Primecare Rapid Response
End of life Service
Northamptonshire

NHS Nene Clinical Commissioning Group
NHS Corby Clinical Commissioning Group

Quality Account
2015-2016
Index

• Statement from Operations Director
• Statement from Clinical Contract Manager
• About the Quality Account
• Priorities for Improvement
• Quality Measurement with priorities for improvement
Statement from the Primecare Director of Urgent Care

Welcome to our Quality Account for Primecare End of Life Rapid Response Services Northamptonshire. I would like to congratulate everyone for their achievements throughout the year. The team have demonstrated sustained quality standards and year on year and an increase in the number of people dying in their preferred place of care.

In addition Primecare are evidencing improvements in our national and local initiatives whilst continuing to provide outstanding care to our patients. We also continue to provide high quality cost-effective care helping patients and helping commissioners by providing added value where we can.

Our quality strategy is a primary focus for us, as we seek to implement quality improvement initiatives that enhance the safety, experience and outcomes for all our patients. In addition to embedding new quality initiatives throughout the business, we also seek to embed a culture of continuous quality improvement. We will work closely with all our staff to make addressing such issues a priority for us in 2016.

Sara Doughty
Director of Urgent Care
Primecare
Statement from the Clinical Contract Manager

End of life care has to be of the highest possible quality and I believe in getting it right.

I would like to congratulate Northamptonshire End of Life Rapid Response Service staff for a great number of things. They are dedicated to patients and their families. They are flexible and have a can do attitude. Customer feedback reflects that they care for patients with respect and dignity. They are immensely skilled and knowledgeable they work very hard and have a continuing focus on improving and evolving the service.

The service continues to provide outstanding care to patients whilst maintaining Key Performance Indicators. The quality of the care we provide is the primary focus for us. We seek to implement quality improvement initiatives that enhance the safety, experience and outcomes for all our patients. We have developed a culture of continuous quality improvement, transparency and openness that enables us to respond to feedback and change our way of practice.

I work closely with my team, patients and their families, commissioners, local partners and stakeholders to make the quality of care we provide for people at the end of their lives the most important priority.

Rebecca Warren
Clinical Contract Manager
**Our Service**

Primecare are contracted by NHS Nene and Corby Clinical Commissioning Groups to provide Rapid Response End of Life Services for people who are thought to be in the last eight weeks of their lives and wish to die at home or in their own care home. Our services operate alongside existing NHS and voluntary organisations for example; Acute Hospitals, District Nursing teams, GP’s, Out Of Hours Medical Services, East Midlands Ambulance Services, Marie Curie, Hospice at Home, local hospices and Palliative Care Services and is an integral part of provision of end of life care for people in Northamptonshire.

**Primecare End of Life Care Co-ordination Centre**

The Primecare Northamptonshire End of Life care co-ordination centre registers people who are thought to be in the last eight weeks of life who have expressed a wish to be cared for out of hospital. People are registered with the care co-ordination centre either by our hospital discharge link nurses, GP, District Nurse or other community health care professional. Once a person is registered health care professionals the person registered, their family or carer can contact the co-ordination centre 24 hours a day.

**Primecare End of Life Rapid Response Community Nursing Team**

This element of our service operates between 08:00 and 01:00. If a person requires immediate nursing support their call is passed immediately by the co-ordination centre to the Primecare Rapid Response community advanced nurse practitioner. Out of these hours the referral is passed to directly Northampton’s out of hour’s medical service. This team is made up of Advanced Nurse Practitioners and Health Care Assistants who are highly experienced in providing high quality holistic person centred care for people who are dying. They provide expert nursing care support and comfort. They will respond to any call within 20 minutes of being contacted by the care coordination centre and when a home visit is requested they try their very best to be with a patient within an hour of the request. They will also liaise with a person’s district nurse and GP following a visit. The health care assistants from the rapid response team also provide daily planned care for people with complex needs.
End of Life Primary Care Discharge Link Advanced Nurse Practitioners and Health Care Assistants

The EOL Primary Care Discharge Link Nurses at Kettering General and Northampton General Hospital provide discharge planning and support for people who are nearing the end of life and wish to be cared for at home or in their own care home. They ensure a seamless discharge and work with the patient, family and carers to identify their needs. Following assessment they will arrange for everything to be in place to enable that person to remain in their home or care home. They liaise with the district nurse and other key health care professionals who will be involved in that person’s care in the community ensuring that they are fully informed of arrangements that have been made. When necessary, especially when needs are complex, the link nurse will escort the patient home on discharge. When a patient is discharged they will have been registered by the link nurse with Primecare’s Northamptonshire End of Life Care Coordination Centre and given the Coordination Centre contact number so they can access the Primecare rapid response team.

