procedures via insourcing and outsourcing arrangements and physiotherapy and community dermatology clinics.

We employ more than 1,400 permanent staff and work with many more on a contract basis to deliver our services, whilst working with commissioners to drive innovation and increase access for patients.

We value the development of our internal teams and also support the NHS in developing the wider workforce via on-site training for GPs.

Developing our Quality Account

Totally's Quality Account is a report on the quality of our services during the financial year 2023-2024. The quality of our services is measured by looking at patient safety, effectiveness of care provided and patient feedback.

We also offer this as an opportunity to reflect on the previous year, including improvements made and developments. Our Quality Account is broken down into three parts:

- **Part one:** Statement of Quality from our Chief Executive and Director of Nursing and Quality.
- **Part two:** A description of the services we provide
- **Part three:** Identifying our areas for improvement for the following year, as well as reflecting on progress on targets set last year. We also will demonstrate our performance against questions and statements set out by NHS England and The National Health Service (Quality Accounts) Regulations 2010 to meet statutory requirements.
- **Part four:** Other aspects of quality within our services in order to demonstrate work carried out and achieved.
- **Annex:** Statement of Directors' responsibilities for the quality report

Totally at a glance

Keeping the country healthy

We deliver a range of healthcare services on behalf of the NHS, ensuring access to care, at no cost to the patient

725,777 urgent care patients seen face to face

174,121 patients treated from elective waiting lists

NHS 111 call answered every **28 seconds**

Delivering quality services

Feedback is an important measure of the quality of our services

Services rated "Good" or "Very Good" by patients

Totally
Elective Care

Totally
Urgent Care

83%

91% UTC and GPOOH

70% NHS 111 services

Services rated "Good" by the CQC

100%



Engaging our committed team

Our loyal and dedicated team is key to the success of the business

1,403 employed colleagues

60% engagement levels

Our strategic roadmap

Our purpose

Totally was established to help address the increasing demand for healthcare services. We are here to help the NHS and other healthcare providers be the best they can be, and we do this in two ways. We deliver high quality urgent and elective services which ensure that patients can access the most appropriate care quickly and efficiently, all free to the patient so that the NHS can focus on treating those only it can treat. We work with corporate employers to help their staff stay fit and healthy, reducing demand on the healthcare system where possible.

Our values



Demonstrating accountability

- Taking ownership for what we do
- Communicating and responding promptly
 - Holding others to account
 - Acting on inappropriate behaviours
- Learning from our mistakes



Being respectful

- Looking after others
 - Maintaining confidentiality
- Showing empathy
- Treating others with dignity
- Welcoming ideas



Acting with courage

- Embracing simplicity
- Being open and honest
- Working as one team
 - Challenging the status quo
- Embracing new ways of working



Delivering excellence

- Building on relationships
 - Delivering high quality services
 - Leading by example
 - Developing others and ourselves
- Showing compassion and care

Our strategic priorities in healthcare

Delivering services and solutions which improve healthcare outcomes

Focus on quality, safety and efficiency

Add value to our partners through efficient and sustainable operations

Invest in our current and future workforce to become a great place to work and employer of choice

Our sustainable pillars

Creating social value

Empowering our people

Operating responsibly

Part 1: Statements of quality



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1.1 Statement from the Chief Executive

As Chief Executive of Totally, it is my privilege to present our Quality Account for 2024. This report is a vital opportunity to reflect on our achievements, challenges, and ongoing commitment to delivering the highest standards of care to the communities we serve.

At Totally, quality is at the heart of everything we do. Over the past year, we have worked tirelessly to enhance patient safety, improve outcomes, and ensure the care we provide is compassionate and responsive. This year's Quality Account highlights areas where we have made a difference, as well as the steps we are taking to address the challenges that remain.

I am proud of the dedication and resilience shown by our teams during what continues to be a challenging time for the NHS. Their unwavering commitment to our patients and communities is inspiring and forms the foundation of the improvements outlined in this document.

We also recognize that achieving excellence in care is a journey that requires collaboration. I want to extend my sincere thanks to our patients, their families, our staff, and our partners for their invaluable feedback and support. Their voices shape our priorities and guide us as we strive to meet the highest standards.

Looking ahead, we remain steadfast in our ambition to innovate, improve and lead by example. This Quality Account reflects our transparency, accountability, and determination to learn and grow as an organisation.

Thank you for taking the time to engage with this report. We welcome your thoughts and feedback as we continue on our mission to deliver outstanding care.



Wendy Lawrence
Chief Executive Officer



John McMullan
Medical Director

1.2 Statement from the Medical Director

Our primary aim continues to be increasing access to high quality care by delivering a range of services on behalf of the NHS and other healthcare providers. Demand for healthcare services across the UK continues to increase, yet available capacity is impacted by continued pressure on budgets and a shortage of trained healthcare professionals. For those delivering services, this creates a relentless challenge to be more and more efficient, which must be achieved while maintaining the highest quality of care.

