

NEMS COMMUNITY BENEFIT SERVICES LIMITED

QUALITY ACCOUNT 2020/21

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INTRODUCTION/WHO WE ARE

NEMS Community Benefit Services Limited (NEMS) is a Company Limited by Guarantee; a not-for-profit social enterprise with the purpose of providing health and social care for the benefit of the community, and not for the profit of its members.

It serves the 1,043,700 population of the geography covered by Nottingham and Nottinghamshire Integrated Care System (ICS) with urgent primary health care services delivered 24/7 out of five locations in Nottingham, Sutton-in-Ashfield and Newark. It also delivers a primary care service at its GP Practice at Platform One Practice in Nottingham, a non-clinical call handling service, and bespoke services for community hospitals. The workforce of 400+ comprises of 210+ substantive staff, 130+ sessional GPs and 50+ agency workers.

NEMS' origins lie in 1998 as a GP Co-Operative called 'Nottingham Emergency Medical Services' to manage GP Out of Hours (OOH) services in Nottingham City and South Notts. In 2004, the not-for-profit NEMS Community Benefit Services Limited was formed to carry out these services when the new GMS contract was introduced and GPs could opt out of 24 hour responsibility for patients, and the OOH service became contracted under commissioned arrangements. In 2016, NEMS was asked by the commissioners of Mid Notts CCG to take on the provision of urgent primary care services for Mid Nottinghamshire, following the taking into receivership of the incumbent provider. Throughout this period of time, NEMS' services have evolved out of GP Out of Hours services to include streamed primary care services at the Emergency Departments (EDs) of Queen's Medical Centre in Nottingham and Kings Mill Hospital in Sutton-in-Ashfield. In October 2019, NEMS was awarded a single contract to provide Integrated Urgent Care (IUC) across the ICS, comprising the Clinical Assessment Service (CAS), Out of Hours GP services (OOH) and primary care streamed services at QMC and KMH.

Today, NEMS is governed by a Board comprising four Non-Executive Member Directors and five Executive Directors. The Board is supported by two management committees - the Executive Management Team and the Quality Governance Committee.

This Quality Account covers the period 1 April 2020 to 31 March 2021.

CHIEF EXECUTIVE'S STATEMENT

NEMS' purpose is to provide health and social care for the benefit of the community of Nottinghamshire as a not-for-profit entity. Our primary objectives as an organisation are to ensure the safety of our patients and workforce, deliver excellent quality of care, maintain strong relationships with delivery partners and commissioners, and ensure the financial sustainability of our services.

In common with all organisations across all sectors, our activities in 2020/21 were dominated by the Covid-19 global pandemic, which required very significant changes to the way in which we worked. A notable feature has been the increased proportion of our patients being assessed remotely and the associated reduction in patients seen face-to-face and by home visits. For the majority of the year, we also experienced a big reduction in the number of patients treated at our Emergency Department (ED) co-located services, albeit that patient numbers began to rise again towards the end of March. We have also significantly increased the number of clinicians and operations staff working from home, requiring intensive efforts to support this workforce with the appropriate information technology.

Our commitment to safety and quality continues to be underpinned throughout our governance structures by the involvement of experienced clinicians that practice in our community. GPs and nurses are represented on our Board, Executive Team, Quality Governance Committee and the GP and Nurse/AHP Audit Groups. These important groups continued to meet throughout the year, albeit that all meetings were virtual.

Our clinical team has continued to develop and enhance the audit process to ensure that NEMS' standards are maintained, and that clinicians undertaking work for NEMS are complying with best practice. The total number of NEMS cases audited for both GPs and Nurses in 2020/21 was 2,070, including 26 special audits on doctors and nurses/AHPs. In 2021/22 the clinical audit programme will be significantly revised, overseen by the Executive Medical Director and Executive Clinical Director.

NEMS was proud to have achieved an overall rating of "Good" by the CQC and a rating of "Good" in all domains in the inspections carried out in October 2018. Following receipt of the report, the Quality Governance Manager generated a CQC improvement plan to focus on all areas highlighted in the report for action or improvement. More than 90% of actions are now fully completed, with significant assurance obtained to demonstrate compliance. Over the next year NEMS will aim to further improve all services.

NEMS participated in the Urgent Health UK (UHUK) Patient Safety Culture Survey in 2020/21 for the first time. NEMS benchmarked well on its patient safety culture against our UHUK peers scoring 75%, the average rating for UHUK member organisations, and with several responses scoring significantly above the UHUK average. There was much to give us encouragement from this survey of our workforce. The two clear themes for us to work on for improvement are the training of our workforce and engaging with our workforce to take on board the suggestions that they would like to make to improve the service.

We are committed to ensuring that there are robust systems in place for recognising, reporting, investigating and responding to errors, near misses and incidents. NEMS' intention is to create a culture whereby our workforce feels confident to report any errors, accidents, near misses or incidents. In 2020/21 a total of 136 incidents were recorded. Of these, 3 were classified as Serious Incidents, and 2 classified as Significant Events, which were all subject to thorough multi-disciplinary review and involving partner organisations where appropriate. Over the same period, NEMS' patient interactions exceeded 210,000; thereby the SI and SEA incidents can be seen to be a very small proportion of total patient contacts.

Robust medicines management continues to be a priority for NEMS. In 2020/21 we conducted a major review of our medicines policies and procedures. Due to the changing demands of the service we have engaged a new proactive pharmacist. A new Clinical Directorate will be established in 2021/21 and will be led by the Director of Clinical Delivery, the Medical Director and the NEMS Pharmacist, supported by the Medicines Management Nurse Leads. Increased senior clinical scrutiny of Medicines Management is expected to identify and facilitate further improvements as the need for this is identified.

Our Medicines Management Team Committee met at least once every quarter in 2019/20. At these meetings, the group considered general areas of medicines management, and received and evaluated quarterly input from the local CCG medicines team. A review was carried out in March and 8 themes were identified that will form the basis of the 2020/21 plan.

NEMS ensures that we provide our workforce with education and awareness to help them to develop the knowledge, skills and professional curiosity required to identify safeguarding concerns. We provide internal Safeguarding policies and Standard Operational Procedures which are easily accessible to our entire workforce via the NEMS Hub. NEMS employ a safeguarding lead who actively engages with the local and national Safeguarding agenda, attending regular Joint Nottinghamshire meetings and ensures compliance with Section 11 audit. Nationally, neglect remains identified as the most common form of abuse but emotional abuse is emerging as an area

of increase, which is reflected in our referrals. During a very challenging year due to Covid-19, we have seen falls and rises to the number of referrals in line with lockdown, making sharing concerns more significant than ever.

Infection, Prevention and Control (IPC) is a crucial part of all our care pathways and received additional focus in this pandemic year. Continual quality improvement work has implemented regular, robust and centralised audit and reporting mechanisms to better evidence the IPC services delivered whether hosted or independent. This year the immunisation database was overhauled and fully updated. At the end of 2020/21 our staff influenza vaccination rate was 67% (significantly higher than in previous years) and 79% of staff had taken up the Covid-19 vaccine.

Further development of the clinical workforce continues with supporting clinicians to obtain additional skills and qualifications. Within the IUC CAS, NEMS largely utilises autonomous Nurse Practitioners with GPs as additional support and face-to-face consultation. We continue to make a substantial investment to place nurse practitioners on the Urgent Care Practitioner education programme. A priority for us is to reduce our dependence on our agency workforce.

NEMS continued to take significant steps to protect data and preserve confidentiality in 2020/21. Following the completion of the Data Security and Protection Toolkit self-assessment in September 2020, further assurance work was carried out to implement the learnings from this review. 23 incidents were reported through the Toolkit in 2020/2021, none of which were reportable to the ICO. We noted an increase in the level of minor personal data breaches compared to the previous year and sent out regular communication to our staff to be more vigilant when handling patient data.

Understanding our patients' experience from their perspective is very important to NEMS. We record and investigate any feedback that is received from patients, service users, carers or relatives of patients via the 4 C's of complaints, comments, concerns and compliments. In 2020/21, we received 242 compliments, 33 formal complaints and 9 informal concerns or complaints. This level of feedback was approx 50% reduced compared to the previous year on account of reduced patient activity and changes in patient perception through the pandemic. We always review every complaint irrespective of the overall outcome and even when a complaint has not been upheld there may still be learning elements, which provides an opportunity for quality improvement.

2021/22 will continue to be dominated by the Covid-19 pandemic. Our current expectation is that we will experience a gradual return to pre-pandemic patient activity levels, although we anticipate that we will largely retain the high levels of remote clinical assessment learned through our

experience. Our priorities will continue to set a framework to ensure that we maintain good performance and excellent quality of care.

COMMISSIONER'S STATEMENT

Introduction

Nottingham and Nottinghamshire Clinical Commissioning Group (NNCCG) welcomes the opportunity to review and comment on the 2020-21 Quality Accounts for NEMS Community Benefit Services Limited (NEMS). NEMS provides urgent primary health care services delivered 24/7 out of five locations in Nottingham, Sutton-in-Ashfield and Newark.

NNCCG (CCG) is committed to ensuring a high quality health service for our local population working as partners within the Integrated Care System (ICS) to improve health and change lives. We work collaboratively with system partners to collate and analyse information from a range of sources to ensure that safe, effective and caring health services are commissioned and delivered for our local population.

NNCCG wishes to extend special thanks to all NEMS staff for the noteworthy achievements that have been accomplished by working together to confront a global pandemic in addition to the work that they normally undertake. The landscape of constant change imposed by the Covid-19 pandemic has added an extra layer of complexity to the resilience normally expected of staff during their day to day working.

The staff of NNCCG wish to extend their sincere condolences to those members of NEMS staff who have lost family, colleagues and friends during the global pandemic.

Quality Oversight

Throughout 2020-21, the CCG has continued to work with NEMS to monitor its quality of services delivered and continuous improvement through reviews of information on safety, patient experience, outcomes and performance. NEMS has continued to provide the CCG with quality reporting throughout 2020/21. The CCG has measured and reviewed reporting via online Quality Review meetings which has enabled the CCG to retain oversight of improvements, challenges and emerging risks.