Age UK Extra Help Team

Age UK Northamptonshire Extra Help Team is subcontracted by Primecare to provide 550 hours of planned personal care per week for people registered with the service. Age UK Northamptonshire Extra Help team are experienced in providing dedicated high quality domiciliary care for people who are dying. Referrals are made through the Primecare care co-ordination centre and then coordinated and managed by Age UK.

Age UK respond quickly to requests for care packages and can provide immediate support when they have the capacity.

Age UK are submitting there own quality account for 2015-2016.
The Rapid Response Team

Clinical Contact Manager
Rebecca Warren

Advanced Nurse Practitioners Community Team
Francesca Bell
Brian Packer
Kay Edwards
Julie Major
Anne Snell
Leah Smart
Sharon Peile

Health Care Assistants Community Team
Ellen Church
Gaynor Jones
Tracey Curtis
Gwen Moore

Discharge Link Nurses at Our Northamptonshire Acute Hospitals
Seeta Maher Nurse Practitioner Northampton General Hospital
Lucy Jackman Link Health Care Assistant Northampton General Hospital
Natalie Bacon Advanced Nurse Practitioner Kettering General Hospital
Glyn Hart Nurse Practitioner Kettering General Hospital
Christopher Alexander Link Health Care Assistant Kettering General Hospital
About the Quality Account

Why are we producing a quality account?

The End of Life Rapid Response Service is keen to share information about the quality of its services and our plans for development and improvement. All health service providers are required to produce an annual quality account from April 2011. The requirement was set out in the “next stage review*” in 2008.

What are the required elements of a Quality account?

The requirements for the report have been set out by The National Health Service Regulations. These form the template for our Quality Account.

The Key requirements are:
- A statement from Our Operations Director
- Priorities for improvement – these are our commitments as an organisation to continually improve quality
- Review of quality performance – this demonstrates how we have performed to date.

What is Quality and how do we measure this?

Quality is a measurable standard tool to judge the level of service provided to patients receiving our services their families and carers. Evidence to support that our quality standards are being met must be demonstrated. Key Performance Indicators specific to each service activity must be identified and compliance to these is met.

Patient and Stakeholder feedback and complaints must be used to determine standards are complied to. Being involved with the local End of Life Care providers, District Nurses and GP’s ensures local involvement with key organisations to openly work together to continue to provide and further develop effective integrated end of life care for people in Northamptonshire.
Standards

As a consequence of the introduction of the Care Quality Commission (CQC) as Regulator of standards in Primary care Primecare has adopted the CQC’s 5 key domains relating to service quality.

Is the service safe?

People need to be protected from avoidable harm and abuse. As provider we need to evidence that:

- We have suitable procedures to identify and report abuse
- People’s safety is regularly assessed and that they are cared for in a safe environment.
- We communicate effectively with other healthcare professionals ensuring a safe handover and continuity of care.
- We have sufficient numbers of skilled and experienced staff to meet people’s needs
- Our staff have undergone rigorous recruitment and training processes to ensure they had the required skills and experience to provide care to people at end of their lives.

Is the service effective?

People need to be cared for by a team who understand their role in caring for people who wish to be looked after outside of hospital at the end of their lives. As provider we need to evidence that:

- People are cared for by a team that were supported by supervision and training to carry out their role.
- The team understand their role in caring for people with limited or no capacity under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.
- People and their relatives are involved in planning their care and in particular their chosen place of care.
- We are supporting people to die in their preferred place of care.
Is the service caring?

People who use the service should feel that they are valued and that staff are kind considerate and caring. As provider we need to evidence that

- We listen to what people want and provided care around their wishes.
- We always ensure that people received care in a dignified and respectful way

Is the service responsive?

