

A photograph of three healthcare professionals in a hospital corridor. In the foreground, a young man and a young woman are walking towards the camera, both wearing light blue short-sleeved shirts and dark blue trousers. The man is on the left, looking slightly to his right with a smile. The woman is on the right, wearing glasses and holding a black folder, looking towards the man. In the background, another healthcare professional is visible, slightly out of focus. The corridor has a modern, clean look with large windows and doors.

# Delivering excellence

Quality account 2021-2022

 **Totally**  
Urgent Care



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# 1: Introduction

“

This has been a year full of challenges and opportunities for the organisation, our staff and our patients. Significant challenges have been seen across the NHS, not least the retention and retaining of all staff groups paramount to delivering safe and effective services. Within our own business we continue to work to bring together the Vocare and Greenbrook businesses into one Totally Urgent Care Division. Our aim is to provide a flexible organisation which gives staff the capability to work anywhere within the company whilst offering real career pathways for our people.

During the year, Totally's Urgent Care Division (UCD) secured new contracts and multiple contract extensions for services delivered across Northeast England, Staffordshire, Stoke-on-Trent and Southeast London. Our highlights include:

- A new contract with Staffordshire and Stoke-on-Trent CCGs for the provision of GP Out of Hours services. This contract supports the delivery of care for an increased population of c. 1.2 million people and commenced 1 April 2022.
- Two new contracts for the delivery of NHS 111 online services in Northeast England and Southeast London CAS, which were initially set to run for three months but subsequently extended further.
- Multiple contract extensions for the delivery of urgent treatment centres (UTC) in Southeast London.
- A contract to provide GP services to initial accommodation centre users in the Hillingdon Borough of London, initially awarded in February 2020 to meet the primary care needs of individuals seeking asylum.
- A virtual UTC pilot in Southeast London, providing the opportunity for patients to have their needs met through a virtual appointment with a clinician, supporting Emergency Departments and UTCs nationwide to reduce the number of patients needing to attend services in person.

I am very proud of the organisation we are developing and the 'can do' approach everyone brings to our services, especially during this continuing challenging time for healthcare. The pandemic provided very little opportunity for staff to rest. We took this challenge head on, coming out battered but not bruised, which I believe is due to the strong leadership team in place. The team has steered the organisation forward to new and exciting things including keeping a watchful eye on the next potential pandemic. Our focus is to have an organisation ready to meet the future, providing innovative solutions to an ever-changing health sector and an employer of choice for our people.

**Andy Gregory, Managing Director**



## 2. Statement from the Director of Nursing & Quality

“

Last year we took the decision to align our Quality Improvement Plan (QIP) with our Quality Strategy to deliver initiatives over a three year period. This was a deliberate attempt to address the highly complex challenges that directly impact our patient and staff experience. Developing a three year programme of quality improvements has allowed us to support sustainable solutions and provided the opportunity to embed the needed cultural change.

An example which demonstrates the importance of long-term quality improvements is to be found in the “People” section of the QIP. Workforce challenges are not unique to our organisation and we wanted to demonstrate, through our QIP, the way in which we are harnessing the ideas and solutions, put forward by colleagues, to address the great challenges that healthcare services are facing.

This year’s account catalogues our journey not only reflecting on successes to date but outlining next steps. I continue to be humbled by the energy and focus of the whole team and their commitment to delivering the success of this QIP.

**Elizabeth Miller, Director of Nursing & Quality**



# 3: Our Quality Improvement Goals – 2021/22

Priority Number	UCD Strategic Objectives	Quality Improvement Priority	What we will deliver	How we will deliver
1	Business	We will design and assure our business models of care to ensure clarity and reductions in variation across the division. We will ensure that we have systems and processes in place to manage business continuity and resilience issues	New Models of Care	1. We will assess any implementation of new models of care against a standard template.
				2. We will establish tools and appropriate clinical expertise to evaluate bids.
				3. We will quality assure any new models of care based on a standard process.
				4. We will ensure bid processes are standardised to maintain quality and performance assurance in line with financial allocation.
			Pandemic Controls	1. We will arrange a incident wash up and identify learning from the Covid Pandemic.
				2. We will embed IPC practices and walk about audits into business as usual.
				3. We will ensure people management information informs us of associated high-risk groups to allow timely implementation of specific plans.
				4. We will revise our practices and policies to ensure early implementation of escalation plans to manage disease outbreaks.
			Reduce unnecessary variation	1. We will review and revise practices and processes, to align where possible to one version.
				2. We will share best practice and learning to ensure a consistent approach to business delivery.
				3. We will identify performance metrics for all staff, to ensure effective delivery of key performance indications, reducing variation in performance across services.