This year's Quality Account demonstrates examples of good work and achievement undertaken by NEMS over the past year against a very challenging backdrop. This Corroborative Statement highlights the CCG's appreciation of these accomplishments that were identified in the course of

reviewing this comprehensive report. The CCG can confirm that, to the best of its knowledge, the information provided within this Annual Quality Account is an accurate and fair reflection of NEM's performance for 2020-21.

Achievements

Achievement against 2020-2021 Priorities

The CCG notes that despite mounting pressure in the change of working practices and patient access due to Covid-19, NEMS has been able to make progress in achieving its priorities for 2020-21. NEMS has:

- Implemented recommendations and actions from the Urgent Health UK audit and Patient Safety Culture Survey
- Continued expansion of clinical assessment services developing links with local services to ensure patients are accessing the right care available – supporting the 111 First incentive
- Increasing skills within the clinical workforce through provision of support and funding for further education and training and enhancement of in-house clinical supervision.

A 2018 inspection of NEMS by the Care Quality Commission (CQC) was undertaken and the organisation achieved a rating of 'Good' in all five areas and no further inspections have been undertaken since that time. The Quality Governance Manager generated a CQC improvement plan to focus on all areas highlighted in the report for action or improvement. To date, more than 90% of the actions are fully completed with significant assurance obtained to demonstrate compliance. Two recommendations remain on-going relating to estates and recording of consent when using a chaperone. Discussions are underway within NEMS in preparation for their next inspection.

Quality Improvements

For the first time, NEMS participated in the Urgent Health UK (UHUK) Patient Safety Culture Survey in 2020/21. NEMS benchmarked well on its patient safety culture against its UHUK peers scoring 75%, which was an average rating for UHUK member organisations. NEMS scored significantly above the UHUK average in its workforce responses for actively taking steps to improve patient safety, handling medical errors appropriately, having senior managers create a climate that promotes patient safety and creating confidence that management will look into any potentially serious patient safety incident raised by its workforce. The CCG notes that NEMS took advantage of the opportunity to identify an improvement plan in response to some of the lower

rated scores to develop their workforce and increase staff engagement to improve the service. NEMS also hired a clinical educator to provide all courses requested by staff.

The CCG was pleased to note that NEMS took the proactive step of having its governance policies, committee structures, staff risk assessments and service recovery and restoration plans reviewed by UHUK in 2020-21 and are awaiting feedback at the time of writing their Quality Account.

The CCG notes that NEMS has undertaken an independent review of its medicine management systems. The results were positive overall but identified areas where they could improve, which NEMS has already acted upon, most notably were hiring a proactive Pharmacist, as well as strengthening its existing policies and processes.

NEMS continued to develop and enhance audit processes to ensure that standards are maintained and that clinicians undertaking work for NEMS are complying with best practice. 96% of cases reviewed by doctors were considered passes and 99% of cases reviewed by nurses and Allied Health Professionals (AHP's) were considered passes. 15 special audits were carried out on Doctors and 11 special audits were carried out on nurses/AHPs. NEMS will revise its clinical audit programme to further improve its results in 2021-22.

Learning from Incidents

A barometer of an organisation's understanding of patient safety is its use of information and learning around Serious Incidents (SI). Three Serious Incidents were reported via STEIS to the CCG. Two of these were the deaths (one related to Covid-19) of two patients in weeks following consultation with NEMS and one resulted in a life changing condition after a consultation. Learning from investigations highlighted areas for improvement around risk assessment, safety netting and improved communication with patient/carers/relatives. Learning from investigations highlighted areas for improvement around risk assessment, safety netting and improved communication with patient/carers/relatives. Learning and themes identified through complaints, serious incidents, clinical audits, etc., are shared with all NEMS clinicians and agency clinicians via the Executive Medical Director weekly updates and feedback provided to individual clinicians concerned with an incident. NEMS continues to work closely with 111, EMAS, NUH and SFH on triaging patients and providing safety netting information to patients.

There were no Never Events reported in 2020-2021.

23 incidents were reported on the Information Governance Toolkit for 2020-21, none of which were reportable to the Information Commissioner's Office (ICO). There was an increase in personal data breaches over 2019-20. Regular communication is being sent out to staff to be more vigilant when handling patient data.

NEMS received 33 formal complaints, none of which were referred to the Parliamentary Health Service Ombudsman. 21% of these complaints were not upheld. Learning was extracted from the complaints, providing a platform for further clinical improvement.

NEMS received 242 compliments in this year, which is significant when patients are being treated in (often) emergency circumstances.

2021-2022 Priorities

NEMS priorities for 2021/22 follow the same themes as established for 2020/21. NEMS will continue to refresh and update their website, develop the NEMS GP and Nurse/AHP Clinical Audit process, implement key actions identified from workforce surveys, ensure patient contacts are effective and utilise appropriate grade of clinical staff, continue to expand the clinical assessment services and increase skills of their clinical workforce through provision of support/funding for further education and training.

Conclusion

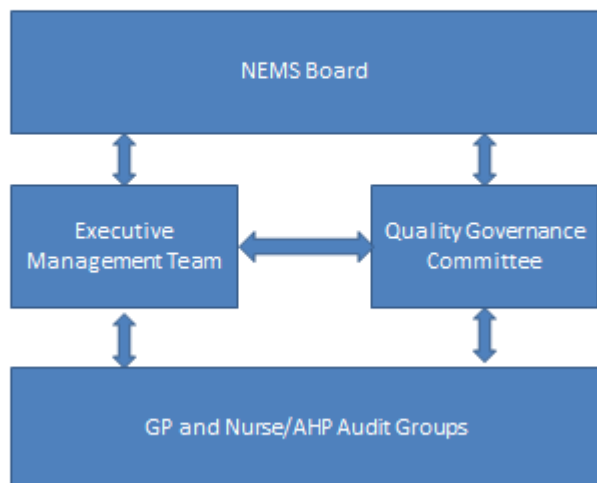
The position statement issued by the National Quality Board during April 2021 emphasises the importance of prioritising the delivery of high-quality care setting out some core principles and operational requirements for quality oversight in systems. 2021-22 will bring some fundamental changes in the way that the CCG and NEMS work to foster even more collaborative and systems-based working.

The CCG welcomes the specific priorities that NEMS has identified for 2021-2022 which are highlighted within the report and considers that these are appropriate areas to target for continued improvement. The CCG looks forward to continuing to work in partnership with NEMS.

GOVERNANCE STRUCTURE

Our governance structure is illustrated in the following diagram:

NEMS Community Benefit Services Limited Governance



NEMS is governed by a Board comprising four Non-Executive Member Directors and five Executive Directors.

The Board is supported by two management committees - the Executive Management Team and the Quality Governance Committee.

The Executive Management Team comprises of the Chief Executive, Director of Finance, Executive Medical Director, Director of Operations and Executive Clinical Director.

The Quality Governance Committee comprises of the Quality Governance Manager, Executive Medical Director, Executive Clinical Director, Chief Executive and 5 x experienced GPs that work in the NEMS service.

The clinical audit programme is managed by two separate audit groups, one for GPs and one for Nurses/AHPs, comprising of experienced GPs and nurses/AHPs that work in the NEMS service.

OUR SERVICES

Integrated Urgent Care (IUC)

The IUC service combines a Clinical Assessment Service (CAS) with a GP Out of Hours (OOH) service for Face to Face (F2F) clinical consultations and Home Visits.

The NEMS CAS is resourced by clinicians working out of Platform One Practice (POP) in Nottingham, Primary Care 24 (PC24) at Kings Mill Hospital, Newark Urgent Treatment Centre (UTC), and also clinicians working from home (home triage). A notable feature during this pandemic year was the increased proportion of our patients being assessed remotely and the associated reduction in patients seen face-to-face and by home visits. We also significantly increased the number of clinicians and operations staff working from home, requiring intensive efforts to support this workforce with the appropriate information technology.

In 2020/21, the NEMS CAS carried out 113,777 telephone assessments, over 90% of which were referred from 111 Providers, predominantly DHU Healthcare. The vast majority of these cases were completed within the NEMS service, or as self-care or GP referral. The proportion of these cases that were completed remotely and without referral to ED rose to an average of 80% through the pandemic compared to the pre-pandemic level of 54%. 8% of primary care cases were referred to ED or 999, which was an increase over the previous year and a feature of both patient acuity and changes in referral centre availability through the peaks of the pandemic. In addition, we assessed 6,664 Community Pathfinder calls – cases referred to NEMS by EMAS crews when with patients - of which we were able to avoid 94% of ambulance onward conveyances to ED. Also during the year, we took on a significantly higher proportion of 111 referrals with an initial ED disposition as part of our new contract and also as part of the 111 First programme. We clinically assessed 20,699 of these cases, of which 70% were provided with alternative pathways to attending ED. This was considered a big success of the 111 First programme by the CCG and other system partners.

The GP OOH service is based out of three locations – POP, PC24 and Newark UTC. In 2020/21, NEMS carried out 12,221 F2F consultations, a reduction of 60% over the previous year. We also carried out 5,425 Home Visits, a reduction of 43% over the previous year. Another significant change experienced through the year was in the provision for seeing 'hot' (Covid-symptomatic patients) on a F2F basis. In the early weeks of the pandemic we used our mobile unit for hot patient consultations for all Notts patients in the car park of Platform One Practice. However, demand soon exceeded the capacity that could be seen safely in this facility and patients were referred to ED. Over the course of the pandemic, segregated streaming and consulting rooms

were set up at PC24 and POP. The early weeks of the pandemic were also characterised by extremely tight supply of appropriate Personal Protective Equipment (PPE) for clinicians treating patients F2F. Frequently we were within hours of running out of stock and had to transfer stock from one site to another to maintain service. Thankfully, through the support of the CCG and system partners, we maintained supplies throughout and the delivery situation had eased significantly by the summer.