People who use the service should feel confident that they rapid access to a service that meets their need. As provider we need to evidence that

- We respond quickly, efficiently and give appropriate support
- We are flexible
- Complaints are dealt with promptly and changes are made to improve the service.

Is the service well-led?

To deliver quality person-centred care within a open fair culture which supports learning and innovation through leadership, management and governance of the organisation we need to evidence that

- Our service has an effective governance structure
- Our service promoted a person-centred culture.
- Our service works in partnership with the local end of life teams
- Our service has a registered manager who understands their responsibilities and demonstrates this by managing all aspects of the service to provide a high quality service.
- Quality monitoring is used to drive improvement.
- People’s feedback is used to monitor and improve the service.
Key Priorities
We are committed to delivering high quality care that is tailored to the needs of individuals, their carers and families. Our focus for 2016 -2017 is to work in partnership with commissioners, end of life care providers and stakeholders to deliver the seven key deliverables outlined in The Northamptonshire End of Life Strategy. Our quality goal is to achieve specific outcomes that will ensure effective and well coordinated delivery of services to people who wish to die out of hospital.

Patient safety
1. Reduce the level of risk of patient’s having poorly controlled symptoms at the end of life
2. To continue to implement “Considerations for the care of a person who it is thought may die within the next few days or hours” (based on the five priorities for the care of the dying person, developed by the Leadership Alliance for the Care of Dying People in the document, ‘One chance to get it right)
3. To work with partner providers and stakeholders to develop and implement a comprehensive assessment tool for patients registered with our service

Patient experience
1. Using sources of feedback to learn from and respond to patients and carers
2. Continue involvement with patients, their families, service users and carers

Clinical effectiveness
1. For all Advanced Nurse Practitioner’s to complete the non medical prescribing course
2. Transforming our current (CCC) single point of access for people thought to be in the last 8 weeks of life into a Referral Management Centre by April 2017
3. To continue to learn from incidents, complaints and compliments
Quality Initiatives

1. Thematic Review of Feedback Received By Primecare End of Life Services

April 2015 to March 2016

Background

Gaining feedback from service users and their family’s/carers regarding the quality of the services provided by Primecare had proven to be difficult. We had requested feedback in a number of ways including leaving share cards with patients at the time of our visits and the response had been low.

We do however regularly receive cards and letters from the family’s/carers of service users following a service user’s death. We send a card of condolence to the families of patients to whom we have provided a service. We ask for feedback regarding the service in this card. The same request for feedback is included in our information leaflet which is given to all patients registered with our service.

I sincerely hope the care provided by Primecare was helpful to you.
I would be very pleased to know what you thought we did well and if there was anything that we could have done better to improve your experience.

We have utilised feedback to obtain qualitative analysis from the comments and responses contained therein.
Overall feedback

The overall feedback from the 73 cards and letters received in this period evidenced a confidence in the service, that care was delivered with compassion, gratitude for the service, and a strong theme that people and their families felt well supported and that this enabled them to fulfill a family members wishes to die in their own home. An example that encapsulates the overall feedback is as follows.

“I am writing to thank you and your nurses for the gentle, attentive and wonderful care which you provided for my aunt in the last few weeks of her life in October 2015.

I met so many kind and sensitive people that it would be unfair to have them named individually but I do hope you will pass on the gratitude and love from all of P’s family. We felt supported and we were never alone at such a difficult time and will always be in your debt. Thank you so much”
Themes

1. Providing care with compassion

Feedback evidenced that people felt that care was provided with compassion and kindness. Comments included feedback that directly mentioned kindness, professionalism, comfort, caring, dignity. Examples of comments include:

“\text{They were all a great help and treated us with great kindness, it brought us much comfort}”

“A special thank you to Kay who shown such Respect and Compassion towards my Aunt”

“My mother also realised the good job your team do and benefitted from their care and friendliness”

“My Thanks especially to (Ellen, Gaynor, Karen, Brian and Chris) for you kindness sympathy and support at out time of loss”.