# 3: Our Quality Improvement Goals – 2021/22 (cont)

Priority Number	UCD Strategic Objectives	Quality Improvement Priority	What we will deliver	How we will deliver
2	Services	We will deliver quality services, ensuring accurate validated data is used to inform decisions and deliver assurance in line with corporate assurance and regulatory activity.	Develop, assess, and deliver a quality dashboard.	1. We will measure quality of outputs through a validation process via the data warehouse.
				2. We will ensure all I-Auditor data is linked into the quality dashboard, to measure quality data once.
				3. Monitoring via the Quality Committee and the Area Assurance Meetings
			Restructure and implement governance systems.	1. Continue with the restructure and mapping of roles, to ensure clarity during change.
				2. Realign quality responsibilities to lead roles within the Division.
				3. Ensure regular monitoring and reporting of quality visits within the Division.
				4. Refocus Quality Committee reporting on the so what, to ensure actions are identified, allocated, monitored and presented back on completion.
			Develop readiness for the corporate approach to regulation.	1. Ensure we have clear lines of accountability aligned to statutory responsibilities
				2. Ensure we are compliant with changing approaches to regulation and inspections via statutory bodies.

## 2: Our Quality Improvement Goals – 2021/22 (cont)

Priority Number	UCD Strategic Objectives	Quality Improvement Priority	What we will deliver	How we will deliver
3	People	We will ensure that our staff understand "recruit, retain, develop and train" model of team development	Clarity and feedback for employees	1. Implement PADR and 1:1 in line with standard process, aligned to provider promises and behaviours.
				2. Deliver clarity on each role in line with JD and expectations and hold to account.
				3. Aware and praise staff for achievement against their objectives.
			Workforce development and planning	1. Understand the workforce, aligning roles to competency framework.
				2. Align pay structures to qualifications and job roles.
				3. Develop a training needs analysis to support staff development.
			Learning into practice	1. Continue to develop PeDS and implement across division.
				2. Identify suitable training and clinical supervision plan.
				3. Identify staff for apprenticeship schemes to ensure a developing workforce.



# 4: Our improvements: Progress so far

## Our Quality Improvement Plan – Business

**We will design and assure our business models of care to ensure clarity and reductions in variation across the division. We will ensure that we have systems and processes in place to manage business continuity and resilience issues.**

**This is part of a three year plan to design and assure our business models of care. We are continually looking for best practice, new and innovative ways to deliver that care.**

- We have developed standard templates, validation process and screening to ensure best practice across the division.
- Our Serious Case Initial Findings (SCIF) process supports the clinical focused meetings on outbreaks. We have implemented ongoing training to manage our outbreaks.
- We have implemented site level in-depth audits with clear clinical audit plans.
- Our compliance action plans are embedded and our monthly Infection Prevention Control meetings continually review action plans across the division.
- We have improved our Antimicrobial Stewardship (AMS).
- We have a productivity plan to identify best practice promoting patient safety.
- We implemented our escalation triggers with clear guidelines for our staff and opportunities to appropriately escalate.





## 4: Our improvements: Progress so far (cont)

## Our Quality Improvement Plan – Services

**We will deliver quality services, ensuring accurate validated data is used to inform decisions and deliver assurance in line with corporate assurance and regulatory activity.**

- We closely monitor audits through a dedicated system and monthly audit and quality assurance meetings
- Process mapping and design execution has been delayed due to the large IM&T projects undertaken this year
- We have shared with our staff the performance across the business, how and what data we use (see pictorial)
- Working with Audit we have developed a 'Nice Guidance News' which goes out to all our staff via our new intranet.
- Our National Quality Group reviews all our quality standards.
- We have implemented a sign off process for all new models of care.