The NEMS IUC mainly provides overnight GP cover for patients from 6.30pm to 8am weekdays, continuously from 6.30pm Friday evening to 08.00am on Monday morning, and continuously through bank holidays. The exceptions to this are Community Pathfinder and ED revalidations, which operate 24/7 throughout the year, and the GP OOH service at Newark, which operated up until 10pm in 2020/21 on weekday evenings and 09:00-22:00 weekends and bank holidays.

In 2020/21 the NEMS IUC service met all of its Key Performance Indicators (KPIs) with the exception of two. We have not been able to meet the target for commencing F2F clinical assessments within the agreed time of the appointment - priority has been given instead to seeing patients as assessed by clinical need or risk. Through the first two waves of the pandemic, our ED referral rate increased to over 10% of primary care dispositions before returning to below 6% in the final four months of the year.

PC24

NEMS' PC24 service is a 24/7 service based at Kings Mill Hospital to treat patients streamed through by ED clinicians as primary care cases. Between the hours of 8am and 6.30pm on weekdays it is a nurse-led service and this is supplemented by GPs during the OOH period, running simultaneously with the IUC service and utilising shared resources.

In 2020/21 NEMS' PC24 service treated 18,863 patients and averaged 18.0% of daily ED attends at KMH. Attendances for the year as a whole were at 68% of 2019/20 levels, although attendances towards the end of the year approached 90% of pre-pandemic levels. NEMS' average daily performance against the 4-hour wait target in 2020/21 was 98.7%.

UTU

For the majority of 2020/21, NEMS clinicians who had been working with NUH colleagues to provide the integrated multi-disciplinary Urgent Treatment Unit (UTU) at Queens Medical Centre (QMC), were relocated to work at POP. Patients were triaged at the NUH front door and those deemed appropriate for primary care, and who were safe to travel, were directed to go to Platform One to be treated by NEMS. Initially, only 'cold' patients (those not exhibiting Covid-19 symptoms)

were directed to POP, the remainder being treated at QMC by NUH clinicians. Mid-way through the year a pathway was set up to allow hot patients to be treated at POP also. Patient attendances were significantly reduced on the previous year being only 5,889 compared to 31,303 patients in 2019/20. In January, the NEMS team relocated back to the QMC campus and a transition plan is being developed for the full restoration of service.

Clinical Navigator

The Clinical Navigator service is a non-clinical call handling service, commissioned by the CCG, to navigate GP referrals into specialties in Greater Nottingham. In 20120/21, NEMS handled 6,332 referrals.

Pathways

The NEMS Pathways service historically operated in Greater Nottingham only, and was introduced in Mid Notts during 2019/20. It is a nurse-led service to treat patients that have been referred by GPs for a range of conditions, including DVT, renal colic and PV bleeds.

Midwifery and Gateway Call Handling Services

The CCG commissions NEMS to provide a non-clinical call-handling for midwifery and for CCG Gateway calls.

Primary Care

Platform One GP Practice in Station Street, Nottingham is registered with the CQC as a GP Practice seeing Primary Care Registered patients. Its mission is to care for Nottingham's inner city and transient population, including 'hard to reach' patient cohorts such as the homeless, substance abusers, and those suffering with mental health conditions. It also operates as the Nottingham OOH base for NEMS' IUC. This contract will end on 30 June 2021 and the patients and staff transferred to Nottingham City GP Alliance. NEMS has held the contract for 11 years.

Other NEMS Services

NEMS provides a range of other services under contract to other healthcare organisations. It delivers non-clinical call-handling services for Nottinghamshire Healthcare Foundation Trust, and clinical services for Sherwood Forest Hospitals and Nottinghamshire Healthcare Foundation Trust.

REVIEW OF ACHIEVEMENTS 2020/21

We set the following priorities for 2020/21 and progress against each of them is described below:

1. Refresh and updating of NEMS website

The pressures of the pandemic and constant changes to clinical and operating practice prevented us from progressing this objective in a significant way. However, some progress has been made towards the end of the year and resource allocated to complete this objective in 2020/21.

2. Development of the NEMS GP and Nurse/AHP Clinical Audit process and a move towards more prose feedback and away from formalised scoring and critique (with possible inclusion of exploring an external system called Clinical Guardian).

An evaluation of Clinical Guardian was carried out in Q3 and we decided not to adopt this system. However, some aspects of this approach were considered to be helpful for the intended future direction of NEMS' clinical audit progress.

3. Implementation of any recommendations or actions identified as a result of the Urgent Health UK audit and Patient Safety Staff Culture Survey.

There was much to give us encouragement from the UHUK Patient Safety Culture Survey of our workforce. The two clear themes for us to work on to improve are the training of our workforce and taking note of the suggestions for improvement that come from our workforce.

In terms of the training of our workforce, please see the response to no 6. In terms of listening better to and taking account of the views of our workforce, we introduced a series of virtual clinical drop in sessions in 2020/21 which is forum that supports exchange of ideas provided by our workforce. These have been well received.

4. Ensuring patient contacts are effective and utilise appropriate grade of clinical staff, first time, productivity/efficiency work to ensure maximum optimisation of NHS resources.

The proportion of cases managed through the NEMS CAS in 2021/22 that were completed remotely and without referral to ED rose to an average of 80% compared to the pre-pandemic level of 54%. Particular focus was placed on productivity measures throughout the year and will continue in 2021/22.

5. Continued expansion of clinical assessment services expanding links with local services to ensure patients are accessing the right care available, supporting the 111 First incentives.

During the year, we took on a significantly higher proportion of 111 referrals with an initial ED disposition as part of our new contract and also as part of the 111 First programme. We clinically assessed 20,699 of these cases, of which 70% were provided with alternative pathways to attending ED. This was considered a big success of the 111 First programme by the CCG and other system partners.

Additionally, NEMS played a crucial role, working closely with both Trusts and the CCG, to facilitate phased arrival timeslots in ED and secondary care specialties. National solutions to this pathway are not compatible with the clinical systems used by Nottinghamshire's Acute Trusts, therefore, NEMS' flexibility and responsiveness to support this mandated part of the 111 First programme was appreciated by system partners.

6. To increase skills within our clinical workforce through provision of support/funding for further education and training and enhancement of in-house clinical supervision.

In 2020/21, NEMS recruited a clinical educator, who has developed and run with a range of internal and external training programmes, and NEMS now fund 100% of educational programmes requested by staff. We also implemented our clinical supervision strategy.

STATEMENTS OF ASSURANCE

Clinical Audits

NEMS is committed to ensuring that a safe, effective and high standard service is delivered to all of its patients. Regular and thorough clinical auditing is one way that helps to inform us how well we are doing. Our clinical workforce receives feedback on clinical audits of their telephone, face to face and home visit consultations. NEMS aim to audit 1% of all clinician's cases on a quarterly basis, carry out an audit on all new starters to the organisation (whether substantive, bank, locum or agency) and special audits on any clinicians that raise a concern through the quality governance process. Clinical audit group meetings (one for GPs and one for Nurses/Allied Health Professionals (AHPs)) are held on a quarterly basis and this allows the clinical auditors to meet and discuss any cases raising a concern on a more in depth basis, and to then decide on any action to be taken after a group consensus is reached about each case.

NEMS audits all clinicians and carefully considers each case against criteria that is based on the Royal College of General Practitioners (RCGP) Urgent and Emergency Care Audit guidance. The audit process is non-judgmental and aims to highlight areas that might offer opportunities for learning, both to the individual and the clinicians working for NEMS. This criterion provides a systematic and consistent approach to assess clinical competence and to ensure that NEMS is allowing for continual quality improvement enabling clinicians to reflect upon the records they have made, and will also assist NEMS to maintain high clinical standards.

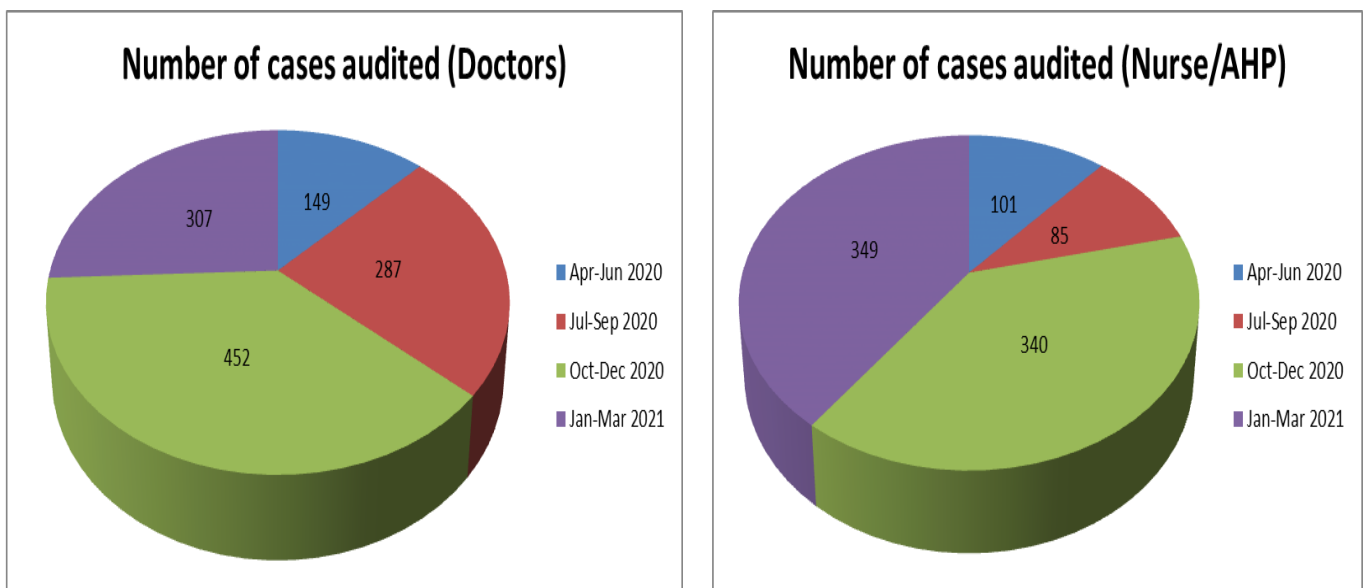
The vast majority of cases will 'pass' through the clinical audit process, which means the case achieves a satisfactory or good rating and will not be reviewed by the audit group. For cases that raise a concern (either as a learning point, minor concern or a significant concern) this will be flagged for review by the audit group for discussion. A consensus decision needs to be reached by a majority of the group members present at the meeting and the case will be awarded 0, 1 or 2 points respectively. The clinician is provided with feedback via their quarterly audit report, which will indicate the audit group's learning points or concern(s) if applicable and whether the clinician is required to write a formal response to the audit group in order to provide assurance that they have listened to the feedback or are to take remedial action, which may involve further support, development or training. Any feedback generated is provided to the clinician for the purpose of reflection and development. All members of the workforce are encouraged to discuss their concerns with the audit group members, which is well received, and enables them to continually develop their skill sets. Learning from the audit group meetings are summarised in themes against

the RCGP criteria via a top tips summary and this is made available to the entire workforce, including to all agencies that NEMS work closely with.