“I met so many kind and sensitive people that it would be unfair to have them named individually”

2. Gratitude for the Service We Provide

Feedback evidenced a deep gratitude for the service in general this included comments such as

“\text{will you pass my everlasting gratitude to the nurses who cared for my husband in the last few days of his illness}”

“Please can you pass on our immense gratitude to everyone involved”

“A note of sincere thanks to convey our deepest gratitude”
3. Confidence in the Service to Support a Person to Remain At Home and Die Peacefully

Feedback evidenced that people received the support they required to enable them to have the confidence to care for a person dying at home. The following comments reflect the above:

"She supported us all right to the end and because of that dad’s passing was as peaceful as it could be”

"We were very grateful to get J home and stay with her until the end, and thankfully she didn't suffer”

"It was B’s wish to spend his last days at home with his family around him and with the amazing support of the team he was able to do this”

4. Support Provided for the Whole Family

Feedback evidenced that people felt that the person dying and their whole family was supported. Examples of comments include:

"We felt supported and we were never alone at such a difficult time and will always be in your debt”

"You were not only a service of symptom management and care for my Grandad, indeed you were a great source of comfort and reassurance for us his family”

"It brought us much comfort to know that you were there in our hours of need”

"Dear Gwen you did not just support mum’s care needs but supported us as well”

"Tracey and Gaynor were amazing we could not have done it without them”. 
5. Excellent Hospital Discharge

Feedback evidenced that people felt that discharge from hospital was well facilitated. Comments also reflected the relief the dying person and their family experienced when they arrived home from hospital. Examples of comments include:

"I especially want to say thank you so much Chris for the efforts you are making to allow my father to come home as soon as practically possible”

"Rebecca It was great to meet you this afternoon and for us to gain so much confidence from your comments about what is possible for my father’s home care”

"Thank you Rebecca for ensuring my Nan returned home this was a priority for us all”

6. Exceptional Service

Feedback evidenced that people felt that the service was exceptional. Examples of comments include:

"The only service that I have ever known to do what it says on the tin”

"Deepest gratitude for the exceptional service your company provided for my Grandad”

"We received an outstanding service”

"Our experience with prime care was faultless”

"The care given to Mum by Ellen and Gaynor, and Karen was first class

"The whole team who we met were first class and all lovely people”
7. Going Above and Beyond

Feedback evidenced that people who used the service felt that staff went above and beyond to provide support. Examples of comments include:

"going Above and beyond to make her final days peaceful"

"Although it was only a short time the work you did was above and beyond"

"I would like to draw particular attention to your nurses Kay, Leah and Sharon who went above and beyond their duty of care"

"Dear Gwen Thank you for all you have done and always going the extra mile"
Overall feedback Chart (1)

- Support Provided for the Whole Family
- Excellent Hospital Discharge
- Exceptional Service
- Providing care with compassion
- Confidence in the Service to Support a Person to Remain At Home and Die Peacefully
- Gratitude for the Service We Provide
- Going Above and Beyond
Verbal Feedback

The care we provide is also led by the things that patients (and their families) tell us are important to them during our visits. These are

- To feel safe and not frightened
- To feel as if they are truly being treated as an individual
- To have well coordinated care
- To know who is looking after them and to know when they will arrive
- Not to feel overwhelmed by care overload
- To be trusted to make their own decisions
- To be comfortable and have any symptoms quickly and well controlled
- To be listened to
- To have their wishes met even if they may be considered unusual
- To be well informed
- To feel well supported
- To be able to contact the people caring for them with ease
- To have access to care quickly if they are in difficulty
- To know what to expect at the end of life
- To have their losses acknowledged
- To be cared for by skilled people who show understanding and empathy
- Not to be judged

Feedback Contained in Care Quality Commission Inspection Report 2015

During our inspection we spoke with relatives of people who had used the service. Relatives of people who had used the service told us that they had valued the caring relationship with the staff. One relative told us “My father had a good relationship with the nurses, they would sort dad out and they would provide emotional support for me and my family”. They told us about an occasion that the nurse had stayed with them until their care worker from another agency arrived to provide support. Another relative told us that the care the nurses provided was “as important to me as it was for my husband”. Relatives told us that the nurses listened to what their relative wanted and provided care around their wishes. One relative told us “they understood what mum needed; they were kind and stayed until the treatment worked.”
Relatives told us of their appreciation of their care one said “my husband received fabulous care and attention”. All of the relatives we spoke with told us that they would recommend the service to others.

Relatives told us that they appreciated the time the staff to listen to them and gave them the confidence to care for their relative at home. One relative told us that “nothing was too much” and that the nurses “really listened to what dad wanted”. Relatives told us that the staff had always ensured that their relative had received care in a dignified and respectful way.