Totally looks at quality in three domains; access to care, patient experience and objective outcome success. The areas are not mutually exclusive, but form a framework for how we approach the quality of our services.

- Access to care is supported through a relentless focus on the efficiency of our pathways coupled with a proactive approach to the mechanisms of delivering care to ensure it is available to each and every member of society.
- A positive patient experience is created when there is the correct combination of the speed of a service and the ease of access, coupled with confidence that service has treated each patient with respect, addressed their concerns and offered a meaningful and achievable outcome.
- The objective success of any outcome is often the hardest part of healthcare to measure, with results not necessarily being apparent for some time after the pathway has finished. However, we use existing measures of success and actively seek new ways to find more information on how our treatments have impacted our patients.

We remain relentless in our focus on achieving quality services and ensuring the best quality outcomes for every patient.

I would like to thank our clinical and non-clinical teams for their commitment to helping us achieve this goal.

1.3 Statement from the Director of Quality & Nursing

As the Director of Quality & Nursing, my commitment to excellence in patient care and professional practice is paramount. All parts of the organisation including the clinical team and administrative services are dedicated to delivering safe and high quality care with a focus on enhancing patient satisfaction. We apply the principles of evidence-based practices, continuous professional development, and collaborative teamwork.

Our long-term aims in terms of quality are:

- 100% of our inspected services achieve “Good” or “Outstanding” ratings from CQC (or equivalent in Scotland and Wales).
- To innovate within the boundaries of the NHS framework to promote greater patient access.
- To be sector leaders in demonstrating the high quality of our care.
- To be a dynamic employer offering support and development to all employees. Our goals are underpinned by our values, demonstrating accountability, being respectful, acting with courage, and delivering excellence.

Throughout 2023/2024, our ethos has been to work on getting the basics right, taking our core principles and applying these to ensure that we are able to deliver a sustainable service in all the areas we work. An impacting change at the beginning of the reporting year was to enhance the leadership structure within clinical sites. I fully believe that clinical leaders who feel supported, invested in and provided with autonomy, can increase both the quality of care and performance of the service. We have created a full time Clinical Leadership role that is supported by a full-time operational service lead at all sites.

We recognised the wisdom of the Messenger Review of NHS Leadership and also adopted a number of tenants that include:

- Targeted interventions to support collaborative leadership through use of the apprenticeship levy, currently we have staff attending:
 - Team Leader/Supervisor L3
 - Operation/Departmental Manager L5
 - Senior Leader L7 (inc. Rosalind Franklin)
- A simplified appraisal system that has been fully implemented in 2023/2024

During 2023/2024 the Governance team rolled out policy and guidance to support the ongoing implementation of



Kat Dalby-Welsh RN, PGCert, Maj (Retd).
Director of Nursing and Quality

the Patient Safety Incident Framework and South East London approved our PSIRF plan.

There has been a renewed engagement and collaboration around patient safety and the introduction of swarms has been well received.

We embraced the incoming CQC single assessment and await any new assessment plans with anticipation. We have continued with peer to peer site visits, creating actions plans to ensure that patient safety is at the forefront. This led to a successful informal visit to share our practice with the CQC, and was well received.

An area that we recognise is vital and also challenging is the compliance of all clinicians that work within our services, and this year we mandated that all staff must complete the initial Oliver McGowan training. This has been well received and we are 100% compliant for all salaried staff.

In my role as Director of Quality & Nursing, I am dedicated to fostering a culture of excellence, compassion, and continuous improvement. Together with our skilled clinical team and healthcare partners, we will strive to provide the highest standard of care, ensuring that every patient receives the best possible experience and outcomes.

Our commitment to quality is unwavering, and we will continue to lead by example in advancing the field of nursing and healthcare.

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Part 2: Our services

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2.1 Introduction

Totally provides a range of services including Integrated Urgent Care (NHS 111, Clinical Assessment Services, and GP OOHs), Urgent Treatment Centres, Physiotherapy and Occupational Health Services, and insourcing and outsourcing of elective care lists in both England and Ireland. All our CQC-registered services are rated “Good” overall.

In addition to the delivery of healthcare services, we are committed to our responsibility to improve health and not just to provide healthcare. Our patient facing services engage in health advice where appropriate.

2.2 Urgent care services

Our urgent care services cover NHS 111, Clinical Assessment Service (CAS), GP Out of Hours Services (OOHs) and Urgent Treatment Centres (UTCs) across the country. In total, our Urgent Care teams responded to over 1.7 million contacts during the year.

NHS 111

We are the National Resilience provider for NHS 111 services across the country.

The number of calls taken within our NHS 111 services increased by 31% versus the prior year. Performance in this contract has been strong and we are consistently positioned in first or second position across the country for performance. We have also seen a significant increase in demand through NHS 111 online, with patients supported increasing by 61% versus the previous year.

Clinical Advice Services (“CAS”)

Our CAS provides clinical support to the 111 service, using GPs, Advanced Clinical Practitioners, Pharmacists, and senior Paramedics and Nurses.

