

## **Annual Quality Account**

### **Devon and Somerset Integrated Urgent Care Services (IUCSs)**

**2020/21**

# Introduction from Justin Geddes, Chief Executive 2020/21

2020/21 has been one of the most challenging years that Devon Doctors (the Organisation) has faced from an operational perspective since its incorporation. During the year, the Organisation has faced increasing operational pressures as a result of the Covid-19 pandemic, has been inspected by the Care Quality Commission on two occasions, and has undertaken a review of its Board, Senior Management, and Governance processes.

Despite these challenges, the Organisation has been committed to providing the best care possible for out of hours primary care services to patients across Devon and Somerset, dental services to patients in Devon and Dorset, and in hours primary care to patients within Plymouth and Exeter.

## **Devon and Somerset IUCS**

Due to the pandemic, 2020/21 created operational pressure across the Devon and Somerset IUCS due to increased call volumes, reduced efficiency due to social distancing measures, and reduced staffing as a result of illness. 111 call volumes reached new national highs, with providers across England seeing increased operational pressure on services throughout the year.

The Organisation revised its operating protocols during the year to ensure that only those patients who needed face to face care were directed to Treatment Centres to reduce the potential level of Covid-19 transmission. This generated increased telephone triage cases as patients were no longer directly booked a Treatment Centre appointment from 111. Clinical resources were redirected to provide increased telephony resilience.

During the year, Devon Doctors mobilised increased call handler resources in response to the national Think111First initiative. In order to facilitate this while maintaining social distancing, a new call centre was opened in Plymouth. Recruitment to this call centre has been positive, and represents an opportunity for further development in the coming years.

Both 111 and Out of Hours elements of the IUCS have been severely challenged with staffing this year. Covid-19 related illness resulted in sickness levels of over 50% during the height of the pandemic. This was replicated nationally across 111 and out of hours providers. In addition, HMRC has amended its guidance on taxation rules for clinicians working within IUCS providers (IR35) which has reduced the number of clinicians working within the services. In order to mitigate the impact of sickness, social distancing, and IR35, the Organisation has been proactively working with Primary Care Networks, Local Medical Councils, and the local Clinical Commissioning Groups to increase awareness of clinical roles within the Integrated Urgent Care Service.

## **Covid-19**

During the pandemic, the Organisation worked closely with system partners to develop a robust response to service delivery. It has been essential to ensure continuity of care for patients while protecting them from the impacts of Covid-19.

During 2020/21, the Organisation developed HOT sites across the main population areas of Devon and Somerset to enable patients with Covid-19 symptoms to be seen in sites with increased infection prevention and control protocols. Non-symptomatic patients continued to be seen within the existing Treatment Centres with increased precautionary measures being implemented to reduce the risk of transmission.

Similarly, the Organisation mobilised HOT visiting resources during the year so that patients with confirmed Covid-19 symptoms could be seen by a clinician in enhanced Personal Protective Equipment (PPE), which could then be destroyed after the visit. This service ensures that patients continued to receive face to face care while also protecting the Organisation's workforce. The initiative also reduced the potential for visiting clinicians to facilitate transmission between households during multiple visits.

In order to protect the Organisation's workforce, investment in enhanced PPE and other infection prevention and control measures was a priority. During the year, the Organisation was accredited as being

a Covid-19 secure workspace following the introduction of robust social distancing measures in its call centres across Devon and Somerset.

### **Care Quality Commission Visits**

During 2020/21, Devon Doctors received two inspections from the Care Quality Commission (CQC) on the Integrated Urgent Care Services in Devon and Somerset. The first inspection was a focussed inspection and resulted in six conditions being placed on the service. The second inspection was a whole service inspection. This resulted in two additional conditions being placed on the service and the service being rated as Inadequate across Devon and Somerset.

Since the second inspection, the Organisation has removed two of the eight conditions on its service.

The main focus of the concerns can be summarised as:

1. Shortfall in the number of appropriately trained and experienced call handlers to deliver the 111 service
2. Shortfall in the number experienced clinicians to deliver the Out of Hours primary care service
3. Gaps in the design and implementation of governance processes including the investigation of Serious Incidents.
4. Insufficient oversight of patient safety during periods of operational pressure.

Since August 2020, the Organisation has been working with local commissioners, a turnaround team, and other national providers to put improvement measures in place. This has resulted in noticeable improvements being made in all areas.

During May 2021, the CQC returned to inspect progress against the remaining six Conditions. Following this inspection the CQC has decided to remove the remaining six Conditions, replacing three of them with Requirement Notices, and removing the other three entirely. While this is positive news, there is much work to be done to ensure that all of the requirements are met, and the CQC inspection rating is improved from Inadequate at the next full inspection during September 2021.