**In Summary**

Primecare acknowledges that the feedback received (mostly from thank you cards and letters) is 100% positive. This feedback has enabled us to reflect on themes of what we are doing right. Using this positive feedback enables us to reproduce what “works”. Positive comments have uncovered themes that may not be observable or measurable in any other way. Without this vital knowledge, there is no way to replicate the good trends. Sharing positive feedback also shows our team that their hard work makes a difference and creates a culture where the patient experience has extremely high value. Because of this the team strive to provide care that gives continued patient satisfaction.

Other ways in which we have identified areas of improvement from feedback is from analysing any changes to themes from previous years and from complaints.

**Themes**

Whilst Feedback themes have remained consistent over the last 2 years there has been a slight difference. In 2014 -2015 there was a clear theme relating to Responsiveness - Feedback evidenced that people felt the service responded to calls rapidly and efficiently. This theme was not evident in the 2015-2016 review

Two new themes were evident. These were “Exceptional Service” where feedback evidenced that people felt that the service was exceptional and “Going Above and Beyond”, where feedback evidenced that people who used the service felt that staff went above and beyond to provide support.
Complaints

The national End of Life Care Programme has identified that a high number of complaints come from the families of patients receiving End of Life Care. From April 2015 to March 2016 we have only received 2 complaints which we have taken very seriously.

Our 2015 Care Quality commission inspection report evidenced that when asked people who used our service had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. A complaints procedure was available for people who used the service explaining how they could make a complaint. People said they were provided with the information they needed about what do if they had a complaint.

Complaint 1

Brief details of complaint and root cause analysis

1. Family were not clear of how the service operated
2. Estimated time of arrival was allegedly not communicated clearly by the Primecare nurse
3. When the Primecare nurse arrived at the home an experienced district nurse was in attendance as the family had also called the district nurse therefore the Primecare nurse did not need to see the patient.
4. Family could not understand why the patient was not seen by the Primecare Nurse
5. Primecare nurse explained how the service worked - Family felt that the Primecare nurse was being defensive when explaining how the service operated
**Actions and Learning from Complaint**

Our procedures clearly state our nurses should give a clear indication as to time of arrival. The learning from this complaint is the importance of giving a clear estimated time of arrival so that the caller feels confident that they will have support within a specific time frame.

It is not unusual for Rapid Response nurse to leave a home without seeing a patient if there is another adequately experienced qualified health care professional in the home supporting the patient and their family. Whilst leaving a home without seeing a patient can be usual procedure a patient, family or other health care professional may perceive this practice as uncaring and unprofessional.

The learning from this complaint is that an assessment should be made on an individual basis as to whether it would be more appropriate to see the patient if another health care professional is in attendance. If not thought to be appropriate a clear and sensitive explanation should be given when we do not need to see a patient if another health care professional has arrived before us and has provided treatment. The health care professional in attendance should also be aware of the reason we are not seeing the patient.

It is best policy that prior to leaving a home that our nurses reassure a family that they can call our service for support in the future. Our nurses are expected to confirm how the service operates and ensure that family members know how to contact the service and what to contact for. We also explain that on occasion it may take longer than an hour to get to a person depending where we are but that we do our very best to arrive as quickly as possible following a call. The learning from this complaint is that the family could lack confidence in the service and feel that a practitioner is being defensive because of the way in which information is communicated. An assessment should be made on an individual basis as to how the above information regarding the service is communicated especially when a family is distressed.

This was the first time the family had contacted the Primecare Care Coordination centre. Primecare are dependant on The Health Care Professional registering the patient with Primecare End of Life services to give a family the Primecare
Information leaflet and explain the purpose of the Primecare Rapid Response service. The registering professional should explain that when a family member contacts the Primecare care co-ordination centre it is standard operating procedure for our call handlers to pass the call immediately to the nurse on duty. The nurse on duty should contact the caller within 20 minutes of being contacted by the care coordination centre that they aim to visit within one hour. They should also explain that on occasion delays are unavoidable due to a nurse being with another patient.

Action: To ensure that referrers have a stock of the Primecare information leaflets and that they understand Primecare operational processes so that the patient and family’s expectations are managed on registration by being given the correct information. Meetings with referrers will be set up across the county.

