



North East London

Partnership of East London Co-operatives (PELC) – Care Quality Commission reports

Outer North East London Joint Overview and Scrutiny Committee
Tuesday 18 April 2023

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Context and Background

- The **Partnership of East London Cooperatives (PELC)** is a not-for-profit organisation delivering urgent care at four Urgent Treatment Centres across the Barking and Dagenham, Havering and Redbridge (BHR) geographical footprint
- PELC has been operating in North East London for more than 10 years, and has been involved in the provision of the Urgent Treatment Centres (UTCs) in BHR, previously Urgent Care Centres (UCC), since 2014/5
- PELC provided the UCC service at King George Hospital from 2011, and in July 2018, stepped into support Barking, Havering and Redbridge University Hospitals NHS Trust in providing the UCC service at Queen's Hospital
- A formal procurement process for the four UTCS began in 2019, with the contract awarded to PELC in January 2020 and the new service mobilised in July 2020 during the COVID pandemic
- The Urgent Treatment Centres provided by PELC are located at King George Hospital, Queen's Hospital, Harold Wood Polyclinic (Havering) and Barking Community Hospital

Care Quality Commission findings

- Latest CQC inspections took place in November 2022
- All sites were rated as inadequate, and enforcement actions were issued
- Key findings from the report are:
 - **Staff treated people with compassion, kindness, dignity and respect**
 - The CQC was not assured that PELC was providing safe care to people, particularly those with potentially serious conditions
 - **Insufficient procedures and processes to ensure learning from incidents and complaints.** There were not clear systems in place to demonstrate improvements when things went wrong
 - **The effectiveness and appropriateness of care was routinely reviewed, and care and treatment were delivered according to evidence-based guidelines.** However, targets specified by commissioners were not being met
 - **Insufficient procedures to ensure there was effective staffing**
 - **Patients were not able to access care and treatment at the service in a timely way**
 - **Leaders did not have the capacity and skills** to deliver high-quality, sustainable care
 - There were **some clear responsibilities, roles and systems of accountability to support good governance** and management. **Lines of accountability** and designated decision-making authority were unclear
 - **PELC lacked a clear vision and credible strategy** to deliver high quality care and promote good outcomes for patients through the services.

Action taken by the Care Quality Commission

| Rating Domain | Queens | King Georges | Barking | Harold Wood |
|---------------|------------|--------------|------------|-------------|
| | Inadequate | Inadequate | Inadequate | Inadequate |
| Safe | | | | |
| Effective | | | | |
| Caring | | | | |
| Responsive | | | | |
| Well-led | | | | |

| Regulation Breaches/Enforcement Actions | Key Themes |
|---|--|
| <i>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</i> | <ul style="list-style-type: none"> • Waiting Times for assessment • 4hr Standard • Management of incidents –response times • Pathways – chest pain, urine retention |
| Regulation 17 HSCA (RA) Regulations 2014 Good governance | <ul style="list-style-type: none"> • Streamer and navigator role • ED Handovers – time to handover, delays • Clarity of organisational objectives and how these were reflected in meetings – duplication of process • Risk Management processes • Patient Engagement • Poor performance not managed • Not sufficiently addressing bullying and harassment |
| Regulation 18 HSCA (RA) Regulations 2014 Staffing | <ul style="list-style-type: none"> • Rota fill and workforce planning |

Actions undertaken by PELC following the inspection

PELC took immediate actions to address clinical safety concerns identified by the CQC:

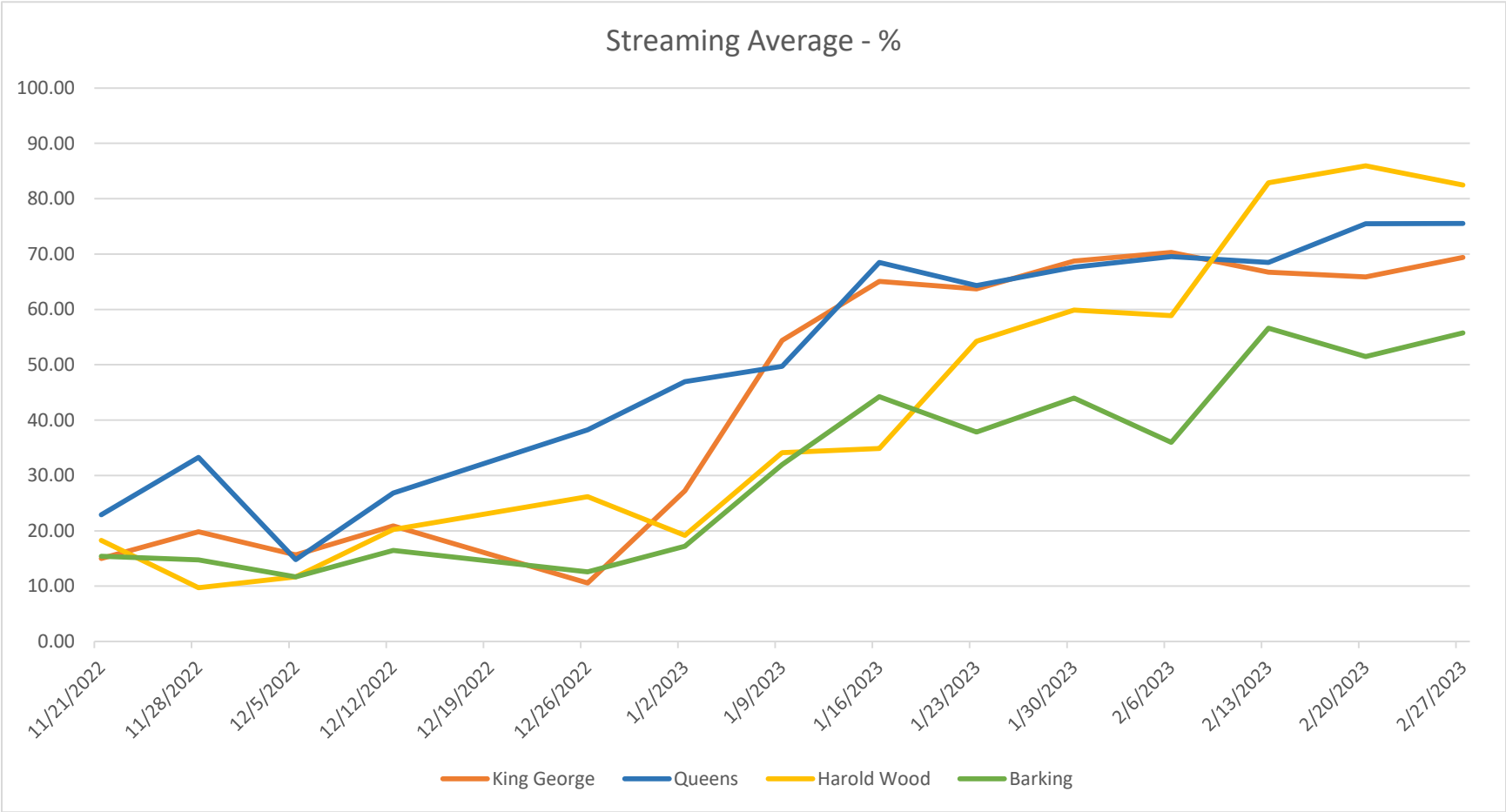
- **Provide clinical oversight of the waiting areas in order to identify unwell or deteriorating patients.** A Clinical Oversight Co-Ordinator post was established at pace, initially when shifts were uncovered. Streamers go out into the waiting area in person to call the next patient so they can view those waiting. A clinical oversight checklist was implemented to evidence checks.
- **Registration processes were changed to ensure patients are pre-registered immediately on arrival to enable accurate measurement of the arrival time to initial clinical assessment (ICA).** Extended concierge rota (pre-registration) to 24/7 to measure time of arrival. Increased the number of administrative staff on duty during the period of 10pm-8am to enable consistent pre-registration.
- **Monitoring of time from arrival to ICA at all four sites 24/7** to measure against the 15 minute ICA standard. Daily performance huddle established to monitor this.
- **Developed a new ICA Model to deliver 15 min ICA standard.** ICA co-located with concierge; Streamers supported to rapid stream rather than undertake a full triage at first contact (PUSH for 5) to deliver effective ICA including change of streaming location to support; new rapid assessment process developed to assess and treat high risk priority patients.