### **Conclusion**

2020/21 has been an extremely difficult year for the Organisation, but one in which improvements have been made across all aspects of the business. 111 and Out of Hours performance is in line with national comparators, and governance processes are now more robust than during previous years. There is, however, still a considerable amount of work to do to continue the improvement and return Devon Doctors to being rated as Good by the Care Quality Commission.



**Dr Justin Geddes**

**Chief Executive Officer**  
**June 2021**

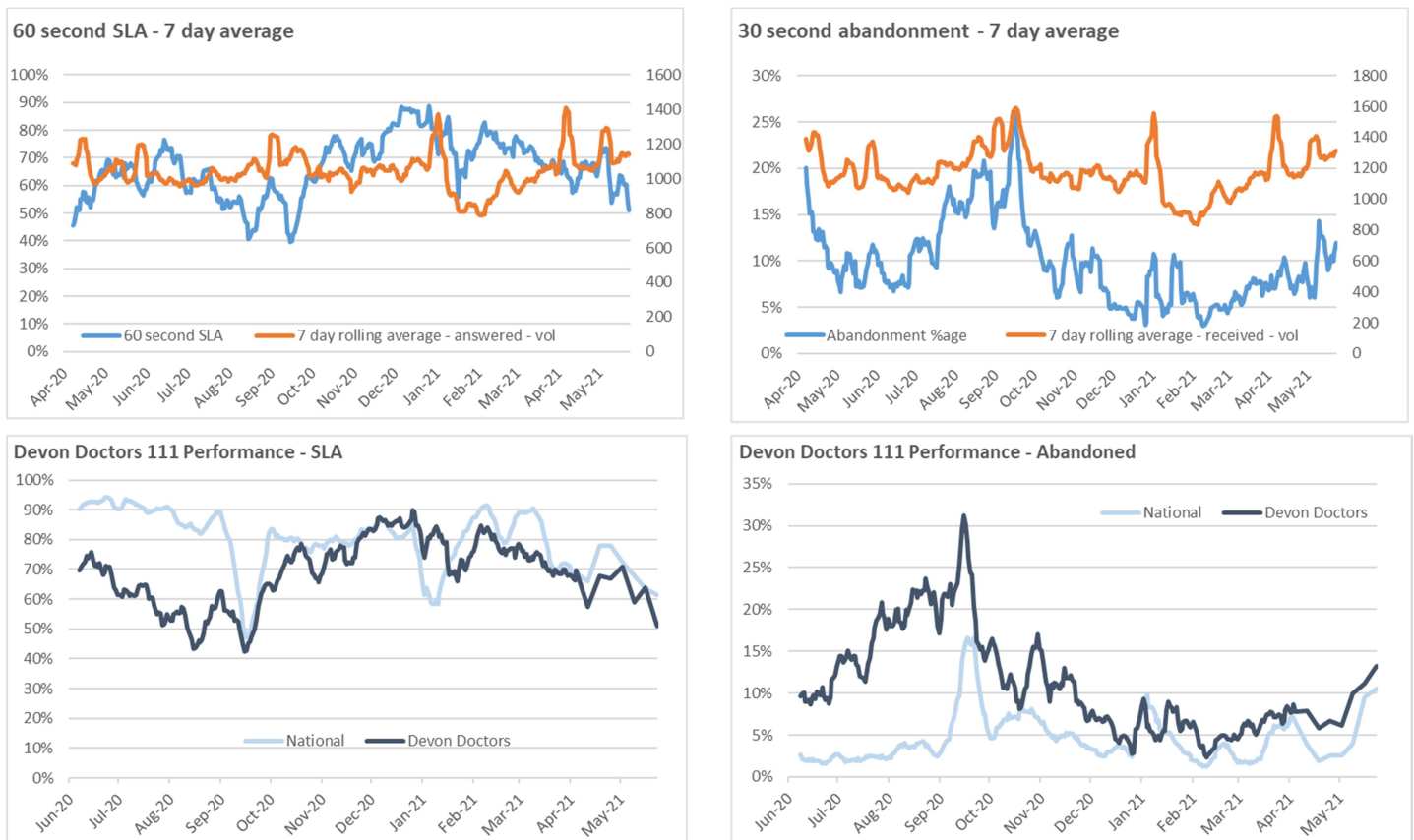
# 111 and OOH Performance 2020/21

The graphs below set out, at a high level, the performance within the Devon and Somerset IUCSs during 2020/21.

## Devon 111

During 2020/21 the overall level of activity within the 111 service was significantly higher than in previous years due to the impact of Covid-19 activity in the 111 service as patients sought the latest guidance, reported Covid-19 symptoms, as well as the general utilisation of the service.