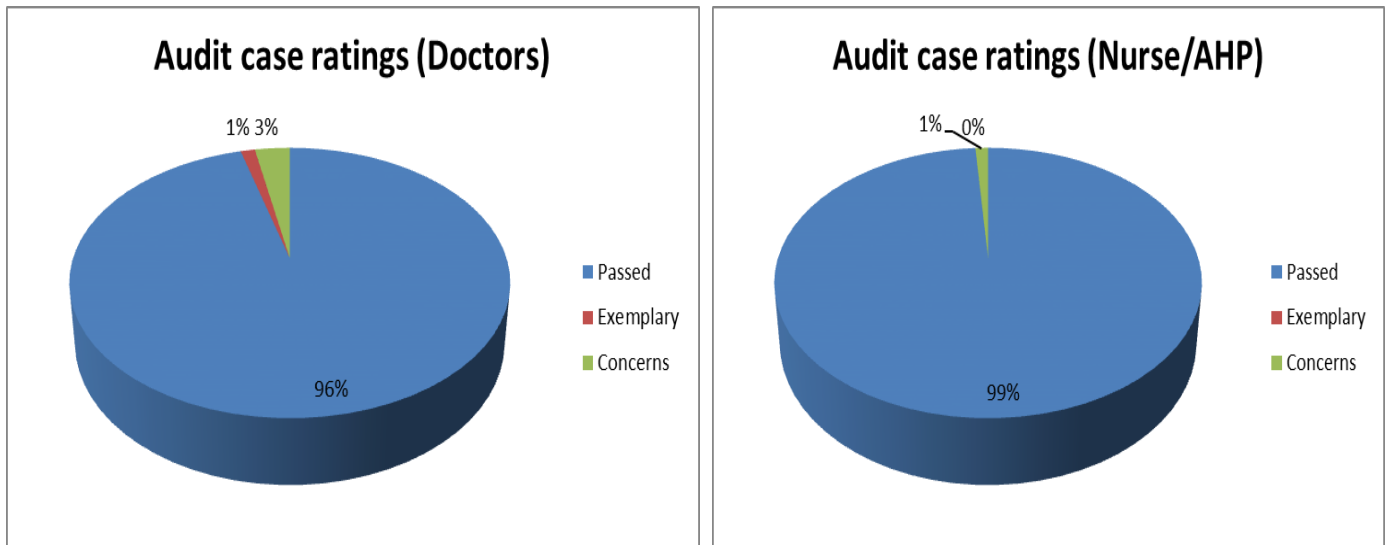
The accumulation of points over a rolling audit year is monitored by the Quality Governance Manager for all clinicians. For any clinician that achieves 6 points they will be subject to a special audit, which is an audit of ten random cases by two independent auditors. Improvement plans may be developed and this is discussed via Microsoft Teams or face to face meetings with both auditors and the clinician concerned in order to support them. Re-audits are carried out (if applicable) so that NEMS can be assured that clinicians are demonstrating the required improvements. NEMS also recognises that a number of clinicians go over and above their duty and ensures that this is formally acknowledged. These cases are awarded an exemplary status and feedback is sent to the clinician concerned so that it can be included in their yearly appraisal.

DATA

The total number of NEMS cases audited (for both GPs and Nurses) was 2,070. Of these the split was as follows:



Of the total 2,070 cases they either passed, 0, 1 or 2 points were issued or they were given exemplary status. The split was as follows:



Throughout this period a total of 15 special audits were carried out on doctors and a total of 11 special audits were carried out on nurses/AHPs.

The Executive Medical Director and Executive Clinical Director have indicated they will be significantly revising the NEMS clinical audit programme and this will be further worked up during 2021/22.

Care Quality Commission

The Care Quality Commission (CQC) inspected NEMS from 11th – 18th October 2018. NEMS is very proud to have achieved an overall rating of “Good” and a rating of “Good” in all domains of Safe, Effective, Caring, Responsive and Well-led.

This is also the same with the Primary Care 24 (PC24) service that is based at Kings Mil Hospital (co-located next to the Emergency Department) that was inspected on 12th and 18th October 2018. Both inspections were comprehensive and unannounced, apart from the visit to NEMS Headquarters.

NEMS GP Out of Hours Service Good

Overall Good Read overall summary	Safe	Good ●
	Effective	Good ●
	Caring	Good ●
	Responsive	Good ●
	Well-led	Good ●

PC24 Good

Overall Good Read overall summary	Safe	Good ●
	Effective	Good ●
	Caring	Good ●
	Responsive	Good ●
	Well-led	Good ●

Post inspection the Quality Governance Manager generated a CQC improvement plan to collate all areas highlighted in the report as for action or improvement. More than 90% of actions are now fully completed with significant assurance obtained to demonstrate compliance.

Over the next year NEMS aim to further improve all services by taking into account the full list of recommendations made by the CQC, staff feedback, patient feedback and working together with partnering agencies and the commissioners in ensuring that the “Good” rating is maintained and that “Outstanding” is strived for in the next inspection.

Urgent Health UK Surveys and Audits

NEMS participated in the Urgent Health UK (UHUK) Patient Safety Culture Survey in 2020/21 for the first time. Urgent Health UK is the federation that represents not-for-profit urgent care providers in the UK and works with its members to continually improve standards for urgent health care. The survey was established in 2014/15 in conjunction with the University of Bradford and the Bradford Institute of Health Research to research into organisation cultures in relation to patient safety. The annual survey allows organisations like NEMS to benchmark the responses of our workforces within our peer network .

The survey was sent to all staff and sessional clinicians in July. NEMS benchmarked well on its patient safety culture against our UHUK peers scoring 75%, the average rating for UHUK member organisations. 4 member organisations scored above 80%, NEMS was grouped along with 7 organisations scoring between 70-80%, the remaining 5 participating organisations scored below 69%.

NEMS scored significantly above the UHUK average in its workforce responses for actively taking steps to improve patient safety, handling medical errors appropriately, having senior managers create a climate that promotes patient safety, and creating confidence that management will look into any potentially serious patient safety incident raised by our workforce. However, we scored significantly lower in workforce responses about trainees receiving adequate supervision, management seriously considering workforce suggestions for patient safety, and being made to feel a bit of a failure if they commit an error.

This survey contained some specific questions about how well our workforce thought that NEMS had responded to the challenges of Covid-19. We received very positive responses (>90% agree) that we had done a good job in caring for patients through the pandemic, that the leadership had done a good job, and that the workforce were kept well informed throughout. Our least positive responses (55-60% agree) related to providing adequate training about working in new ways, and feeling able to personally shape NEMS' response to Covid-19.

There is much to give us encouragement from this survey of our workforce. The two clear themes for us to work on to improve are the training of our workforce and taking note of the suggestions for improvement that come from our workforce.

In 2020/21, NEMS recruited a clinical educator, who has developed and run with a range of internal and external training programmes, and now fund 100% of educational programmes requested by staff. We have also introduced a series of clinical drop in sessions virtually which is forum that supports exchange of ideas provided by our workforce.

As well as the Patient Safety Survey, UHUK carried out an audit on NEMS governance policies in February via ASW Assurance. The scope of the audit spanned 7 areas including key governance committee structures, staff risk assessments and service recovery and restoration plans. We have not yet received the results of the audit.

Patient safety

NEMS is committed to ensuring that there are robust systems in place for recognising, reporting, investigating and responding to errors, near misses and incidents. There are legal obligations for ensuring that there is a full record of these and that there is a feedback mechanism in place to disseminate any organisational learning from them. NEMS' intention is to create a culture whereby the workforce feels confident to report any errors, accidents, near misses or incidents.

Trends and themes arising from incidents are presented at regular meetings with the commissioners and with NEMS internal teams (including the NEMS Quality Governance Committee and NEMS Executive Board), which allows the monitoring of progress in managing the reasons where services may not have achieved the expected outcome.

NEMS utilises a database that records all incidents, including patient safety incidents. A patient safety incident, defined by the National Patient Safety Agency (NPSA), is any unintended or unexpected incident which could have or did lead to harm for one or more patients receiving NHS care. This includes:

- Prevented patient safety incidents (known as 'near misses').
- Incidents that caused no harm or minimal harm.
- Incidents with a more serious outcome.

SERIOUS INCIDENTS

A serious incident is defined as “acts or omissions in care that result in; unexpected or avoidable death, unexpected or avoidable injury resulting in serious harm - including those where the injury required treatment to prevent death or serious harm, abuse, Never Events, incidents that prevent (or threaten to prevent) an organisation’s ability to continue to deliver an acceptable quality of healthcare services and incidents that cause widespread public concern resulting in a loss of confidence in healthcare services.”

NEMS had a total of three serious incidents that occurred during 2020/21, which were all reported on the Strategic Executive Information System (StEIS) with automatic notification sent to the commissioners.