Actions taken by NEL ICB to support improvements at PELC

- The ICB held a rapid quality review meeting with PELC and the CQC on 5 December 2022, and PELC moved from routine quality surveillance to enhance quality surveillance
- A PELC Assurance Group has been set up and meets fortnightly, seeking assurance from PELC about improvements made with their CQC action plan and PELC specific organisational matters – this reports into the NEL Quality, Safety and Improvement Committee
- Contract meetings have been re-instated. They were stood down during Covid as per NHSE guidance. The first meeting took place on 22 March 2023
- Members of the ICB quality team now attend internal PELC meetings to gain assurance and support improvement
- A BHR System Urgent and Emergency Care Programme Board has been developed to enable urgent and emergency care interface/ pathway improvements to improve the experience for local residents
- The Good Governance Institute has been commissioned to undertake a governance review of PELC and make recommendations for improvement

PELC CQC – Improvements

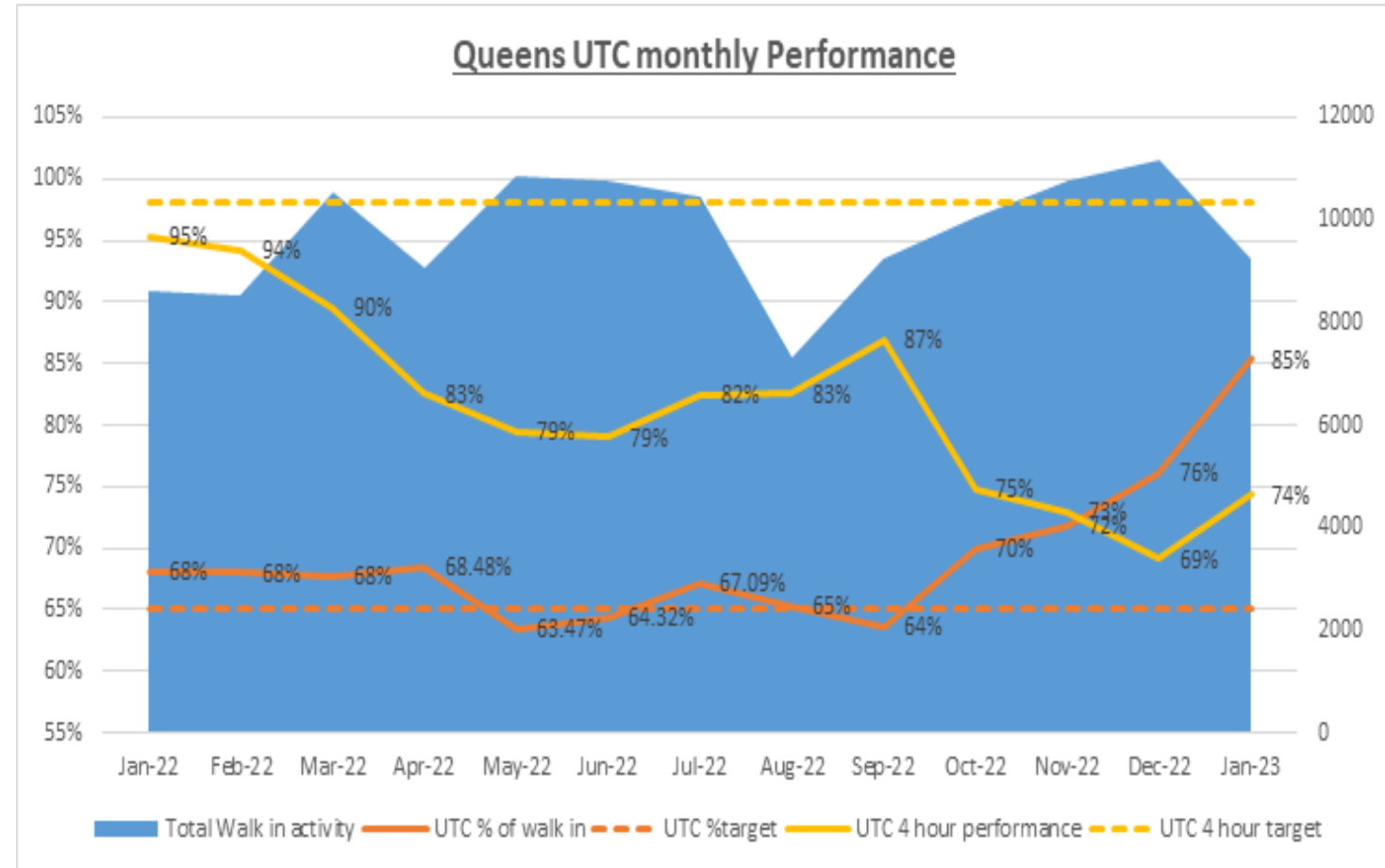
- Improvements made to 15 min streaming target. Increased from between 15%-25% in Nov 2022 up to between 55%-85% in February 2023 with a continued upward trajectory.