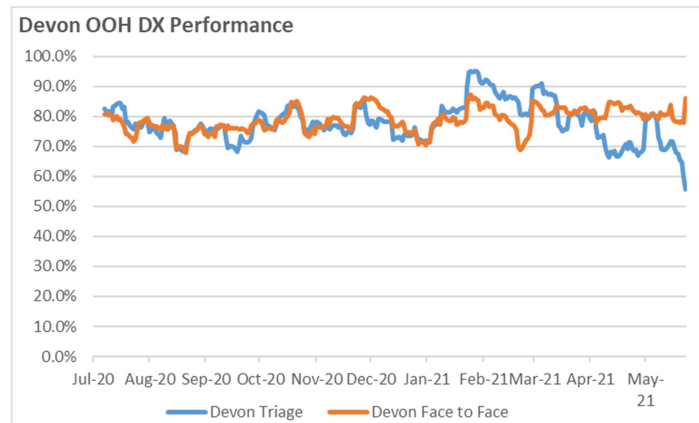
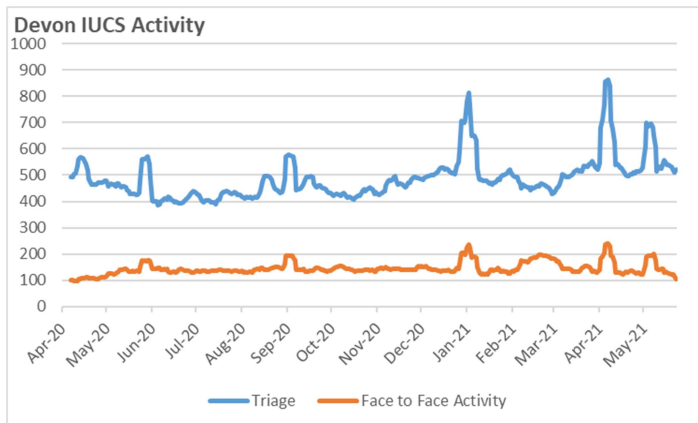
After the Christmas period, activity levels fell to those normally seen during the time of year; however, levels have subsequently increased on a continual basis during 2021. This increase has been seen nationally.



Performance improved consistently from the period from August to December 2020. This was due to the investment in additional staff and process redesign work. Performance during this period also became more aligned to national performance levels. Since January 2021, performance has worsened against both SLA and Abandonment measures, but has done so in line with the national service as all providers struggle with increasing demand and ongoing pressures on staffing caused by sickness.

## Devon Out of Hours

Throughout 2020/21 there has been a gradual increase in the level of activity within the Devon Out of Hours service. In particular, activity levels have increased during February and March 2021, with volumes seen during Easter (April 2021) being in excess of Christmas 2020. This is the first time that this has happened and reflects the ongoing pressure within the national ICUSs.



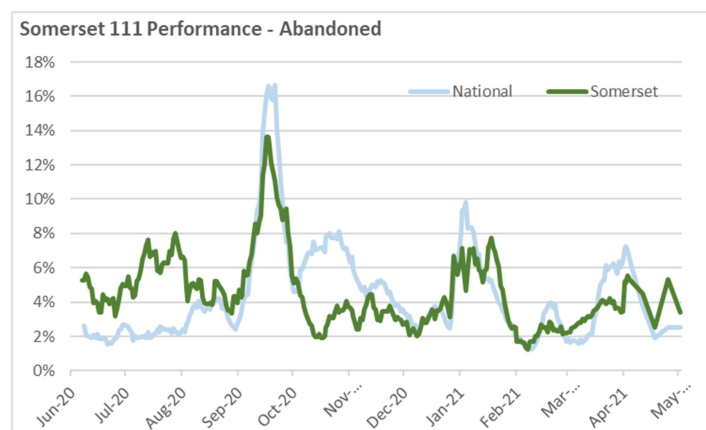
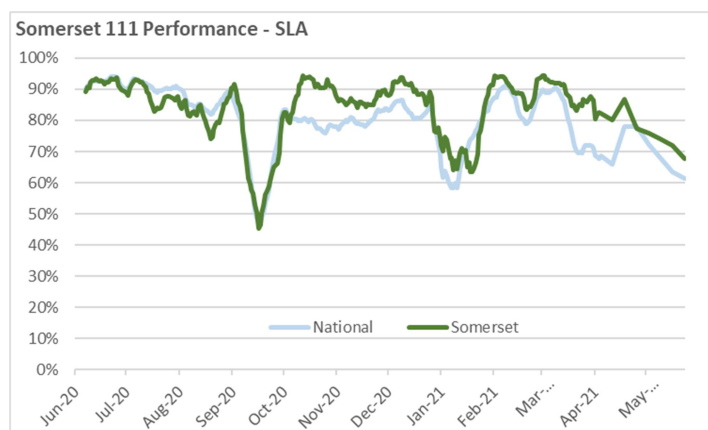
In December 2020 the service moved to a disposition based operating model. This provides a timescale for a patient to be treated in based on the information that they provide to 111, and the subsequent clinical priority. Patients are now treated in clinical priority order as determined by their disposition. This has resulted in improved patient safety, with more patients being treated within the clinically appropriate timescale.