The table below shows the total number of serious incidents that occurred at NEMS and when they occurred.

Quarter 1 Apr-Jun 2020	Quarter 2 Jul-Sep 2020	Quarter 3 Oct-Dec 2020	Quarter 4 Jan-Mar 2021
0	1	2	0

The three serious incidents reported at NEMS were as follows:

- ❖ Male patient who presented to UTU after being brought in by ambulance. Patient was seen and discharged, but passed away just over two weeks later.
- ❖ Male patient who received a home visit from NEMS and was seen and treated. Patient still had unresolved symptoms the following day and was taken to hospital via ambulance and was treated for a stroke.
- ❖ Male patient who telephoned 111 for advice and call was passed through to NEMS and patient was advised to speak to his own GP. Patient deteriorated after the call and was taken to hospital via ambulance. Patient passed away in hospital a number of weeks later and did not recover after transfer out of area to another hospital.

In each case, as per the requirements stipulated by NHS Improvement, the event was reviewed and critically analysed with a multidisciplinary team using root cause analysis methodology to establish contributing factors, a full analysis of each decision that was taken and why, whether this contributed to the serious incident and the overall root cause was provided. Recommendations

were made with any specific learning that was identified (either for staff involved, any other organisations involved or for NEMS as a whole). Learning was then allocated to a lead staff member who would then be responsible for ensuring actions were completed within a defined timescale. In all cases NEMS ensured a comprehensive, fair and thorough investigation and that all patients or their carers/relatives were kept informed of the investigation notification, progress and eventual outcome as per Duty of Candour requirements. Duty of Candour is reflected in NEMS policies and forms a part of all of serious incident reviews where there has been avoidable harm to a patient or service user.

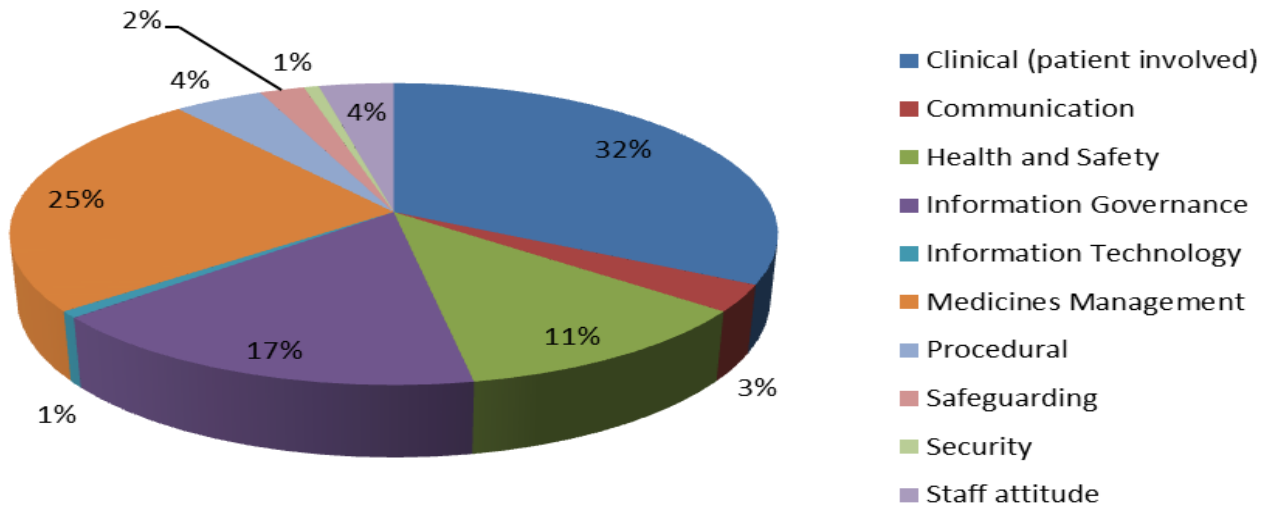
INCIDENT REPORTING

The NEMS incident reporting 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 allows review and triangulation of information by the Quality Governance Manager in conjunction with Clinical and Operational Teams to provide oversight and ensures that any themes are identified and reported to the Executive and Main Board via the organisational and corporate risk registers. This demonstrates that NEMS are able to respond as an organisation to identified risks in order to assure the Commissioners and service users of the safety of our service and the commitment to service improvement.

NEMS also formally records and reports on other incidents, errors, near misses and significant events. The table and pie chart below shows the number and type reported:

Total incidents received during quarter	Quarter 1 Apr-Jun 2020	Quarter 2 Jul-Sep 2020	Quarter 3 Oct-Dec 2020	Quarter 4 Jan-Mar 2021
	27	35	34	40
Significant Events (SEA)	1	0	1	0

Reported incidents by type



The above shows the type of concern raised, which is important as it allows for themes to be identified and monitored as an overall risk. In the above clinical (patient involved) is the largest category and reflects NEMS' priority for patient safety and that staff recognise this alongside medicines management, which is the second highest reported incident type.

NEMS encourage staff to report incidents and the governance team ensure these are investigated with learning points or actions identified and undertaken by the relevant senior manager or line manager concerned. As identified above learning can be at staff level, organisational level or can go further than this with system wide learning. NEMS prides itself on being able to critically analyse all incidents and to identify learning where possible to ensure that services deliver the highest quality of patient care that is safe and patient centred. The incident reporter will receive individual feedback about the incident they raised from the Quality Governance Manager, which details the investigation undertaken, actions identified as a result and any lessons learnt including how this has or will be disseminated or implemented. This process has received many compliments and positive feedback and staff feel they are kept informed.

Medicines Management

Robust medicines management continues to be a priority for NEMS.

This year we have focused on a major review of our medicines policies and procedures which is still in process. In order to progress this we commissioned an independent review of our

processes to audit our procurement, storage and stock control and to ensure compliance with all relevant legislation.

The report was very reassuring but highlighted various areas where improvements could be made, especially in the safe storage of controlled drugs. As a result of this we have commissioned work to change the location of our controlled drug cupboard and change the use of rooms at Platform One Practice to optimise our practice in this area.

Due to the changing demands of the service we have engaged a new proactive pharmacist and see this as part of a new era of more pharmacy involvement in the prescribing and use of medication at NEMS. The auditing of medicines prescribing has been considerably fortified both at an organisational and individual clinician level. Our Controlled Drug Policy has been completely reviewed and lots of associated policies have been brought together in one comprehensive document.

A new Clinical Directorate will be established in 2021/22 and will be led by the Director of Clinical Delivery, the Medical Director and the NEMS Pharmacist, supported by the Medicines Management Nurse Leads.

This Directorate will provide strong overview of the NEMS Medicines Strategy supported by clinical and procedural audits and reviews.

Action has been taken to address ongoing issues outlined in last year's report.

- GPs will now have a "Brief prescribing audit" of five cases whenever prescribing errors are identified. Further action will depend on the results of the audit in accordance with performance procedures.
- Training in the use of e-PACT data is scheduled for members of the Medicines Management team to enable effective interrogation of the data around prescribing at NEMS.
- Aداstra stock recording issues have been escalated to the NEMS Executive, senior management at Aداstra, and we have had support from our sister organisations nationally who have faced the same problems with Aداstra. This continues to be an issue and is likely to only be resolved with the next Aداstra update.
- The PGD process will be reviewed in 2021/22. The DVT pathway relies on the enoxaparin PGD but an audit of the other PGDs showed that these had not been used at all. We are currently exploring options with the CCG for how we can streamline our PGD processes

and use to be more appropriate to NEMS' requirements and move several of our PGDs across to Protocols where this is in keeping with national guidance.

- The DVT pathway will be reviewed in 2021/22 to establish whether it is safe and cost effective to change from using enoxaparin to using a DOAC as this has become more widespread practice in recent months and is already standard practice in Kings Mill Hospital.
- Antimicrobial guidance is provided by the antimicrobial group locally under the expert supervision of a Consultant Microbiologist. NEMS policy is to adhere completely to this guidance.

We are confident that the above measures will improve the quality and accountability in the use and handling of medication. Increased senior clinical scrutiny of Medicines Management is expected to identify and facilitate further improvements as the need for this is identified.

Safeguarding

The primary purpose of safeguarding is protecting people from harm and reducing the risk of abuse.

NEMS ensures that we provide our staff with education and awareness to help them to develop the knowledge, skills and professional curiosity required to identify safeguarding concerns. NEMS are committed to ensuring that all adults, children and young people who use our services are protected from the risk of harm or abuse.

We provide internal Safeguarding policies and Standard Operational Procedures which are easily accessible to all employees, these are readily available to staff via the staff hub. These policies reflect national requirements and those from our local Safeguarding Partnership. The policies are updated regularly to reflect key changes in legislation and local operational requirements.

NEMS employ a safeguarding lead who actively engages with the local and national Safeguarding agenda, attending regular Joint Nottinghamshire meetings and ensures compliance with Section 11 audit.

Information sharing

NEMS believe it is important that we share the appropriate information with the relevant agencies in a timely manner. This enables children and adults are given the most appropriate support from the services available to keep them safe.