PELC CQC - Improvements

4 hour performance:

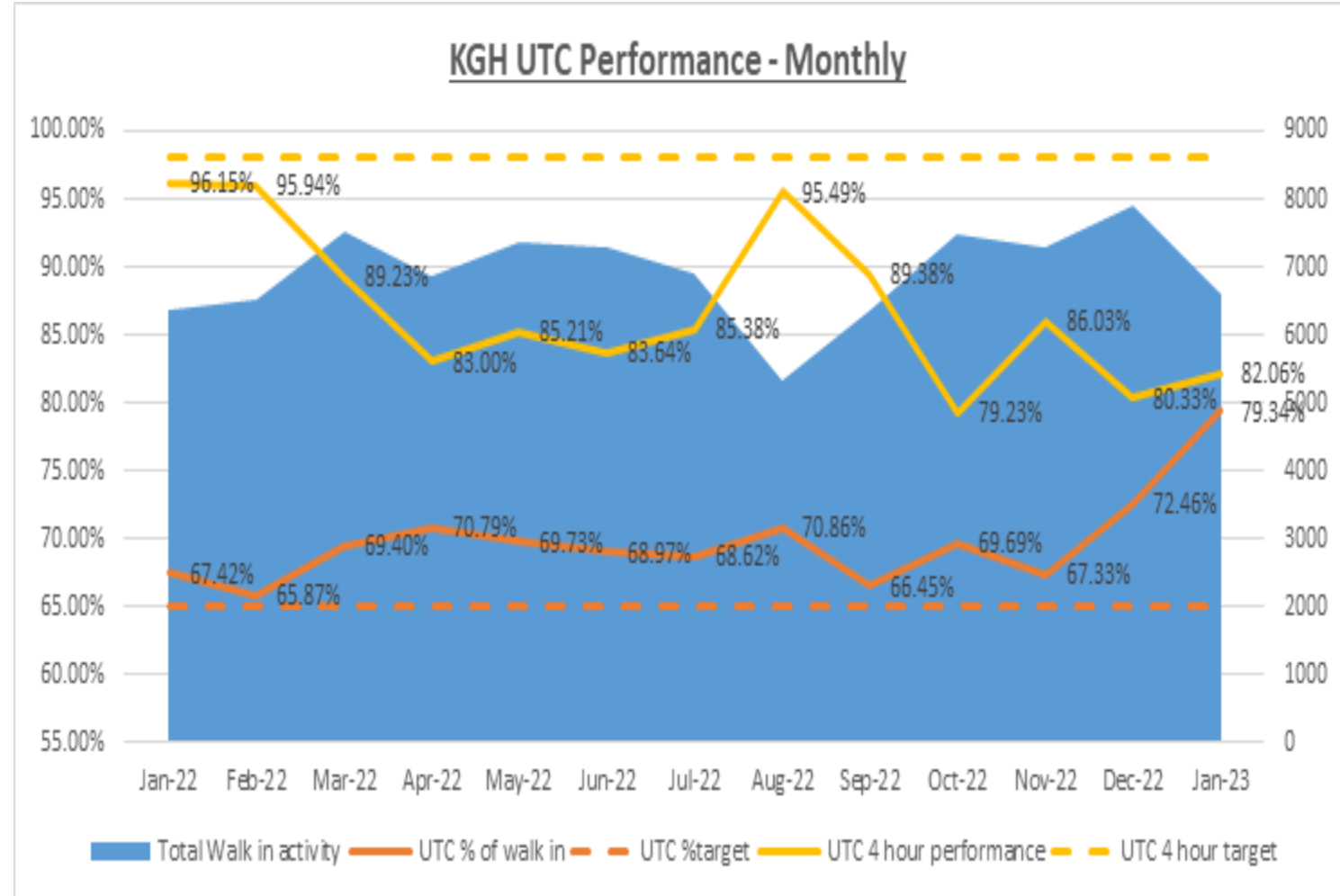
- In October ED changed the criteria for handovers to:
 - only accept patients meeting the right to reside criteria
 - only accept patients handed over in person to ED (previously suitable patients could self-transfer to ED)
- Since this change the proportion of walk-ins seen within the UTCs have steadily increased with the UTC walk in utilisation as high as 85% at Queen's in January.
- UTC now have an Rapid Assessment GP to undertake to assess and undertake high level diagnostics prior to physical transfers to ED.
- This reduces significant pressure on ED as under the new model the UTCs contribute to reducing journey time when referred to speciality or ED, as well as increasing discharges from UTC.
- However this has had a negative impact on UTC 4 hour performance due to the increased time for diagnostics and patient transfers and the fact that this function (previously undertaken in ED) has had to be staffed by moving clinicians from the UTC.



PELC CQC – Improvements

4 hour performance:

The profile of increased utilisation of walk-ins is also seen within KGH UTCs, and the UTC walk in utilisation was as high as **80.33%** at KGH in January 2023.



PELC CQC – Improvements (Patient Engagement and Feedback Improvements)

Key theme :

Patient engagement at the organisation was not well developed. There was no patient representative on the Council, and the organisation had not yet developed working relationships with its local patient groups.

Improvement actions planned/ started:

- PELC are in the process of recruiting a patient representative for its internal meetings
- Viewpoint machines have been installed at all sites so people attending can feedback on their experience immediately. This allows PELC to rapidly identify areas for improvement
- PELC have implemented 'You said, we did' posters at their sites which tell people the improvements that have been made as a result of feedback.
- The PELC website is being updated to include patient feedback

PELC CQC – Improvements (Complaints learning)

Key complaint themes identified from complaint investigations include:

- Staffing attitude particularly communication with patient
- Lack of clarity of information available to patients about UTC processes
- Long delays to be streamed or see a doctor
- Missed identification of patients serious presenting condition

Improvement actions started or plan

- PUSH for 5 is being implemented to support delivery of the 15 minute streaming standard
- Continuous development of clinical pathways to help staff to confidently escalate has started
- Staffing is identified as a risk and there are controls in place to mitigate the risk (refer to slide 3)
- Professional standards have been developed and will be implemented soon
- Reminders sent to whole organisation with regards to attitude and behaviour through Safety Matters Newsletter, CEO weekly update and individual cases managed through line management