They provide advanced clinical triage to patients, supporting onward referral, advice, and prescribe where indicated. Our CAS also supports Ambulance Services by receiving low-acuity patients from their clinical queues to support further assessment.

During the year we delivered a three month pilot with the Yorkshire Ambulance Service managing 3,388 calls in the period, with 66.1% of cases downgraded overall. We are continuing to support patients in this service.

GP OOHs

Our services ensure c. 200,000 patients can access care across the North East, Yorkshire and Staffordshire out of hours. We see patients in clinics and home visits, providing them urgent and unplanned support. At the end of the year, contracts in Yorkshire ceased, but we continue to supply cover for Protected Learning Time.

Urgent Treatment Centres (UTCs)

During the year we ran six UTCs across the UK. Our sites are staffed with GPs, ACPs, nurses, paramedics, health care assistants and Care Navigators. Sites include:

- Kings (Denmark Hill) UTC
- The Princess Royal University Hospital UTC
- Beckenham Beacon UTC
- Watford UTC
- Sunderland UTC
- Royal Stoke UTC

All our UTCs see minor illness, minor injuries and paediatrics and act as the front door for the hospitals they are in. Beckenham Beacon is a standalone site.

Attendances were 10% higher than last year, and 22% more than planned on average, with some areas reporting a 60% increase during busy months. Despite continued pressure, more than 95% of the c. 300,000 patients attending UTCs (which also stream patients attending A&E to ensure the most appropriate care) were treated within the four-hour waiting time target that was set for A&E attendances in 2010.

2.3 Elective care services

Physiotherapy, podiatry and occupational health

We currently deliver over 70 physiotherapy contracts, providing support for the police service, offender health, and NHS services, as well as nine occupational health contracts nationally. We manage over 7,000 referrals a year (excluding offender health), with over 52,000 consultations in the period.

Insourcing and outsourcing services

We provide multiple insourcing and outsourcing services, including spinal services, Dermatology and Gynaecology. Last year we saw over 150,000 patients in our elective secondary care service. We continue to sit on all major frameworks for elective care support, enabling rapid procurement of services to enable trusts to respond to increasing demand.

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Part 3: Improving our quality of service



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3.1 Introduction

We are focused on improving performance in three key areas.

Patient safety

We seek to build on the success of the our PSIR Framework and address specific areas in our services by completing a thorough review of our themes. Where we have completed work we will replace a theme. Where we feel there is further or more detailed work required we will acknowledge this by making the theme more specific to the area that continues to require work.

We continue to evolve how we review governance data to improve integration across services and ensure that improvements in all areas can be made quickly and efficiently.

Patient access to care

We will further develop our pathways to promote the best possible patient access to care, by both improving the efficiency of our pathways and ease of entering those pathways.

Effectiveness of care provided

Effective care depends on access, competence and meaningful outcomes. We will develop tools to improve our measurement of these core components.

Access is impacted by the ease of accessing a service for all users and the speed with which this access can be achieved.

Competence depends on the ability of a service to accurately assess a person's healthcare needs and advise on an outcome option that conforms to the highest level of appropriate care currently available within the NHS. Perception of this competence depends on the service users feelings, for example, do they agree with the outcome? were they treated with respect? and did the service fully explore their presenting complaints and guide them adequately through a treatment option that is both accessible and effective?

Meaningful outcomes are one of the hardest areas to measure in medical care. We will look to build a picture with our patient engagement groups in the specific areas of expectation fulfilment; experience of outcome actions, such as prescription fulfilment and onward

referral; experience of reattendance and experience of referral to own GP services. It is anticipated that these lines of enquiry will be built on in future years.

Measuring our progress

One of the key ways in which we measure progress is through patient feedback.

We have improved the response rate to the Friends and Family test through greater use of digital technology and developed patient access groups within our CAS and 111 services. We also plan to develop these within our UTC services.

All patient feedback is reviewed at service level and reported to the board. All comments are reviewed and considered for action where it is seen that improvements can be made.

3.2 Progress on priorities set in 2022/2023

Last years priorities and achievements against that are noted below:

Quality Priority		Progress 2023/2024	
Quality Business		To centralise and coordinate recording of risk registers for every service, making them accessible centrally and addressed in a timely manner, ensuring that staff are trained and manage risk appropriately.	Yes, this has been achieved. The management of risk has been migrated to the Datix risk register, allowing the risks to be overseen by our risk manager, supporting individual sites and services.
Quality Services	Patient Safety	Through the implementation of the Patient Safety Incident Response Framework, we will support the people we care for safely and effectively.	Yes, we have achieved this. We have implemented PSIRF and are now using the framework to support the understanding of incidents.
	Patient experience	We will engage with the people we care for, through feedback and involvement in pathway design, learning and aligning care with their needs in a meaningful and measurable approach	Yes, we have achieved this. Patient Participation Groups have been launched and we are excited about rolling this out across all areas through collaboration with providers.
		We will strive to support the whole population by understanding and acting upon the diversity of the people we care for.	No, we have not fully achieved this and this is one of our main priorities for 2024/2025. We appointed a quality improvement lead to help service and site level leadership develop a deeper understanding of the communities they serve. We are working with each service individually to encourage their engagement with the diverse populations they look after and identify how we can encourage those groups who do not currently visit our services to attend when needed. We continue to work across all our services to share learning and encourage best practice. We are also engaging with local Healthwatch groups to support this area of focus.