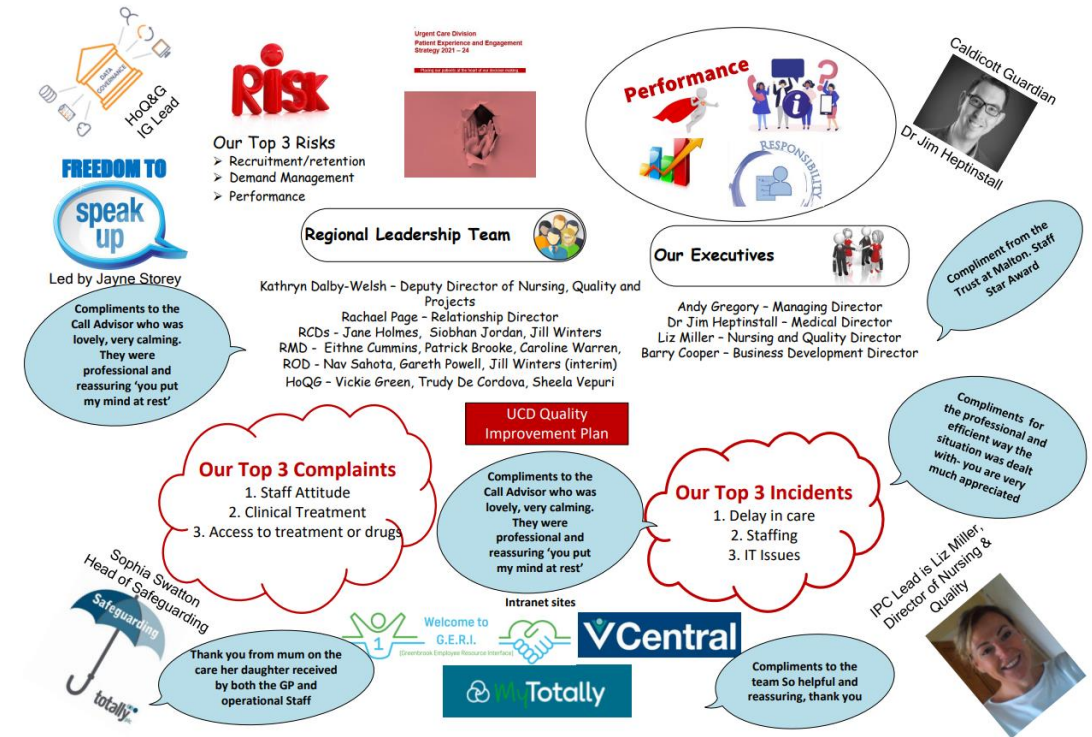


# 4: Our improvements: Progress so far (cont)

## Our Quality Improvement Plan – People

We will ensure that our staff understand "recruit, retain, develop and train" model of team development.

- Our clinical Job Descriptions and alignment to pay have been completed
- Our performance appraisal and development review (PADR) is aligning with our company values
- We have listened to our staff and we now ensure our key performance indicators are shared with the staff and the feedback from our patients is shared on the main boards. Also shared are: how we measure our performance, who the leaders are and what they look like. Our staff need to know where to go if they need to report an IPC incident who leads in their site and where the data collected goes and why. We have created posters for information boards around the organisation (see image).



# 5. Our Quality Priorities for 2022/2023

## Quality Business

- We will continue to assess any implementation of new models of care against the development standard template
- We will apply our standard bid processes which are quality and performance assured in line with the financial allocation for sustainability
- We will ensure our people management information informs us of all associated high-risk groups for timely implementation planning
- We will continue to review and revise our practices and processes towards one version of the truth
- We will encourage sharing of best practice and learning for consistent business delivery approach
- We will identify key performance metrics for all staff, ensuring effective delivery of those key performance indicators and reducing unnecessary variation in performance across our business

## Quality Services

- We will ensure our audit data is linked with our quality dashboard
- We will monitor our quality visits closely and the reporting within the division
- We will continue with our commitment ensuring our Quality Committee reporting is identifying the 'so what', that it monitors and presents back allocated actions.