The data for this new operating model was backdated to July 2020 and is presented above.

During 2020/21, performance for Triage and Face to Face appointments (including Treatment Centre appointments and Home Visits) was approximately 80%. Since April, Triage performance has declined due to the increased activity levels. This is further compromised by the impact of the new taxation rules which has reduced the number of clinicians wanting to work in the service since April 2021.

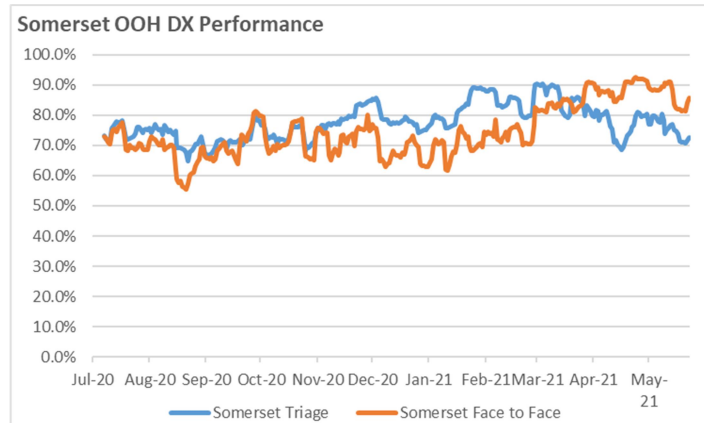
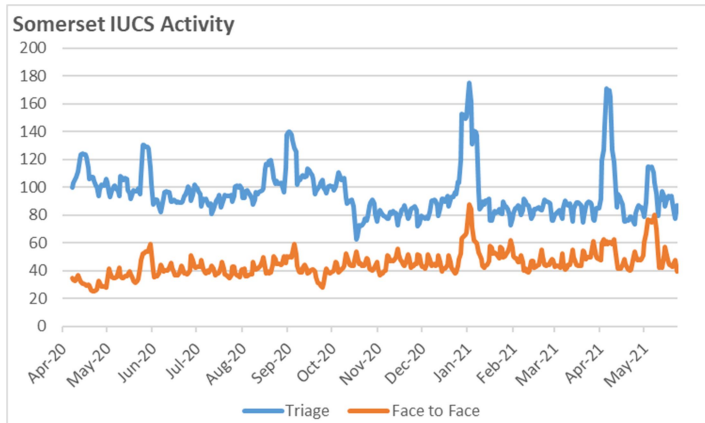
## Somerset 111

The delivery of the NHS111 service in Somerset is sub-contracted to Practice Plus Group (PPG). Throughout the year, performance against key 111 metrics has been better or in line with the national position. Devon Doctors continues to work with PPG to maintain service performance and the interface between 111 and Out of Hours services.



## Somerset Out of Hours

Activity levels within Somerset have remained constant during 2020/21, however, the service has also seen the unusual pattern of Easter 2021 being busier than Christmas 2020.



During 2020/21 the Organisation has made significant improvements in Face to Face performance, with levels increasing from 65% in the first half of the year to 85% at the year end. This improvement has been generated through better utilisation of appointments within Treatment Centres and a focus on Home Visiting efficiency to maximise the number of patients that can be seen by the limited home visiting resources.

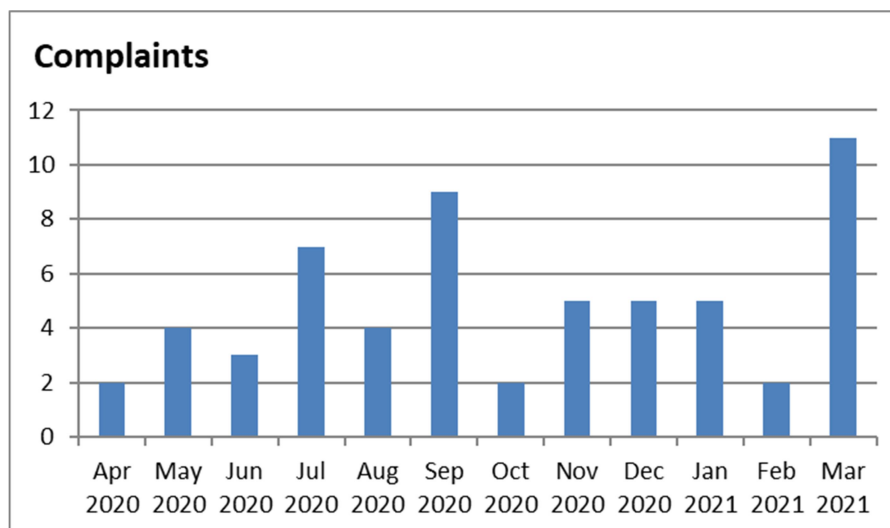
The Somerset service also transitioned to the new disposition based operating model in December 2020, with the same patient safety improvements being noted.