3.2 Progress on priorities set in 2022/2023 (cont)

Last year's priorities and achievements against that are noted below:

Quality Priority				Progress 2023/2024
Quality Services	Clinical effectiveness		We will address unwarranted variation and showcase good examples of care.	<p>This continues to be a focus for the coming year.</p> <p>Actions delivered are as follows:</p> <ul style="list-style-type: none"> • Aligned streaming competencies and induction in the UTCs where streaming is staffed by Totally. • Created a central governance resource that can flex and adapt to the demands of the healthcare we provide. • Created a single set of policies which support all sites and services, removing duplication and increasing clarity.
			We will ensure that all workstreams feed into quality improvement, always learning and improving.	<p>This continues to be a focus for the coming year.</p> <p>We streamlined our approach to patient safety by creating a simpler oversight structure. We hold a monthly Clinical Assurance Group meeting led by our Medical Lead, to ensure that all our clinicians are able to develop, grow, share and feel part of a community. We have introduced a Clinical Learning Forum, which is held monthly, to share an oversight of the monthly data, look at specific incidents and audits to share learning and knowledge across all areas of our organisation.</p>
			We will celebrate success and learning	<p>We continue to focus on making sure this is a focus within our organisation.</p> <p>We regularly celebrate success at a leadership and service level and we continue to focus on becoming a learning organisation through the delivery of our regular clinical learning forum.</p>

3.2 Progress on priorities set in 2022/2023 (cont)

Quality Priority		Progress 2023/2024
Quality people	We will focus on the systematic appraisal of our staff – creating professional development plans that will ensure that all our staff are confident and competent to fulfil and enjoy their role.	<p>Yes, we achieved this.</p> <p>We rolled out a new appraisal system to enable line managers to fully support staff to fulfil their potential. Our clinical staff are supported by individual Clinical Leads to complete Training Needs Analysis, which allows them to access the opportunities we currently provide through the Apprenticeship Levy.</p>
	We will continue to diversify our workforce and employment model to ensure that the people we care for access the right care first time.	<p>No, we did not achieve this. We continues to work with service leads to review workforce models and have placed HCAs into some of our services. We continue to monitor how this impacts the patient experience.</p> <p>We will continue to focus on this important area during the coming year.</p>
	We will listen to staff feedback and act on it.	<p>Yes, we achieved this.</p> <p>During the year we undertook our annual staff engagement survey and have fed the results back to our staff. In every area a plan has been developed to respond to the outcome of the survey. We will repeat the survey annually.</p>

3.3 This year's improvement priorities

Our quality improvement priorities are aligned with our strategic priorities to become a trusted partner of choice in healthcare through a focus on quality and safety, underpinned by our focus on employing the right people by becoming an employee of choice within healthcare.

- Patient safety
- Patient experience
- Clinical effectiveness
- People

We have simplified our priorities this year, ensuring they are measurable and support service delivery.

3.3.1 Improvement 1: Launching PSIRF

We launched our Patient Safety Incident Response Framework (PSIRF) in November 2023 and we continue to work with all our teams to ensure that the framework is embedded and that we are working in a just culture, taking every opportunity to learn from our patient safety incidents.

We have started embedding the PSIRF approach across the organisation and during 2024/25 we will be fully embedding the ethos and context of the PSIRF. We recognise that this is not just a process change and is a change in the culture around the investigation of incidents. For our SWARM and Incident Review Meetings we will continue to ensure standardised terms of reference and agendas will be used across all services. Our service leads will agree safety actions and improvements in conjunction with the central governance team.

SWARM meetings will be convened to agree the appropriate learning response and actions to be taken whenever:

- there is uncertainty about the appropriate learning response;
- CQC reporting is indicated;
- there has been a cluster of similar incidents;
- a suspected Never Event has occurred; or
- a patient has died within 30 days of being seen by one of our services.

We already hold weekly governance meetings at each site to review all incidents that have been reported/need to be reported and agree the appropriate learning response, monitor progress with learning responses and share learning and improvements made. For 2024/2025 we are adding in a specific agenda item relating to our

five PSIRF themes (Admin Processes; Delay in care; Communication; Death; Medication/Prescriptions) and working with our Quality Lead, identify the common learnings to implement organisationally, through projects, the Clinical Learning Forum and Totally's intranet site.

All sites will then demonstrate patient safety incident improvements made in response to learning from incidents on a monthly basis and this will feed into our patient experience improvement as there will be a drive to evidence patient engagement in all incidents relating to our patient safety priorities.