## Quality people

- We will praise our staff on their achievements against their objectives and continued service
- We will continue to align our pay structures across the division against qualifications and job roles
- We will identify suitable training and clinical supervision plan





# 6: Quality Services 2021/22

Location	Overall rating	Safe	Effective	Caring	Responsive	Well-led
Elizabeth House [SDUC registration]	Good	Good	Good	Good	Good	Good
Vocare Selby	Good	Good	Good	Good	Good	Good
Vocare York	Good	Good	Good	Good	Good	Good
Vocare Scarborough	Good	Good	Good	Good	Good	Good
Vocare Malton	Good	Good	Good	Good	Good	Good
Vocare House	Good	Good	Good	Good	Good	Good
Vocare Maple House	Good	Good	Good	Good	Good	Good
Vocare St Mary's UTC	Good	Good	Good	Good	Good	Good
Vocare Hanover House	Good	Good	Good	Good	Good	Good
Vocare Staffordshire House	Good	Good	Good	Good	Good	Good
Vocare Royal Stoke University Hospital	Good	Good	Good	Good	Good	Good
Vocare Fox Talbot House	Good	Good	Good	Good	Good	Good
Greenbrook Hillingdon UTC	Good	Good	Outstanding	Good	Good	Good
Greenbrook West Middlesex UTC **	Good	Good	Good	Good	Good	Good
Greenbrook Watford UTC *	Awaiting inspection	Awaiting inspection	Awaiting inspection	Awaiting inspection	Awaiting inspection	Awaiting inspection
Greenbrook Northwick Park UTC	Good	Good	Good	Good	Good	Good
Greenbrook Ealing UTC **	Good	Good	Good	Good	Outstanding	Good
Greenbrook Central Middlesex UTC **	Good	Good	Good	Good	Good	Good
Queen Elizabeth UTC	Good	Good	Good	Good	Good	Good
Greenbrook Beckenham Beacon UTC **	Good	Good	Good	Outstanding	Good	Good
Greenbrook Princess Royal UTC **	Good	Good	Good	Good	Good	Good
Greenbrook Kings UTC **	Good	Good	Good	Good	Good	Good

A young boy with short brown hair is shown in profile, looking towards the right. He is wearing a dark blue shirt. The background is dark and out of focus.

# 7: Patient stories

## Compliments received

**A compliment was received from a paramedic concerning the level of in-depth work undertaken by the clinician, and the depth of handover provided to multi- disciplinary teams.**

### Background

The handover involved numerous telephone calls to the patients relative, school, hospital, police and Social Services. A child was being looked after by a relative and unexplained injuries were noted. The relative contacted the NHS 111 service for advice but was not with the child, therefore making a full assessment difficult. The clinician immediately recognised the safeguarding concern and raised a referral. At every step the clinician handed over pertinent information to each service and then contacted the relative again to advise and reassure on what had been performed.

### Good practice

The compliment has been forwarded to the clinician to advise on the outstanding work undertaken and that a reminder that they had ensured 'Good Practice' and 'paying attention to detail'. Other feedback stated that they followed process with handover details.

### Feedback

The clinician has been made aware of the compliment received and a letter from the organisation has been sent to them. This will also be fed back to the team as a whole to remind all staff of the importance of safeguarding and following processes to ensure the safety and care - which is also paramount with our patients.

### Role and Sensitivity

The role of telephone triage is a complex one, especially when clinicians are working remotely. The in-depth training and detail to 'active listening' and the use of 'verbal nods' is very obvious from this particular assessment. The story surrounding the patient is a sensitive one as further information was revealed to the clinician from the relative. It is very difficult to detach emotions when listening to difficult accounts or details of an event, however the clinician remained professional throughout each of the discussions had, and this is a skill in itself.

### Outcome

The patient was at school at the time the relative contacted NHS 111, but was then taken to hospital for assessment of injuries. The hospital was aware that the patient was attending and the alleged history. Social services were alerted and were able to intervene at the earliest opportunity



## 7: Patient stories (cont)

**This case refers to a patient, who contacted our NHS 111 service for mental health support. The case was triaged by a health adviser and warm transferred to a clinician. The call reached an outcome for a referral to the mental health crisis team. The case was escalated for a safeguarding referral for family support. Call was validated as outcome was safe and appropriate.**

### Background

The case relates to a call made to our NHS 111 from a patient. The reason for their call as given to the call advisor was that their young child had died and that they were feeling suicidal. The health advisor asked whether there was a history of depression. The caller said that nothing had formally been diagnosed however a family member had committed suicide and they had been feeling depressed following this incident. Triage was completed by the health advisor and immediately warm transferred to a clinician. The correct pathway of - Mental Health Problems was completed. The clinician triaged the call and the outcome was to refer Mental Health Crisis Service. The caller was provided with information re mental health support. The police liaison team were accessed and social care for ongoing support. The health advisor and clinician were not aware of the death prior to the call.