# Patient Safety and Quality 2020/21

## Devon

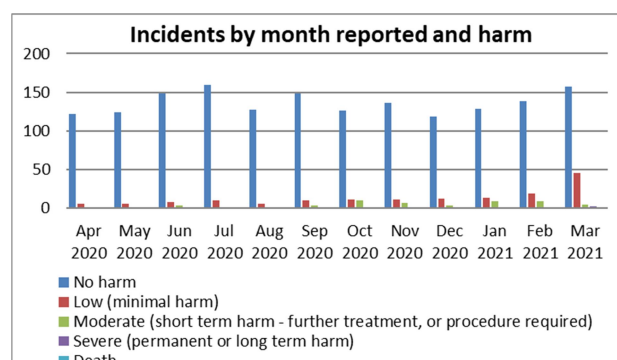
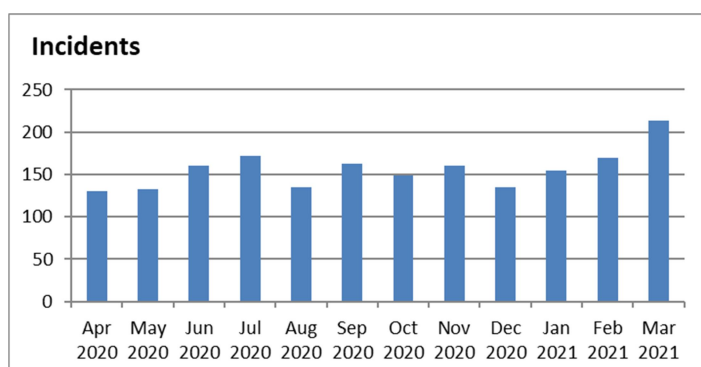
### Complaints

During the year, a total of 59 complaints were received about the service, this equates to 0.03% of service users. This is a significant decrease compared to the previous year and replicates the position seen across the NHS. This is thought to be due to the public being more understanding of delays and pressures within the NHS as the service copes with the impact of Covid-19. The majority of complaints relate to delays, clinical treatment and behaviour.



### Incidents

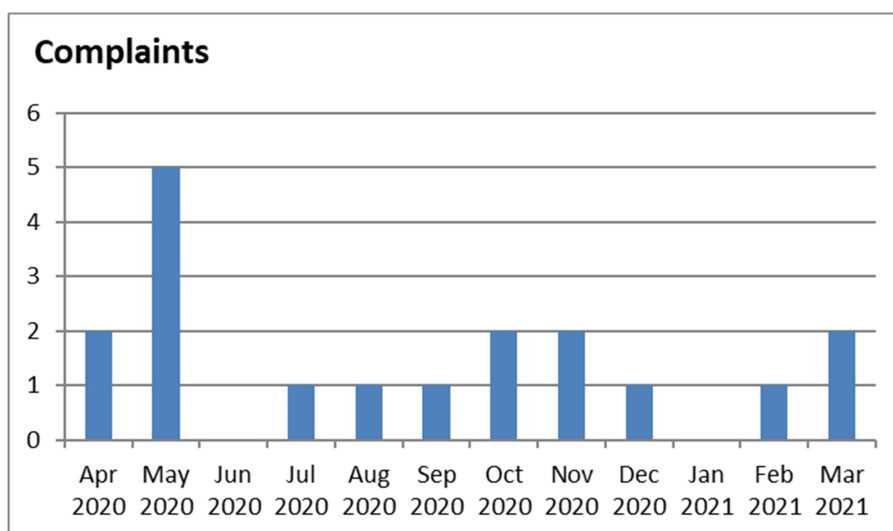
The number of incidents reports remained low during the year, with a total of 1,875 incidents being raised via Datix. This equates to 0.83% of all patient contacts. This is a slight increase compared to the previous year. During the year there were 10 Serious Incidents and 4 Moderate Incidents. All moderate and serious incidents have been investigated through the organisation's SI process.