3.3.2 Improvement 2: Improving patient engagement

During 2024/2025 we are focusing on patient experience, and particularly on deepening the understanding of what our patients feel about their experience. We will be focusing on gaining feedback from patients that we care for who live with diversity, those that live with health inequalities (NHS England » Core20PLUS5 (adults) – an approach to reducing healthcare inequalities), working with providers and communities to increase equity of access, but taking their opinions and feedback on how best to do this.

To do this we know that we need to enhance and improve our ability to respond to the rich diversity of people that attend our services and we recognise that the Friends and Family Test does not provide us with enough information to understand fully all the challenges that patients may face. We have chosen this as it fits with the new CQC Single Assessment Framework and will complement the work we are doing to expand our reach within the communities we work in.

Our Friends and Family tests are collated onto a dashboard and we are expanding the use of a post visit text messaging service to allow people to have a wider access to feed back. This data is fed back to our site leads who can then respond to any improvement required or share good practice that is identified.

We have commenced a Patient Participation Group plan and our first group is meeting in Staffordshire. We are aiming to develop patient feedback groups across the organisation with 111 already having successfully started a Patient Participation Group. This group listens to anonymised 111 calls to identify areas of good practice and areas of improvement from a patient's perspective. On some of our sites we have Care Navigators who can work with individuals to complete the form and then upload onto our Patient Experience Dashboard.

3.3.2 Improvement 2: Improving patient engagement (cont)

All data will be reviewed and collated by our Quality lead prior to presenting at the Clinical Assurance Group on a monthly basis, alongside any recommendations for improvement. Our Executive Board will be updated on a quarterly basis.

3.3.3 Improvement 3: Improving our leadership skills

The current and increasing challenges of working in healthcare are, at times, difficult and stressful but we know that clear and strong leadership increases staff morale, ability, development and importantly resilience. To this end we are embarking on a series of leadership development activities to develop a culture of resilience based leadership. The multifaceted approach will encompass individual characteristics, team dynamics, and organisational strategies by embodying traits such as emotional intelligence, adaptability, and effective communication. Our leaders will be able build personal resilience and inspire the same in their teams.

In Quarter 4 of 2023/2024 we implemented a Group-wide appraisal process so that every employee has meaningful and productive performance reviews leading to clear professional development goals aligning with organisational needs. At the end of Quarter 4 all our staff had the opportunity to participate in a staff survey. 60% of staff took the opportunity to participate resulting in a 60% engagement rate. We want to build on this result during the forthcoming year.

During 2024/2025 we will embed the appraisals as part of our strive to increase the opportunities for staff to develop and grow within our organisation, supported by the Leadership development programme.

We will re-run the staff survey in Quarter 4 of 2024/2025 to evaluate the success of the Leadership Programme. Our new HR tool, "Dayforce", will also allow line managers to monitor and assure that appraisals are being performed. The effectiveness of the appraisals will be evaluated with specific questions in the Staff Survey, but will also been seen in performance, types of complaints, feedback from staff to HR.

3.4 Statements

We provide six NHS services as detailed earlier in this report, and have reviewed all data available from these.

Clinical Audit

By the end of 2023/2024, Totally conducted 39 fully active quality assurance audits, group wide, that spanned essential monitoring of safe and effective patient centred care in all of our services. This includes medicines management, safeguarding, infection prevention and control, record keeping, clinical decision making and patient experience.

A further 19 quality assurance audits were partially active at the end of 2023/24 that require standardisation across the group during 2024/25, further enhancing our assurance of safe and effective service provision.

Four quality improvement audits were conducted during 2023/2024 covering missed torsion, antimicrobial stewardship, palliative care prescribing and clinical performance as per NICE guidance.

A further nine quality improvement audits are in progress or planned for 2024/2025 that include care of babies under 3mths, children's experience of care and reporting of dog bites.

Audit outcomes and recommendations are shared with all clinical staff via the dedicated audit page on the intranet, staff meetings and workplace bulletins - along with a summary of the NICE guidance updates on a monthly basis

Deaths

All deaths reported to our services were investigated and considered for any learning or process change that would mitigate against re-occurrence. We identified two cases where the organisation needed to undertake specific action:

- Atypical pneumonia presentation leading to delayed active treatment and potentially contributory to patient death. Clinicians have all been asked to specifically review NICE and CKS clinical guidance on management of pneumonia, to help identify and guide management of atypical presentations. The details of the case were reviewed and shared at the Clinical Learning Forum.

3.4 Statements (cont)

- Death following presentation of cardiac ischaemia with rare, but previously described ECG findings, we undertook a review within our own service and externally and found that the presentation was not usually appreciated within general practice. The details of the case were shared widely with requirements made for additional GP ECG training. Additionally, the case was written up for publication externally. We also have undertaken a review of the streaming process for chest pains within our UTCs to promote standardisation.

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Part 4: Our quality work



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4.1 Introduction

The quality of our patient care is the foundation of the company and drives every aspect of the business. We use several existing tools to monitor and improve the quality and strive for ever greater understanding of how our services impact on our patients and how we can improve operational delivery.