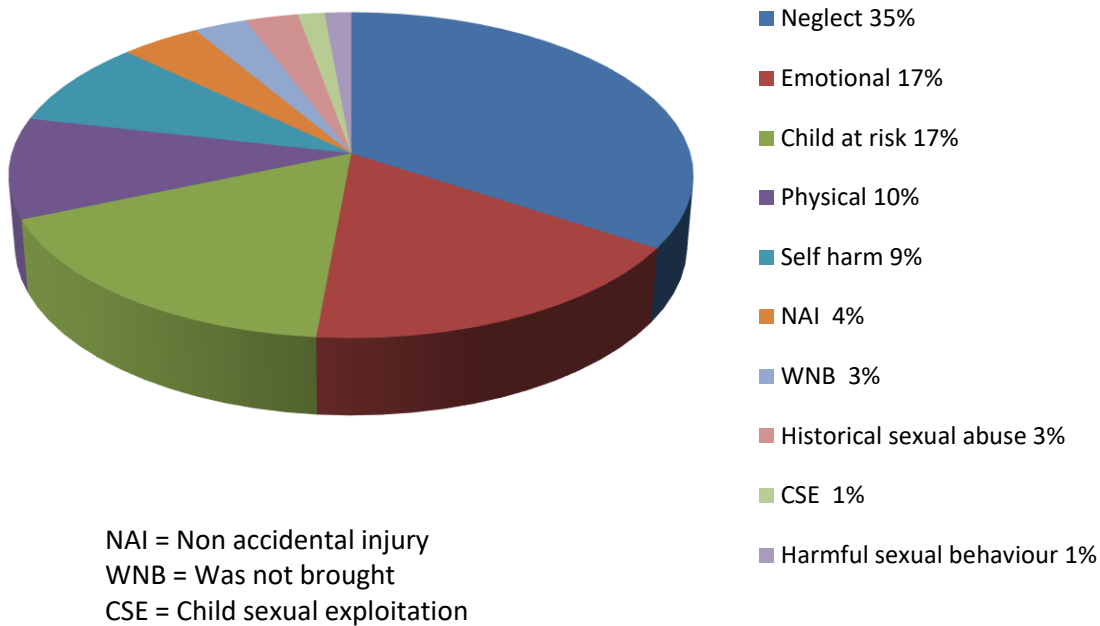
- Staff can make direct referrals through a single point of access at the time a concern is raised; this provides an audit trail and records are kept electronically.
- We provide a weekly under 5's report to child health for dissemination to the Health Visitors responsible for the child's care, the time scale of this process has been improved this year by using a secure electronic transfer of information to ensure that the Health Visitor receives this information quicker than previously and have reduced the delay by approximately 1 week.
- A copy any contact we have with adults and children is passed to their GP on the next working day to ensure they have timely access to information related to their patients using our services.
- We work with Nottingham/shire local safeguarding partnership to provide information for rapid reviews within the 5 working day deadline and have consistently met the deadlines when providing information.
- We support appropriate information sharing from direct requests with Social Workers, health visitors and other health and social care agencies in a timely manner, records are kept of these contacts as an audit trail of sharing information.
- We have a direct link with the quality and marketing management teams in City and County to raise 'care concerns' related to any independent sector care provider home/care agency that does not relate to an individual's treatment.

We have access the Child Protection Information systems (CP-IS) and all clinical staff has had information and training on how CP-IS works to protect children and how to access CP-IS within our systems. CP-IS provides us with additional information regarding looked after children or children on a plan. This significant information alerts our clinicians to underlying issues that may be a contributory factor when assessing the needs of the child. We do receive requests for information when the social worker identifies we have accessed this information, this demonstrates a joined up process.

Safeguarding children

Nationally neglect remains identified as the most common form of abuse but emotional abuse is emerging as an area of increase, which is reflected in our referrals.

Child referrals April 2020 - March 2021



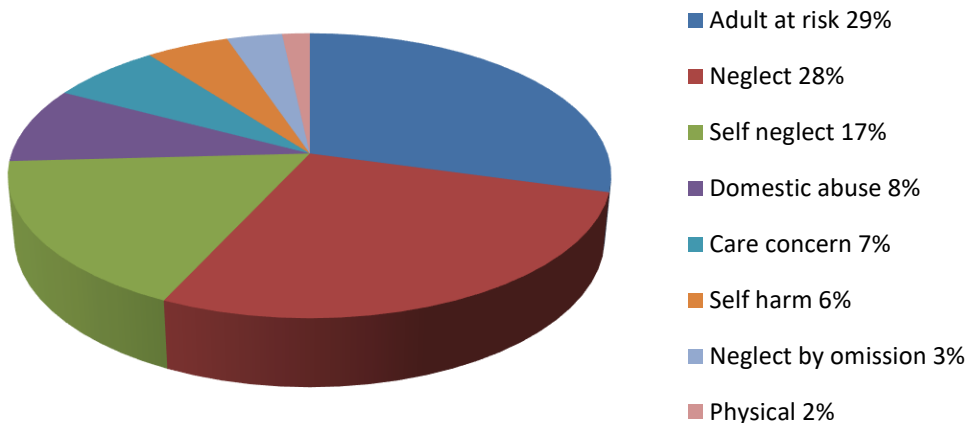
Children are referred to the local safeguarding agency for referral and during the out of hour's period and we have direct access to the social services emergency duty team to discuss any emerging concerns. The chart indicates that not all cases can be categorised easily and we have a number of children at risk due to a number of issues. During a very challenging year due to Covid 19, we have seen falls and rises to the number of referrals in line with lockdown, making sharing concerns more significant than ever.

Safeguarding Adults

We have the opportunity to flag up any concerns related to care agencies/care homes where a concern is raised about the lack of general care, medicine management issues such as medication errors and evidence of training and knowledge of the staff caring for the most vulnerable adults.

As with children, this year has been challenging and the threshold for referral for adults is at risk has resulted in an increase in this area.

Adult referrals April 2020 - March 2021



Quality/ governance

Nottinghamshire and Nottingham City Safeguarding Children Partnerships safeguarding arrangements are established in line with the Children and Social Work Act 2017. Section 11 sets out the requirement for all local agencies and organisations who provide services to children and young people in Nottingham/shire. This is achieved by Section 11 self-assessment to identify the extent to which we meet the safeguarding requirements and standards. The self-assessment tool has been updated in February of this year and as part of our partnership responsibilities, NEMS is currently undergoing this new self-assessment.

Due to Covid 19, there have not been any section 11 site visits this year, but NEMS have kept the designated safeguarding leads for City and County updated about our status. NEMS safeguarding lead has regular supervision meetings with the designated safeguarding lead for Nottingham City.

Training and Induction

New staff, sessional GP's and GPR's are provided with a safeguarding pack at induction to enable them to understand CP-IS and the referral process. A desktop guide to safeguarding has been developed and is available on all clinician's desktops for easy access giving them access to up to date information about making a referral. GP's and agency staff who work for NEMS on a sessional basis and are required to provide evidence of level 3 training. All employees complete on line safeguarding training appropriate to their required competency level as set out in the intercollegiate document (2019). Staff also undertakes online training in Mental Capacity Act and Deprivation of liberty and prevent as part of their mandatory requirements.

This year for NEMS clinicians, we have commenced mandatory training via Microsoft Teams and Safeguarding plays a large part of this day. This offers the opportunity to review and discuss real situations and learn from incidences and rapid reviews, this helps clinician to learn more readily as it is relevant to their practice thus improving in areas that where these challenges have been identified.

We continue to improve our communication systems by ensuring all staff are allocated with an NHS email account. This speeds up the process of disseminating information to staff and relevant safeguarding updates are added to the Medical Director's weekly newsletter.

NEMS continually strives to improve on systems and processes and engaging with staff to identify areas where there are lessons to be learned. Covid 19 continues to play a part in delivery of our service and we have adapted, developed and used technology to continue support the safeguarding agenda.

Next steps

The quality of referrals is an area for improvement and auditing referrals and feedback to individual clinicians will be provided as part of the learning process. The local MASH have recently provided on line learning on this subject and the safeguarding lead will review this as additional support to those who may need it.

Section 11 and facilitating site visits to identify any good practice together with areas for improvement.

Infection Prevention and Control

Infection Prevention and Control (IPC) is under the leadership of the Executive Clinical Director with primary input from the IPC Lead nurse and support from both clinical and service delivery colleagues across the organisation.

NEMS services are delivered across 4 sites. Infection prevention and control compliance is monitored through an audit programme and internal incident reporting processes. Historically there have been challenges with some services being hosted by acute trusts and subject to their IPC requirements and audit and other sites having NEMS specific organisational and mandatory requirements. Recent quality improvement work has implemented regular, robust and centralised audit and reporting mechanisms to better evidence the IPC services delivered whether hosted or independent.

IPC is a crucial part of all our care pathways. Infection prevention training is vital and plays a key part in our mandatory training programme for all staff. Current policies and standard operating procedures (SOPs) ensure a consistent approach to managing infection prevention strategies.

Recent quality improvement work as indicated at the last report has been delivered and included training for hand washing and hand washing audits- The main reason for non-compliance which was minimal was clinical staff wearing watches and applying soap before water.

Immunisation Database has been overhauled and fully updated - Hepatitis B status for clinical staff is accurate- Staff been sent OH for immunisation if appropriate. Any new starters Record to be added The Database. This also holds other immunisation and immunity status (Measles, Chickenpox etc.).

The continued monitoring of environmental cleanliness through regular auditing assures a high level of care is provided and maintained.

IMMUNISATION COMPLIANCE

As part of our IPC processes, we also require evidence of immunisation status for all clinicians working in a face-to-face environment. We actively encourage immunisation to be in line with the national programme. We explain the potential risk from blood borne viruses and promote Hepatitis B immunisation for these members of staff. We have an Immunisation database and refer to occupational health specialist services as required.

Each year we are committed to, report and record, our flu vaccination targets and compliance;
2020-2021

NEMS Total Number of Staff: 210 (disregard 11 due to long term sickness or maternity leave). So 199 total.

Staff Vaccinated by NEMS: 71 (35.7%)

Staff Vaccinated Elsewhere: 62 (31.2%)

Total Staff Vaccinated: 133 (66.8) (up from previous years)

Staff Declined Vaccine: 57 (28.6%)

Staff who Failed to Respond 9 (4.5%)

Covid 19 immunisation;

A current compliance rate of 79%.

Of the other 38:

- 24 have declined the vaccine outright.
- 1 staff member is yet to respond.
- 13 staff members are unable to receive.

Our Workforce

NEMS Workforce

NEMS employs 220 staff and engages with 130+ self-employed clinicians across all our services. During the last year, 30 GPs and 21 employees have joined our services. Our average staff quarterly turnover rate in 2020/21 was 4.37%.

Employment Checks

NEMS follows the principles of NHS Employment Check Standards for all recruitment. All staff/managers involved in the recruitment process are required to be aware of requirements under the Equality Act 2010. NEMS ensures adherence to Equal Opportunity principles throughout the recruitment process.