## Somerset

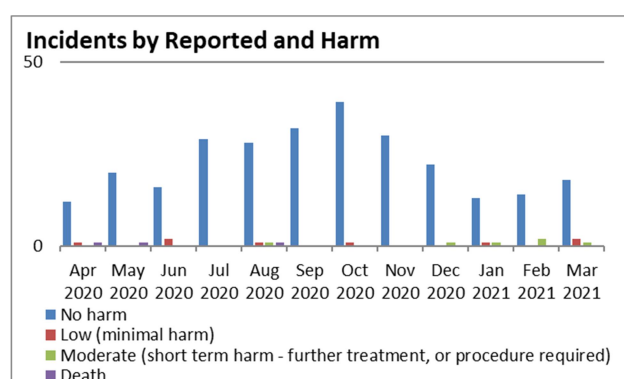
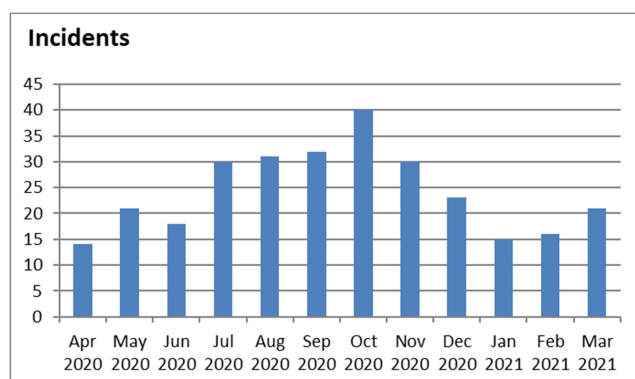
### Complaints

During the year, a total of 18 complaints were received about the service, this equates to 0.04% of service users. This is a significant decrease compared to the previous year. The majority of complaints relate to attitude & behaviour and clinical treatment.



### Incidents

The number of incidents reports remained low during the year, with a total of 291 incidents being raised via Datix. This equates to 0.57% of all patient contacts. This is a slight increase compared to the previous year. During the year there were 3 Serious Incidents and 2 Moderate Incidents. All moderate and serious incidents have been investigated through the organisation's SI process





# Devon Doctors Priorities for Improvement

The Organisation has a detailed Transitional Improvement Plan to ensure that the service develops from Inadequate to Good within a 12-month period. This transition requires improvements to be made across the Organisation, including Operations, Governance, Maintenance, Rota, and HR processes. In addition, Devon Doctors recognises that it is essential to work on the culture within the Organisation to enable the improvement plans to deliver the planned benefits.

The Transitional Improvement Plan focusses on the following key areas:

- 111 Clinician and Call Handler Recruitment.
- Management of Sickness and Attrition.
- Performance management within 111 and Out of Hours.
- Transition of the Out of Hours clinical model to be less reliant on scarce clinical resources and diversify the workforce to become more multi-specialist to ensure that the right care is provided to patients.
- Increased promotion of job opportunities within the IUCS.
- Transition from a sessional to a salaried workforce to provide greater resilience in the rota.
- Organisational Development and Improvement Plan.
- Enhanced continual improvement programmes; learning from incidents and complaints as they arise to make services safer for patients.
- Improved regulatory compliance.
- Robust management of maintenance across all sites including Call Centres and Treatment Centres
- Develop HR processes to ensure that all appraisals and mandatory training are completed on an annual basis.

The plan is monitored on a weekly basis, and deliver is supported by the Programme Management Office. Areas of concern are escalated to the Improvement Executive and then on to the Board on a weekly basis. The Board also receives a monthly presentation on the status of the plan and is able to request a deep dive in to specific areas of concern / interest.

# Statement of Assurance from the Board

During 2020/21 Devon Doctors provided Out of Hours Primary Care and NHS111 services across Devon and Somerset. The NHS111 service for Somerset is sub contracted to Care UK (now known as Practice Plus Group). Devon Doctors has reviewed all the data available to them on the quality of care in all of these relevant health services.

Devon Doctors is required to register with the Care Quality Commission and its current registration status is Inadequate. The Care Quality Commission has not taken enforcement action against Devon Doctors during 2020/21.

## CQUIN

A proportion of Devon Doctors income in 2020/21 was conditional on achieving quality improvement and innovation goals agreed between Devon Doctors and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Due to Covid-19, the UK Government removed CQUIN from the contractual framework and all monies were awarded as if the requirements had been achieved. The Organisation is working with both Devon and Somerset CCGs to determine the CQUINs for 2021/22 and the appropriate financial conditions placed on the schemes.

## Information Governance

Devon Doctors Information Governance Assessment Report overall score for 2020/21 was 19/20 and was graded Pass – standards met.

## Data Quality Improvements

Devon Doctors will be taking the following actions to improve data quality:

- Collaboratively working with NHSE/I, Commissioners, Operations and project groups to ensure a joint understanding of methodology and requirements is determined and maintained.
- Sharing data definitions/methodology of KPIs relating to the IUCADC with Commissioners
- Providing assurance and narrative to NHSE/I and Commissioners
- Continual monitoring and improvement of reporting methodologies

## Patient Deaths

During 2020/21 8 of Devon Doctors patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 2 in the first quarter
- 3 in the second quarter
- 1 in the third quarter
- 2 in the fourth quarter

By 2020/21, 8 case record reviews and 8 investigations have been carried out in relation to 8 of the deaths included in item 27.1. In 8 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 2 in the first quarter
- 3 in the second quarter
- 1 in the third quarter
- 2 in the fourth quarter

3 representing 37.5% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter, this consisted of:

- 1 representing 50% for the first quarter
- 0 representing 0% for the second quarter
- 1 representing 100% for the third quarter
- 1 representing 50% for the fourth quarter

These numbers have been estimated using the Serious and Moderate Incident investigation process, which includes review of calls, clinical records and statements by the Senior Clinical Management Team [SCMT] to determine whether an incident meets the criteria set out in the Serious Incident Framework.