### Positive Outcome

The call advisor provided an excellent and succinct triage. Empathy and compassion shown whilst remaining calm and professional. The warm transfer to a local clinician ensured that the caller received the appropriate care. The health advisor triaged the case with a flow and pace that allowed the caller to tell their story whilst not delaying care. The clinician was warm empathetic and professional and was able to bring experience and knowledge to a difficult and distressing case. The call advisor has received a letter from the CEO for their professionalism. The call advisor and clinician have received ongoing support.

This case highlights that whilst both health advisor and clinician were “only doing their job” The care and professionalism provided shows the excellent quality of care that NHS 111 service delivers for our patients.

### Sharing with our partners

September 2021: A report on emergency department validation cases showed that many mental health callers were not being referred to the most appropriate mental health services resulting in inappropriate referral to GP Out of Hour's and Emergency Departments. Communication has been forwarded to clinicians to support their learning and understanding of the availability and use of services. Monthly meetings commenced in September 2021 with a Clinical Navigator who is also mental health trained, delivering mental health sessions to both clinical and non-clinical staff.

Local services: Staff are encouraged to use Service finder if the Directory of Services (DOS) is not returning mental services.

End to End call review: Liaising with the local mental health hospitals to invite them to join a mental health monthly meeting.

Text message service: One of our MH hospital is to commence a text messaging service for their referrals (further information will be shared when this is fully operational for NHS 111).





## 7. Patient stories (cont)

### Working together for the best patient outcome

#### Background

An audit of high intensity users highlighted a case of a patient with learning disabilities. The patient had supported living through a Charity organization but no overnight support. During September and October 2021, the calls amounted to 316 hours of Health Advisors time and 32 hours of Clinical Advisors time with the majority of contacts received during the night once the carers' had left the patient with a generic symptom.

#### Engaging partners

Monthly meetings were held between Totally Urgent Care and Kingston High Intensity Users (HIU) team. The HIU team linked in with GP, patient and the Charity. Medication was prescribed for the patients' symptoms. The Charity organisation team encouraged the patient to turn their mobile phone off overnight.

#### Outcome

Contacts significantly decreased, the focus on this issue has meant engagement with external partners so that we can formalise agreed pathways to manage these most complex service users; this in turn reduces the number of contacts and the length of the calls.

By association it also helps integrated urgent care provider staff to feel more empowered to tackle these issues; this can only be viewed as positive, as it contributes to staff mentorship, feedback, and morale, with a view to providing a more consistent workforce and service to our partners and patients



## 7. Patient stories (cont)

### A small selection of our patients' feedback

“

I wanted to pass on some positive feedback regarding two sets of colleagues that we had contact with yesterday regarding my Dad. Firstly, the dispatcher who I spoke to a couple of times yesterday. He was very calm, approachable and reassuring on the phone - and it was only his good instincts that escalated my Dad's case and put us on the path to getting Dad admitted to hospital. Many thanks to the clinician, who we got escalated to, was also extremely knowledgeable and helpful over the phone. Secondly, the ambulance crew were all so lovely and helpful yet very efficient. They put themselves out to reassure and help my Dad, even though they were going off-shift and knew they'd need to wait in an ambulance queue once arriving at the hospital. I'd be grateful if this positive feedback could be passed onto the individuals and their managers, as they really made a difference to my family on what was a difficult day overall. Many thanks again to all - we really appreciate your help and commitment.

“

Service at the UCC was lovely, didn't have to wait, receptionist was lovely and informative. The Doctor we saw was fantastic with my little girl and very reassuring. He explained everything he was doing and why, which I liked. He also gave clear instructions what we should do if symptoms became worse, what to look for. My little girl said the Doctor was lovely, he made me smile even though I feel poorly! Thank you so much”.