4.2 Patient Safety Incident Response Framework

We introduced PSIRF (replacing the Serious Incident Framework, 2015) in November 2023, aiming to reduce the frequency and severity of harm resulting from patient safety incidents, and to enhance the safety, effectiveness, and positive experience of the services we provide. We are transitioned to Learning from Patient Safety Events (LFPSE) in Q2 2024, .

We use a Systems Engineering Initiative for Patient Safety (SEIPS) model approach to support contextual understanding of incidents, ensure compassionate service user and staff engagement and commit to meaningful improvement.

We remind staff that reporting is crucial to patient safety and learning opportunities. All incidents are reviewed from a Human Factors perspective, and we intentionally consider language used in reports and meetings to foster and embed a learning and Just Culture.

The PSIRF themes are:

- Administration processes
- Communication
- Death
- Delay in care
- incident related to medication/prescription error.

During 2023/2024 the focus on these themes has led to a significant reduction in incidents in these categories, – with consequent reduction in incidents overall. In 2024/2025 we will revise our key themes to focus on more specific areas within the existing themes and address other areas that we have highlighted.

4.3 Learning from incidents

In 2023/2024 there were a total of 2,627 incidents recorded on Datix. All were reviewed with relevant investigation and action taken before they were closed.

The distribution of incidents related to PSIRF themes was as follows:

Administration processes	247
Communication	205
Death	200
Delay in care	256
Medication and prescription	150

Incidents related to PSIRF themes totalled 1,057 or 40% of total incidents. Already, within year, a reduction in the incidents reported aligned to these themes has been noted and this reduction will be followed in next years data.

The PSIR Framework makes it clear that the response should be appropriate to the significance of the event. Two Patient Safety Incident Investigations were conducted:

Investigation 1

Two very unwell baby twins were not handed over to ED by streamers as per process leading to a delay in recognising they needed immediate interventions. Streamers involved were agency staff. The team did not realise the babies were twins leading to separate assessments. Communication was a barrier and; language line was not utilised to support the history taking eg whether baby was pre-term. Staff felt pressure to limit time away from department eg taking patients to be handed over. Communication between the team was unclear, eg who was handing patients over to ED.

Learning shared: Processes were clarified and shared with the team. Agency staff are now expected to complete 'Spotting the Sick Child' before working in any of our UTCs. Inductions with staff highlight correct handover process.

Investigation 2

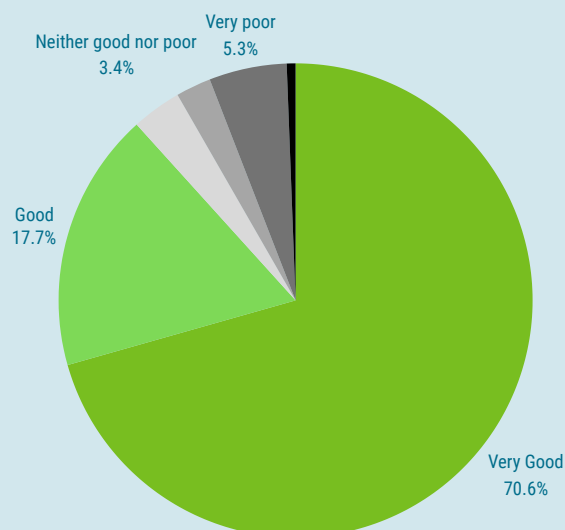
Death of a patient two days after attending our UTC. After Action Review was undertaken.

Outcomes included:

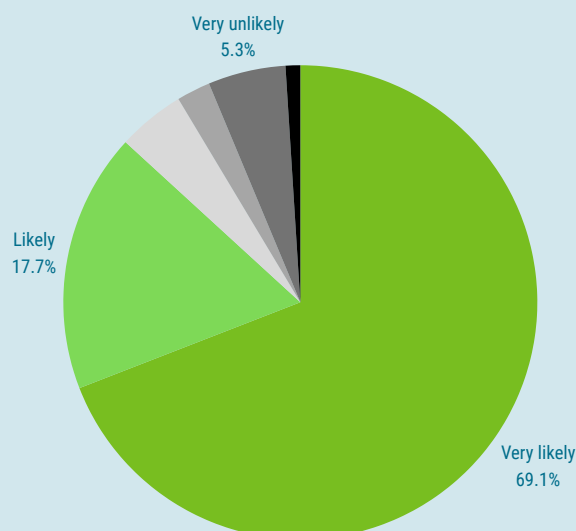
- The Service Medical Lead introduced a training programme to ensure GPs working in UTCs are able to read ECGs with confidence
- Streaming guidance and a new template were agreed with trust for patients with cardiac symptoms .

Implementation is being monitored through monthly auditing. Case shared at organisation-wide Clinical Learning Forum.

Overall how was your experience of our service?



How likely are you to recommend our service to friends and family?



4.4 Freedom to Speak Up

Totally recognises the importance of fostering a culture of transparency, accountability and ethical behaviour. It prides itself on promoting a culture where individuals are safe to raise concerns without fear of retaliation. In addition, we believe that encouraging staff to raise concerns ultimately allows the company to better perform its healthcare function and improves its overall delivery.