## **Key Points of Learning**

### **Case 1**

- Cases are now reviewed by the 'Lead Clinician' on duty at peak times and prioritised over and above their original disposition where the clinical information available indicates this is appropriate.
- 'Hot site' provision has now been set up at peak times to enable face to face assessment of known/suspected COVID-19 cases for weekend treatment, during peak times.
- 'Safety calling', whereby cases in the OOH clinical queue that have breached their target response times are contacted to ensure there has been no worsening of the patient's condition, is now being completed regularly. Cases where deterioration is declared are escalated for prompt clinical contact.
- Clinicians to be encouraged to attend telephone consultation skills workshops – these are provided regularly by the organisation.
- The Incident management and investigation policy will be updated Organisational Learning
- Time to next action has been introduced based on Dx codes
- Comfort calling has been introduced
- Clarity of managing patients when a Hot Treatment centre is not available issued through weekly Clinical newsletter.

### **Case 2**

- The dispatch team should have informed the visiting or CAS GP of the patient death – individual feedback provided to staff.
- Comfort calling – calling from the car is now established and should be an embedded process.

### **Case 3**

- Delay in visit due to no nearby overnight mobile resource
- Potentially should have been marked for urgent call back and not routine, but we were unable to locate the triage call as part of the review to categorically say this. Individual feedback provided to clinician regarding the case.

## **Actions taken**

### **Case 1**

- Established sharing agreement with sub-contracted organisation
- Request assurance from sub-contracted organisation on remedial action for 111 call handler who incorrectly allocated routine category to response
- GP attended triage skills workshop
- Clarification from CCG on handling of hot patients in Somerset
- Statement submission to HM Coroner
- Establish protocol for handling of hot patients and Covid-19
- Referral of GP to PAG
- Review and re-draft of incident management policy
- Duty of Candour policy written
- Communication process with clinicians to include organisation wide weekly update and GP newsletter, and ensure policies are available on SharePoint
- Where possible video consultations to be booked with patients at the weekend.

## Case 2

- Individual feedback to staff
- Comfort call process embedded

## Case 3

- Individual feedback to clinician involved by Medical Director for reflection

The impact of actions from learning are reflected in clinical and clinician audit results, which demonstrates service improvement. The continued development of a Lead IUCS Clinician continues to support identification of the most urgent cases, ensuring safe and timely responses, and the introduction and embedding of comfort calls into the service continues.

Continuous audit of call handling ensures processes are followed correctly and patients receive the appropriate clinical outcome.

Work within the new governance structures ensures timely review and identification of quality improvement work, and helps to share identified learning throughout the organisation.

7 case record reviews and 7 investigations completed after 31/03/2020 which related to deaths which took place before the start of the reporting period. Five of these, representing 71.4 % of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the Serious and Moderate Incident investigation process, which includes reviews of calls, clinical records and statements by the Senior Clinical Management Team [SCMT] to determine whether an incident meets the criteria set out in the Serious Incident Framework.

# Statements from Commissioners

## NHS Devon Clinical Commissioning Group

NHS Devon Clinical Commissioning Group (CCG) would like to thank the Devon Doctors Group Ltd (Devon Doctors) for the opportunity to comment on its quality account for 2020/21. Devon Doctors are commissioned to provide a range of clinical services, including a Clinical Assessment Service across Devon and Somerset, and a 111 service in Devon. The CCG seek assurance that care provided is safe and of high quality, that care is effective and that the experience of that care is a positive one.

As Commissioners we have taken reasonable steps to review the accuracy of data provided within this Quality Account and consider it contains accurate information in relation to the services provided and reflects the information shared with the Commissioner over the 2020/21 period.

The 2020/21 period has been a year like no other with the COVID 19 pandemic affecting all parts of health and social care systems. Despite this, the quality and safety of services provided throughout this period has remained at the forefront of everyone's mind and remains key as organisations move into ongoing recovery, ensuring patients are seen in a timely manner and those who have to wait are supported appropriately. It is recognised the pandemic will have affected all organisations plans for 2020/21 yet at the same time facilitate and recognise other areas for potential quality improvement, utilising potential new ways of working and alternative methods of delivery.