**Compliment for the RSUH UCC Receptionist and GP from the mother of a patient who visited the centre on 23.09.21.**

Compliment received from a consultant in health protection thanking the team for all their work in sorting out antibiotics for the student who contracted a case of Meningococcal at the university it was a huge help to their team and meant that the public health actions/protection of the contacts was completed in an extremely timely way.

## 8. Staff awards

We have implemented these staff to staff awards and had difficulty narrowing it down due to so many deserving candidates. A selection of award winners were:

### Bridget Robinson (Senior Rota Coordinator) and Zoe Clemett (Rota Coordinator)

We thank both Bridget and Zoe for tirelessly working on our rota, squeezing a few more hours out of each clinician, responding to queries re pay, shift changes, holidays etc, whilst maintaining a positive friendly manner to all.

Photo included with consent.



### Jackie McKeever (Receptionist York)

We thank Jackie for her dedication towards colleagues, making the effort to speak to each clinician at the start of her shift, asking if she can help in any way, offering to make drinks and for reliably ensuring clinicians are messaged when patients arrive. Jackie's offer of support has helped improve welfare and morale to staff on shift.

Photo included with consent.



### Dr Stuart Wallace (GP Selby and York)

We thank Stuart for his dedication to the service. Stuart undertakes many hours each week for the Yorkshire team and is an excellent clinician. He frequently contacts the rota team offering further assistance in extending shifts and in providing flexibility as to the site these are undertaken.

Photo included with consent





# 9. Mental Health First Aiders

Looking after our staff is important. We have promoted health and wellbeing throughout the year bringing supportive information via our intranet sites, and new Group intranet My Totally, encouraging healthy eating and being active.

Recognising the pressures our staff have endured during the pandemic, as with lots of employers, mental health is extremely important to the wellbeing of our staff. During 2021/2022 Totally has trained staff across the organisation to provide support and signposting to staff.

## Our approach to mental health

- Encouraging open conversation about mental illnesses
- Passionate about improving and providing support to our staff
- Certified by Mental Health First Aid England
- Our mental health first aiders range from across all disciplines
- Accessible mental health first aider when needed.

## How we helped

- By recognising the early signs and symptoms when a colleague may be in mental distress we have been able to signpost them to the most appropriate help.
- By confidently approaching someone and intervening when support may be required; we have ensured that listening in a non-judgemental way and maintaining confidentiality where appropriate has been well received.
- We have promoted some high-profile events around mental health and wellbeing, campaigns such as 'men's health'
- Using drop-in sessions openly available for staff to talk confidentially. We have someone available 24/7.
- A continual campaign calendar of events keeps us front and centre with staff



# 10: Our key quality standards


The key information for 2021/22 includes the merging of Vocare and Greenbrook into the Totally Urgent Care Division

Year	No. of Incidents	No. of contacts	Incidents per 1000
2017/18	4956	1,702, 555	2.91
2018/19	4700	2,189,738	2.15
2019/20	4737	1,521,313	3.11
2020/21	4496	1,600,832	2.80
2021/22	3849	2,273,992	1.67

Year	No. of Serious Incidents	No. of contacts	Incidents per 1000
2017/18	76	1,702,555	0.04
2018/19	35	2,189,738	0.02
2019/20	31	1,521,313	0.01
2020/21	9	1,600,832	0.005
2021/22	25	2,273,992	0.009

Year	No. of complaints	No. of contacts	Complaints per 1000 contacts
2017/18	662	1, 702, 555	0.39
2018/19	610	2, 189, 738	0.27
2019/20	496	1, 521, 313	0.33
2020/21	355	1,600,832	0.22
2021/22	816	2,273,992	.035

# 10: Our key quality standards

	Total Received				Number likely to recommend				Percentage likely to recommend			
	2018/19	2019/20	2020/21	2021/22	2018/19	2019/20	2020/21	2021/22	2018/19	2019/20	2020/21	2021/22
Central	25075	24057	9564	14332	23235	22136	8603	12172	93%	92%	90%	85%
North	1416	377	13	625	1353	370	12	587	96%	98%	92%	94%
South	1280	1412	2191	697	1028	1107	1805	587	80%	78%	82%	84%
 <b>Totally</b> Urgent Care	27771	25846	11768	15654	25616	23613	10408	13346	92%	91%	89%	85%





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