Totally has a well-established policy on freedom to speak up. All issues raised are dealt with by the senior team and within the limits of confidentiality. Learning is rapidly applied throughout the organisation. In the next 12 months we will look to extend the team acting as speak up guardians to ensure that they are fully representative of the work force.

4.5 Patient Engagement

4.5.1 Patient Reference Group

Our virtual patient reference group was established during the year within the NHS 111 National Resilience Service. Our intention is to continue to widen the programme to include representation from all services. Work has already commenced within our UTCs. We also intend to focus on individual care pathways commencing with referrals to our GP Out of Hours Service from NHS 111.

4.5.2 Patient surveys

We received 11,698 responses to our Friends and Family Tests. We want to increase the quantity of feedback we receive and the way in which people can let us know about their experiences so we are expanding the text message service that we have in our 111 service across our UTCs, elective care and OOH services.

4.5.3 Patient complaints

Complaints provide important patient feedback which help to identify, review and minimise patient safety issues. Patients, families and patient representatives can make complaints through various means, i.e., in person, by telephone, in writing or email.

All complaints are logged onto Datix, and acknowledged within three working days. We aim to resolve all complaints and concerns informally in the first instance by telephoning the patients and addressing their concerns quickly and provide an apology as appropriate.

4.5.3 Patient complaints (cont)

Where a concern cannot be dealt with informally, or the patient/service user remains concerned, the issue is raised as a formal complaint. These are investigated and issues addressed in accordance with the NHS Complaints Standards. Learning is identified and shared with the relevant teams and wider organisation as appropriate.

For the year 2023/2024, Totally received a total of 746 complaints, as follows:

- NHS 111 services: 210 complaints (1,117,309 patient contacts, 2 complaints/1,000 contacts)
- Other urgent care services: 396 complaints (725,777 patient contacts, 5 complaints/1,000 contacts).
- Elective care: 141 complaints (174,121 patient contacts, 8 complaints/1,000 contacts).

During this report we were alerted to challenges with our complaints policy and the ability for people to submit complaints, this resulted in a full refresh of the complaints policy and the key learnings implemented as a result which were:

- We simplified to make the process easier for the people intending to make a complaint
- Staff refresher training regarding probing and asking open ended questions and not ask leading questions
- Reminders to staff about maintaining a professional tone and attitude.

4.6 Clinical audit

By the end of 2023/2024 Totally conducted 39 fully active quality assurance audits, group wide, that spanned essential monitoring of safe and effective patient centred care in all of our services. This includes medicines management, safeguarding, infection prevention and control, record keeping, clinical decision making and patient experience. A further 19 quality assurance audits were partially active by the end of 2023/2024 that require standardisation across the group during 2024/2025, further enhancing our assurance of safe and effective service provision.

Four quality improvement audits were conducted during 2023/2024 covering missed torsion, antimicrobial stewardship, palliative care prescribing and clinical performance as per NICE guidance.

A further 9 quality improvement audits are in progress or planned for 2024/25 that include care of babies under 3mths, children's experience of care and reporting of dog bites. The audit programme is supported by the clinical audit working group that reports to the clinical assurance group on a monthly basis. Audit outcomes and recommendations are shared with all clinical staff via the dedicated audit page on the intranet, staff meetings and workplace bulletins - along with a summary of the NICE guidance updates on a monthly basis. We engage in core statutory audits, and those driven by clinical curiosity/organisational development needs.

Through an audit conducted in 2022/2023 we identified a theme of missed testicular torsion, prompting review of processes/systems. We implemented a training package, induction improvements and extra supervision. We continue to review this theme to ensure improvements are maintained and plan to reaudit in 2025/2026. Audits are reported to ICB and system partners in Clinical Governance meetings to improve system pathways. External organisations provide assurance of our process.'

4.7 Safeguarding

Our national Safeguarding Team is led by our Safeguarding Lead (Named Nurse), reporting into the Director of Nursing and Quality. The Team supports staff organisation wide, and provides advice/ guidance.

Totally is committed to enabling the safeguarding and promoting the welfare of children and adults at risk of harm whilst accessing our services and expect all employees to share this commitment. Staff who come into contact with children and/or adults at risk and their families have a responsibility to safeguard and promote their welfare and should know what to do if they have concerns about a child or adult at risk. This includes when the concern is about the impact of a parent (or other family members) or carer's health or behaviours on a child or adult at risk. It also includes when a member of staff is identified as person who could be at risk of harm, abuse or neglect and consideration must be given to the effect this would have on the patients they care for.

4.7.1 Training

Role based training aligns to the intercollegiate documents. We follow national statutory guidance (incl. Oliver McGowan Training). Compliance is monitored by the local Clinical Lead, and reported to the safeguarding committee.

The Safeguarding Team delivers training and focus sessions based on lessons learned, including professional curiosity, and modern slavery.