We would like to thank Devon Doctors and its staff for the flexibility they have shown over the last year in providing support to the local population. This has been against a backdrop of increasing call volumes and staff shortages.

The impact of covid19 on Devon Doctors should not be underestimated. Their ability to provide 'hot site' provision for Primary Care in Out of Hours at different sites was greatly appreciated. This was despite sickness of their own staff, increasing demand and a lack of available Primary Care doctors.

Despite the impact of COVID 19 the Quality Account highlights some positive results for 2020/21. These include:

- Changes to clinical prioritisation and disposition have brought about an improved triage process.
- Better understanding and analysis of patient deaths, with directly applied learning and evidence of improvements with embedded new processes and ongoing audits.
- A reduction in complaints compared to the same period last year.
- The CCG welcomes the 2021/22 priorities outlined by Devon Doctors in their Transitional Improvement Plan. Each key area demonstrates an understanding of the priorities for continued improvement that are required by stakeholders and the local population

Devon Doctors have worked closely with the CCG through a difficult period of improvement work following CQC visits. As disappointing as the first visit was with the resulting conditions on their licence, the CCG have been pleased with how Devon Doctors have approached the challenges faced. Their dedication to improving the operational performance, organisation culture, their staffing levels and the governance arrangements has resulted in improved care for patients. The CCG will continue to support Devon Doctors towards embedding the changes and ensuring they are sustained so that an improved CQC rating will be obtained on the next CQC assessment.

We confirm that as commissioners, we continue to work closely with Devon Doctors and will continue to do so in respect of all current and future CQC reviews undertaken, in order to receive the necessary assurances that actions have been taken to achieve continued high quality care. The CCG looks forward to working with Devon Doctors in the coming year in continuing to make improvements to the quality of the services provided to the people of Devon and Somerset.

**Darryn Allcorn**

**Chief Nursing Officer  
NHS Devon Clinical Commissioning Group**

## **NHS Somerset Clinical Commissioning Group**

Somerset CCG would like to thank Devon Doctors Ltd (Devon Doctors) for giving us the opportunity to provide a statement in their Annual Quality Account. As commissioners, we have taken the necessary steps to ensure the information provided within the accounts are a true reflection of the services provided by Devon Doctors during 2020/21.

Whilst the last twelve months have undoubtedly presented increased pressures for all healthcare providers, the focus on delivering excellent patient centred care remains the highest priority. Devon Doctors acknowledge there have been challenges for the organisation and this has been exacerbated by the impact of the Covid-19 pandemic. Unprecedented increased demand on services, staff sickness, the introduction of Covid-19 legislation and protocols and two Care Quality Commission inspections have been instrumental in setting the pace for organisational restructuring, with a focus on service improvement and development and robust governance plans for the future.

Somerset CCG recognises the commitment Devon Doctors has made to work with commissioners, primary care networks, local medical councils and national providers to put improvement measures in place and we acknowledge their collaborative working with the wider urgent and emergency care system. Whilst Covid-19 presented many challenges, Devon Doctors also introduced many initiatives which promoted safer access to healthcare services. Two initiatives which were introduced were HOT sites and HOT visits. HOT site clinics offered appointments for those patients who were Covid positive and needed a face-to-face appointment with a clinician. HOT visits enabled clinicians to offer home visits for patients who were unable to travel and needing a face-to-face consultation. All of this was achieved in-line with local and national infection control measures to ensure the safety of patients, staff and the public.

Devon Doctors recognise there is considerably more work to do and have made a clear commitment to do this, outlining key areas for immediate improvement and the strategies and resources needed to build on the key strengths and improvements which have already been implemented. Somerset CCG will continue to support Devon Doctors to achieve their key objectives and strategies going forward.

**Val Janson**

**Director of Quality and Nursing  
NHS Somerset Clinical Commissioning Group**

# Statement of Directors' Responsibilities for the Quality Report

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

NHS Improvement has issued guidance on the form and content of annual quality reports (which incorporate the above legal requirements).

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- The content of the quality report meets the requirements set out in the NHS foundation trust annual reporting manual 2019/20 and supporting guidance Detailed requirements for quality reports 2019/20. Further updated guidance has not been released for the 2020/21 year end.
- The content of the quality report is not inconsistent with internal and external sources of information including:
  - Board minutes for the period April 2020 to June 2021.
  - Papers relating to quality reported to the board over the period April 2020 to June 2021.
  - Feedback from commissioners dated 28/05/2021
  - CQC inspection reports dated 14/09/2020, 16/03/2021, and 28/05/2021
- The quality report presents a balanced picture of the Organisation's performance over the period covered.
- The performance information reported in the quality report is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice

The data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review

The quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

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

By order of the board



**Bruce Hughes**

**Chairman**  
June 2021



**Justin Geddes**

**Chief Executive**  
June 2021