Clinical Workforce

As an organisation, our ethos has been to ensure utilisation of the most appropriate clinician to meet patient needs within all of our different services.

Within the NEMS' Integrated Urgent Care Clinical Assessment Service, NEMS largely utilises autonomous Nurse Practitioners. This has always proven successful at NEMS and GPs support telephone assessment work if a higher level of clinical expertise is required.

Advanced Nurse Practitioners are a key part of NEMS' workforce providing face to face services within our Integrated Urgent Care Out of Hours service as well as our hospital based primary care services. We continue to make a substantial investment to place nurse practitioners on the Urgent Care Practitioner education programme.

We continue to aim to increase our clinical team with numerous recruitment campaigns. Due to the skilled nature of the roles, recruitment levels have fluctuated and this has also been due to national shortages within the nursing profession. A priority for us is to reduce our dependence on our agency workforce.

Mental Health

Key members of our clinical and operational teams are Mental Health First Aid trained in order to provide first level of support for employees needing immediate help.

Workforce Survey

In 2020/21 we surveyed our workforce using the UHUK Patient Safety Culture Survey (see separate section).

Mandatory Training Compliance/Training

In order to retain and develop our reputation and success as a company, we depend on our people, supported by technology, systems policies and procedures. Like the population we service, NEMS' workforce come from a wide variety of backgrounds, which enriches the organisation.

NEMS is committed to achieving its business objectives through the continuing development of its staff. Generic training and development needs are identified through analysis of company performance, business plans, patient experience and customer satisfaction.

Individual training and development needs are identified through job-specific induction training, probationary reviews, Performance Review Development (PRD) or Clinical Supervision.

Our policy extends to offering opportunities and encouragement to staff so that they can fully develop their skills and abilities for the mutual benefit of themselves and the company.

We liaise with Commissioners in relation to mandatory training modules, which are regularly reviewed to support national awareness programmes and respond to incidents.

We provide access to e-learning and run face to face training for Safeguarding and Basic Life Support.

For clinicians we have quarterly mandatory full day training sessions to provide for the face to face mandatory training modules. Within these sessions, we will provide for themed learning based on incidents/significant events and also to review/refresh learning on key clinical policies.

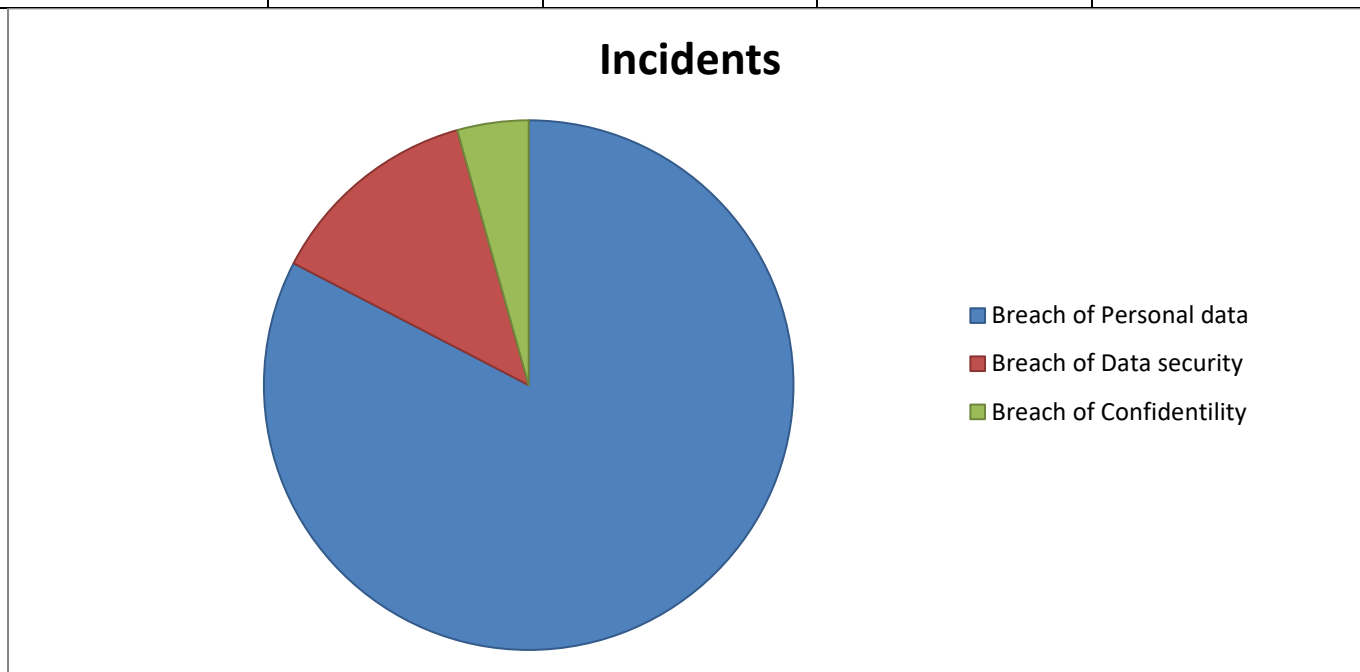
Our mandatory training compliance rate at the end of 2020/21 was 99%.

Information Governance

NEMS continued to take significant steps to protect data and preserve confidentiality in 2020/21. Following the completion of the Data Security and Protection Toolkit self-assessment in September 2020, assurance work was carried out to implement the learnings from this review.

There were 23 incidents reported on the IG toolkit for 2020/2021, none which were reportable to the ICO. These have been broken down into categories in the chart below. There has been an increase of the level of personal data breaches from 2019/2020 and we are sending out regular communication to our staff to be more vigilant when handling patient data.

Total incidents received during quarter	Quarter 1 Apr-Jun 2020	Quarter 2 Jul-Sep 2020	Quarter 3 Oct-Dec 2020	Quarter 4 Jan-Mar 2021
	3	5	8	7



Patient Experience

The NEMS Governance Team formally record and investigate any feedback that is received from patients, service users, carers or relatives of patients. This includes both written and verbal feedback and is via the 4 C's of complaints, comments, concerns and compliments, which is in line with the NHS complaints regulations. It is important to NEMS that there is a means of providing feedback whether this is positive or negative. When NEMS does not deliver to the expectations of patients, service users or their relatives a formal review and investigation is undertaken to identify

any learning, and where necessary, take corrective action. This may be in the form of individual learning, organisational learning or changes to policy or procedure.

COMPLAINTS AND CONCERNS

NEMS received a total of 33 formal complaints and responded to 9 informal concerns or complaints (which were either out of time or did not meet the reporting criteria).

No complaints were referred to the Parliamentary Health and Service Ombudsman (PHSO) for investigation during the below reporting periods.

Total complaints received during quarter	Quarter 1 Apr-Jun 2020	Quarter 2 Jul-Sep 2020	Quarter 3 Oct-Dec 2020	Quarter 4 Jan-Mar 2021
	10	4	12	16
Total complaints that followed the complaints regulations (i.e. formal complaints)	8	3	10	12

The main themes of complaints and concerns were:

- ❖ Poor staff attitude.
- ❖ Patients informing NEMS that their condition had deteriorated and wished to complain about signs or symptoms missed at the consultation and they felt they had been misdiagnosed.
- ❖ Patients feeling they had received incorrect treatment or advice from NEMS clinicians.
- ❖ Complaint about poor treatment and care received from NEMS.

Of the overall number of formal complaints received 21.2% were fully upheld, 27.3% were partly upheld and 21.2% were not upheld. NEMS always review every complaint irrespective of the overall outcome and even when a complaint has not been upheld there may still be learning elements, which provides an opportunity for quality improvement.

* At the time of writing there are still 4 complaints under investigation.*

A random selection of complaints and concerns with learning outcomes are shown below:

Complaint synopsis	Outcome	Lesson(s) learnt
<p>Wrong dosage of Prednisolone medication written on box by NEMS GP; 6 tablets 5 times a day written instead of 6 tablets once a day for 5 days. Two days later patient felt unwell and had a fall; was admitted to hospital where she contracted Covid 19; mobility also affected. Patient has since made a full recovery.</p>	<p><u>Upheld</u> The NEMS GP should have issued the patient a pack of pre-labelled prednisolone 5mg 6 tablets to be taken once a day for five days, instead of a pack of 28 tablets that were wrongly labelled by and to take 6 tablets five times a day. This is unlikely to have caused a fall, but impossible to completely exclude as a cause, or a contributing factor along with other vulnerabilities.</p>	<p>1. NEMS GP to ensure that he writes the full dosage on the boxes and to double check the dosage written on the box as he gives them to the patient.</p> <p>2. All NEMS GP's to ensure that they only use pre-labelled supplies and check dosage.</p>
<p>Patient with signs of Covid 19 contacted NEMS as experiencing breathing difficulties. Doctor who took call had not read patient's notes or received an adequate hand over, as he did not know patient's name. Patient told she may have Covid and asked if she had been tested. Patient advised him of previous conversation, to which he Replied "I don't know about that. It's been an hour since you spoke to her so things change. Sleep for the night and call your GP in the morning". Patient felt her health had been put at risk. Symptoms worsened the next day so patient called 999; they took 5 hours to attend despite call backs. Paramedics made inappropriate comments and made the patient feel like she should not have called them.</p>	<p><u>Upheld</u> Some elements of the nurse's consultation were deemed unsatisfactory i.e. long pauses provided without explanation, some IT issues, lack of demographics and being unable to access the patient's previous calls. Disposition deemed appropriate and no indication of urgent intervention required. Nurse should have referenced the NHS 111 report.</p>	<p>Feedback provided to nurse about learning identified and to ensure patient's activities of daily living are ascertained when asking about breathlessness.</p>
<p>Patient with extreme back pain incorrectly diagnosed with kidney infection and fibroids by two healthcare professionals. After further tests patient diagnosed with an infection and abscess on her spine. Operation agreed and patient nil by mouth then told that operation not to go ahead until 6 weeks course of antibiotics given and weekly blood tests.</p>	<p><u>Upheld</u> NEMS GP ascertained patient had severe back pain but had taken very little analgesia. Patient informed NEMS GP that she had had a splenectomy but was not on penicillin prophylaxis. NEMS GP did not palpate patient's spine and did not fully consider a spinal abscess as a differential diagnosis. NEMS GP working diagnosis was a kidney infection and treatment provided along with pain relief.</p>	<p>NEMS GP to reflect on case and to ensure spinal abscess (although rare) should be considered as a differential diagnosis in similar cases.</p>