We recently hosted webinars covering MCA and referrals, delivered by guest Barristers. This enabled sharing of insights, and provided the opportunity to question experts.

During the Safeguarding Adults week (20-26/11/23) and Human Trafficking Awareness Day (11/01/24), our Safeguarding Team developed communications campaigns to promote awareness.

4.7.2 Supervision

Discussion of learning points and referral outcomes is shared during 1:1s. Weekly Safeguarding touchpoint calls are open to staff to discuss cases/ concerns.

Individual supervision is available on request and offered following cases where learning is identified.

4.7.3 Raising concerns and incident reporting

Our Safeguarding Lead is our Medical Director, John McMullan, supported by Named Nurse, Marie Dunn. They feed into our national Safeguarding Committee, reporting to the Board.

Advice and support is available 24/7. Staff are also able to raise concerns to the Speak Up Guardian.

Referrals and incidents are captured and recorded on Datix, and assessed daily by leads. Staff are trained in reporting and encouraged to raise concerns. Safeguarding incidents are alerted to our Safeguarding Team.

4.7.4 Safeguarding priorities

Our two year strategy for safeguarding is set out below:

- Ensure a robust safeguarding leadership and accountability framework is in place across the organisation.

- Ensure that safe recruitment practice, compliance and arrangements for dealing with allegations are in place for payroll and non-payroll staff.
- Provide an annual safeguarding report to the Safeguarding Committee
- Ensure a suite of safeguarding policies are in place
- Ensure an effective safeguarding training program is in place for all staff, commensurate with their role and function
- Ensure that safeguarding is included in corporate and induction programmes
- Provide effective Safeguarding supervision arrangements for staff, commensurate with their role and function (including for named professionals and the SG Specialist Practitioner)
- Develop an organisational culture where all staff are aware of their personal responsibilities for safeguarding and information sharing
- Develop and promote a learning culture to ensure continuous improvement in safeguarding (including audit programme)
- Ensure an effective system is in place to manage safeguarding referrals across the organisation.

4.8 Medicines management

Medicines management is an evidence-based approach in prescribing, procurement, storage, distribution, administration, and disposal of medicines. The intention is to balance the safety, tolerability, effectiveness, cost, and simplicity of treatments based on current evidence, national guidelines and relevant local policy. Good medicines management ensures that patients receive better, safer, cost-effective, and convenient care.

Medicines management across the Group is provided by our subject matter expert pharmacists and a team of pharmacy technicians, working with local teams to ensure the appropriate storage, use and prescribing of medication and prescription stationery.

Important workstreams undertaken during the year included the correct application of Controlled Drugs and Waste Management legislation, NHS/CQC requirements and wider oversight of antimicrobial use, in line with UK government and NHS England antimicrobial resistance ("AMR") strategies.

4.9 CQC

There have been no CQC inspections this year.

Sites are continuously assessed against the KLoE through weekly internal governance meetings. The agenda focused on the five different domains incorporating performance data, Datix incidents, complaints, compliments, internal/ external staff feedback and audits.

We conduct peer lead CQC Sercle mock inspections using the CQC using the CQC KLoE framework with the support of the Director of Quality & Nursing and Governance team, collating and sharing required additions/ improvements, with action plans. This inclusive approach ensures confidence and competence around CQC inspections. We also encourage external visits for assurance, such as Healthwatch and ICB Governance Leads to ensure impartiality and challenge.

Our sites have visible leadership with an agile learning environment and use data to adjust to changing pictures, e.g.: winter pressures, alongside collaboration with partners to share knowledge.

Overall accountability for improvement plans is overseen by the Board level Clinical Assurance Group, chaired by the organisational Medical Director. This group monitors, approves and empowers sites to attain the highest of standards and share great practice and innovation.

4.10 Performance

Actions taken have driven a significant improvement in performance over the 2023/2024 year.

The restructuring of the leadership of individual services has created greater local ownership and has led to an understanding of how the organisation of individual services can promote improved performance. Services introduce changes under the supervision of the central team and where successful these are then rolled out nationally.

One clear example is the use of a single patient queue for both illness and trauma in the UTCs.

Our urgent care services are close to achieving all government directed performance indicators.

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Annex: Statement of directors responsibilities for Quality Report



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Statement of Directors responsibilities for Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS England has issued guidance to NHS foundation Trust Boards on the form and content of annual quality accounts (which incorporate the above legal requirements) and on the arrangements that NHS foundation Trust Boards should put in place to support the data quality for the preparation of the quality account.

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

- the content of the Quality Account meets the requirements set out in NHS England » Quality accounts FAQs
- the content of the Quality Account is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2022 to March 2023
 - papers relating to quality reported to the Board over the period April 2022 to March 2023
- the Quality Account presents a balanced picture of the Company's performance over the period covered
- the performance information reported in the Quality Account is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Account are robust and reliable. Further more, the data conforms to specified data quality standards and prescribed definitions and is subject to appropriate scrutiny and review.

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

Chief Executive Officer
November 2024

Medical Director
November 2024

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