PELC CQC – Improvements (Incidents learning)

Key themes from incident reported relates to the following:

- Inadequate staffing to complete streaming
- Staffing behaviour-Inappropriate behaviour from staff toward staff
- Staff leaving for break without informing management
- Delay in escalation of patient's condition as required
- Delay in streaming– breached 60 mins
- Clinicians having issues/resistance from ED/ specialties (BHRUT) accepting rapid assessment patients
- Some streamers are making streaming outcome decisions without seeing the patients, or doing any observations.
- Inaccurate observations checks are being reported.

Improvement actions planned/ started:

- PUSH for 5 is being implemented to support delivery of the 15 minute streaming standard
- Development of pathways to help staff to confidently escalate has started
- Staffing is identified as risk and there are controls in place for the risk
- Internal professional standards have been developed and will be implemented soon
- Daily performance meetings to discuss themes for streaming delays and take action
- Working with BHRUT Clinical and Operational teams to identify solutions to resolve issues with transfer of patients to ED / Specialties
- Streaming audit to be completed to identify themes for learning
- Weekly deep dive to identify learning from more than 60 minutes streaming breaches

Next Steps

- Good Governance Institute have been commissioned to undertake a Governance review - ToR agreed and plan is to complete in 4 weeks with recommendations
- Review of PELC CQC action as a critical friend to test their internal assurance processes
- Continuation of fortnightly Assurance meeting to test improvements and sustainability
- A round table between ICB, BHRUT and PELC to discuss pathway improvements and to the actions to meet the 76% trajectory is scheduled for 5 April.

Partnership working

- BHRUT CQC assessment published 10 February 2023

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|----------------------|---------------------------------------|-----------------------|-----------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| King George Hospital | Requires Improvement ↔ Feb 2023 | Good ↔ Feb 2023 | Good ↔ Feb 2023 | Requires Improvement ↔ Feb 2023 | Requires Improvement ↔ Feb 2023 | Requires Improvement ↔ Feb 2023 |
| Queen's Hospital | Requires Improvement ↔ Feb 2023 | Good ↔ Feb 2023 | Good ↔ Feb 2023 | Requires Improvement ↓ Feb 2023 | Requires Improvement ↔ Feb 2023 | Requires Improvement ↔ Feb 2023 |
| Overall trust | Requires Improvement ↔ Feb 2023 | Good ↔ Feb 2023 | Good ↔ Feb 2023 | Requires Improvement ↔ Feb 2023 | Requires Improvement ↓ Feb 2023 | Requires Improvement ↔ Feb 2023 |

- King George

| | | | | | | |
|-------------------------------|-----------------------------|-----------|-----------|-----------------------------|---------------------------------------|-----------------------------|
| Urgent and emergency services | Inadequate ↓ Feb 2023 | Not rated | Not rated | Inadequate ↓ Feb 2023 | Requires Improvement ↔ Feb 2023 | Inadequate ↓ Feb 2023 |
|-------------------------------|-----------------------------|-----------|-----------|-----------------------------|---------------------------------------|-----------------------------|

- Queen's

| | | | | | | |
|-------------------------------|-----------------------------|------------------|---------------------------------------|-----------------------------|---------------------------------------|-----------------------------|
| Urgent and emergency services | Inadequate ↓ Feb 2023 | Good Jan 2020 | Requires Improvement ↓ Feb 2023 | Inadequate ↓ Feb 2023 | Requires Improvement ↔ Feb 2023 | Inadequate ↓ Feb 2023 |
|-------------------------------|-----------------------------|------------------|---------------------------------------|-----------------------------|---------------------------------------|-----------------------------|

- Urgent and Emergency Care interface issues/ pathway discussions will be taken through the BHR UEC Place Improvement Board, which will also include other partners
- Ambition is to improve BHR system working through this Improvement Board