Complaint synopsis	Outcome	Lesson(s) learnt
Sub-optimal examination provided by NEMS GP for a patient with matted infected pustules on right scalp heading towards her eye, which was puffy and her whole face was red. GP said she could not listen to the patient's chest as the stethoscope was outside and asked nurse to bring "ear thingy" Her sepsis score when paramedics saw her 3-4 hours later was well into the red zone. Patient was blue lighted to hospital with a pre alert by ambulance crew.	<u>Upheld</u> The patient's PEWS was 5 on the only 2 observations that the GP took, which warranted a discussion with paediatricss as patient needed to go to A+E later on that evening. Discussed with NEMS Executive Medical Director who initiated a special audit for the GP. Discussed as the plan of action with the complainant, happy to close as assured NEMS had taken appropriate action.	Special audit revealed learning for the GP and GP to reflect on future practice and how she comes across in consultations.
Patient found deceased 2 days after making contact with 111. Case closed after three attempts at calling patient back. Concerns why welfare check not made.	<u>Not upheld</u> The patient fell outside of the criteria for a safe and well check.	All staff to be reminded about ensuring safety netting advice is documented and provided to patients in any event of a failure to contact. All staff to be reminded about discussing closure of a case with the Clinical team Coordinator (CTC) and Shift Leader and for this to be documented in patient's notes. GP to be reminded to document any failure to contact information in patient's notes.
Daughter unhappy with NEMS call handler because he said "what's your problem?"	<u>Upheld</u> The call handler admitted he was sharp with the relative and knew that there was something amiss during the call.	Call handler to ensure that he apologises to patients and family members etc. during calls if he notices that there are any signs of dissatisfaction during the call.

COMPLIMENTS

NEMS very much appreciates and values when a patient or their representative takes the time to provide feedback about positive experiences they have had under the care and treatment of the service that are provided. This process is appreciated by staff and recognises individuals and/or teams involved in providing the high level of care and satisfaction that staff strive to achieve.

Compliments always get logged and where staff can be identified (and patients have provided consent for the compliment to be shared with them) then they are sent to staff so they can include this as evidence for continuing professional development, revalidation or yearly appraisal.

A total of 244 compliments were received. Some examples of compliments received are shown on the next page:

My husband collapsed in waiting area but you all did what professionals do best. Thank you ever so much.

Thank you so very much for helping me, spontaneously providing GENUINE PROFESSIONAL CARE. Potentially you saved my life

Your service was excellent at a very difficult time thank you.

In January 2021, I reluctantly attended A& E due to persistent chest pains which were not being relieved by beta blockers or paracetamol. After being seen quickly in A& E and having a normal ECG and being established whether my pain was tolerable, I was subsequently referred to the primary care team. The clinician who held a consultation with me (Mick) was excellent and could not understand with the symptoms I was having (potential heart attack or Pulmonary Embolism) why I had been referred to PCT. Twice he walked with me down to majors and had a number of conversation with doctors at the staff station to discuss my case, who were not prepared to admit me. He was persistent and ran a blood test of almost everything which indicated I had a blood clot somewhere in my body and was subsequently treated for this and enabled to go home to rest, before returning for a x-ray and CT scan. I thought this would potentially be weeks away and was called back the following day to ambulatory care in which it was established I had a growth in my lung. Mick was tentative and persistent and as he said himself, he treats everyone as if they are a member of his family. Thankfully due to his persistence and caring attitude, this has picked something up which is hopefully benign or in the early stages of cancer and much more manageable as a result.

The people I spoke to very very kind and understanding and extremely efficient. They phoned me back and passed me on to someone else, at least three times before putting me through to a doctor. He again was very thorough and understanding. They really helped me.

Absolutely fantastic, super helpful, what a fantastic service. Got my apixaban which I had run out of that day 10/10. Thank you.

Because even though the NHS was overwhelmed with COVID cases in Jan 2021, I received great care for my daughter who was quite poorly with a non-COVID related illness.

OUR PRIORITIES 2021/22

Our priorities for 2021/22 follow the same themes as established for 2020/21:

1. Refresh and updating of NEMS website.
2. Development of the NEMS GP and Nurse/AHP Clinical Audit process and a move towards more prose feedback and away from formalised scoring and critique.
3. Implementation of the key action identified from workforce surveys to engage with our workforce and take on board their ideas and recommendations for improvement.
4. Ensuring patient contacts are effective and utilise appropriate grade of clinical staff, first time, productivity/efficiency work to ensure maximum optimisation of NHS resources.
5. Continued expansion of clinical assessment services expanding links with local services to ensure patients are accessing the right care available, taking note of further alignment and integration of services across the ICS.
6. To increase skills within our clinical workforce through provision of support/funding for further education and training and enhancement of in-house clinical supervision.

GLOSSARY OF TERMS

Allied Health Professional

Health care professions distinct from dentistry, nursing, medicine, and pharmacy. They provide a range of diagnostic, technical, therapeutic, and support services in connection with health care.

Care Quality Commission (CQC)

The independent regulator of all health and social care services in England.

Clinical Assessment Service (CAS)

Healthcare professionals comprising of GPs, nurse practitioners, allied healthcare practitioners, community based clinicians, and operational support staff making the best possible decision about how to support patients closer to home, potentially avoiding unnecessary trips to ED. In the majority of cases, work carried out in the CAS is referred from NHS 111 health advisors (non-clinical call handlers).

Clinical audit

A way to find out if healthcare is being provided in line with standards and lets care providers and patients know where their service is doing well, and where there could be improvements.

Clinical Commissioning Group (CCG)

Responsible for the healthcare of a population, involving deciding what services are needed, ensuring that they are provided and checking that they are delivering what's needed. The Nottingham and Nottinghamshire CCG was formed on 1 April 2020 following the merger of six previous organisations covering all of Nottingham City and Nottinghamshire County except Bassetlaw.

Clinician

A health care professional that has advanced clinical assessment skills, such as a General Practitioner, Nurse Practitioner or Emergency Care Practitioner.

Directory of Services (DoS)

A central directory of healthcare services that are integrated with the NHS 111 service and are automatically accessed if the patient does not require an ambulance or by any attending clinician in the urgent and emergency care services.

Duty of Candour

The requirement for healthcare providers and professionals to be open and honest with patients when something has gone wrong with their treatment or care, which has caused or has the potential to cause harm or distress.

Emergency Department (ED)

Also known as an accident & emergency department (A&E), or casualty department, is a medical treatment facility specialising in emergency medicine, the acute care of patients who present without prior appointment; either by their own means or by that of an ambulance.

Integrated Care System

The Integrated Care System (ICS) Board is comprised of the senior leaders of all the health and care organisations in Nottingham and Nottinghamshire. The Board has oversight of the whole system, sets the strategic direction and defines the outcomes that the system should deliver.

Integrated Urgent Care (IUC)

The provision of a functionally integrated 24/7 urgent care access, clinical advice and treatment service incorporating NHS 111 service, the Clinical assessment Service and Out of Hours services.

National Patient Safety Agency

The National Patient Safety Agency was a special health authority of the National Health Service in England. It was established in 2001 to monitor patient safety incidents, including medication and prescribing error reporting, in the NHS. This has now been transferred to the responsibility of NHS Improvement.

Near Miss

Any event or omission where an incident almost occurred which had the potential to cause harm, injury, damage or loss but failed to develop, whether or not as a result of compensating action.

Never Event

Serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

NHS Improvement

Organisation responsible for overseeing foundation trusts and NHS trusts as well as independent providers that provide NHS funded care.

Out of Hours (OOH)

GP Out of Hours Services provide health care for urgent medical problems outside normal GP practice hours. This service is available for urgent medical situations but not for emergencies.

Parliamentary and Health Service Ombudsman

Responsible for considering complaints by the public that UK Government departments, public authorities and the National Health Service in England have not acted properly or fairly or have provided a poor service

Quality Governance

Provides a framework for organisations and individuals to ensure the delivery of safe, effective and high quality healthcare.

Root Cause Analysis

Method of problem solving used for identifying root causes of faults or problems.

Serious Incident

Acts or omissions in care that result in; unexpected or avoidable death, unexpected or avoidable injury resulting in serious harm - including those where the injury required treatment to prevent death or serious harm, abuse, Never Events, incidents that prevent (or threaten to prevent) an organisation's ability to continue to deliver an acceptable quality of healthcare services and incidents that cause widespread public concern resulting in a loss of confidence in healthcare services.

Strategic Executive Information System

The information system in which healthcare providers must report all serious incidents.

Urgent Health UK (UHUK)

The federation of Social Enterprise Unscheduled Primary Care Providers committed to providing the highest quality of care for patients.

OUR CLINICAL, QUALITY AND EXECUTIVE LEADERSHIP TEAM In 2020/21 (in alphabetical order)

Sarah Aldridge
Interim Lead Nurse PC24

Alison Buchanan
Executive Clinical Director

Arwel Griffiths
Chief Executive Officer

Lesley Gunniss
Lead Nurse NEMS Urgent Treatment Unit/Infection Prevention and Control Lead

Sally Kucyj
Quality Governance Manager

Lynn LaPare
Director of Resources

Angela Sbardella-Walton
Director of Operations

Dr Sandy Taylor
Executive Medical Director

Julia White
Interim Lead Nurse Out of Hours

Poh-Wan Wong
Interim Lead Nurse Out of Hours