Complaint 2

Brief details of complaint and root cause analysis

Patient was visited without a request for a home visit from a family. The family complained.

This incident was the result inadequate standard operating procedure in relation to planned care

Actions and Learning from Complaint

Our planned care policy and standard operating procedures have been reviewed and amended.

To ensure the provision of continuity of patient care the times of visits should remain consistent and be accurately reflected on the planned care spread sheet.

During a set of shifts one person on a shift will nominate themselves as the contact for planned care on a daily basis. This person will inform the service manager, the Advanced nurse practitioner on duty 08:00-18 the Hospital Link
Nurses and Age UK (by text) informing them that they are the contact for planned care for that day.

The person who has taken this responsibility will take referrals, plan care (according to the visit policy) and inform the referrer of the times that visits can be provided. This person is also responsible for communicating with their colleagues on duty, updating the planned care spread sheet so that the whole team is aware of the visits being provided. Clear communication between team members is essential at all times.
3. Increasing Activity

Current Status

1331 Patients have been registered with the service between April 2015 and March 2016. Whilst this is a 5.7% increase in patient registration from the previous year it is important that our services are made available to all patients in the community whose preferred place end of life care of care is at home or their own care home. The activity of our service is dependant on patients being referred by our community partners. Continual Promotion of the service with local stakeholders, networking and developing sound relationships and partnership working has affected a year on year increase in the amount of patients receiving rapid response services and dying in their preferred place of care.

Rapid Response Community Nursing Team

The Rapid Response Community Nursing Service has provided 5562 visits to patients in the last 12 months.

People dying in their preferred place of care

We consistently reach our Key Performance Indicator of supporting 500 people per year to die in their own home or care home as preferred place of care with 908 patients known to have died out of hospital in the last 12 months. This is an 2% increase in the number of people who Primecare have supported to die in their preferred place of care.
### Identified areas of improvement

**Priority: Equality of Access to Services for Patients through Increased Referral**

- Quarterly meetings with community leads and acute hospitals leads to ensure continuing durable partnerships, good working relationships and maintain effective communication with all stake holders
- Continuing robust communication and marketing strategy
- Quarterly evaluation/ review of each element of the service in order to increase efficiency
- Implementing robust strategies in order to increase referral rates and our services ability to respond to increased patient need.
- Evidencing a proven high quality, skilled, flexible can do workforce/service
• Providing robust data to our commissioners in order to support and influence changes to service delivery mode
• To continue to support and scrutinise our sub contracted service
• To continue to promote the service with local stakeholder’s
• To continue to develop relationships with stakeholders explaining the whole service and the principles of partnership working.
• Focus on communicating with community providers and care home staff in order to ensure a full understanding of the EOL service and the benefits associated with the resource for all patients registered in the County.
• Transforming our current (CCC) single point of access for people thought to be in the last 8 weeks of life into a Referral Management Centre by April 2017

4. Acute Hospital Link Nurses – Further reduction of Hospital Deaths

Current Status

Over the last 12 months 582 patients were referred to our Primary Care Link nurses at the Northampton and Kettering General Hospitals 79% of those referred died in their preferred place of care with 5% dying in hospital as preferred place of care and 74.5% being discharged from hospital and dying as they wished either at home, their own care home or a hospice.

Partnership Working

Our discharge nurses work on a daily basis with closely with key hospital departments this includes:
• Palliative care teams
• Hospital discharge teams health and social care
• Bed managers
• Transport teams
• Continuing Health Care
**Discharges Following Referral**
257 patients were discharged home as preferred place of care
147 patients were discharged to a care home as preferred place of care
27 patients were discharged to a hospice as preferred place of care

**Hospital Deaths**
29 patients died in hospital as preferred place of care
102 patients died in hospital following a rapid decline in their condition
14 patients died in hospital awaiting a care package or a nursing home placement.
Identified areas of improvement

The number of patients who died in hospital due to rapid deterioration prior to discharge has decreased by 6% in 2015-2016. It is however important that we strive to support the acute hospitals to affect a further decrease in the numbers of patients who die in hospital when their preferred place of care is at home or their own care home.

Priority: To see a further decrease in the number of “in patient” deaths due to late referral as ward staff sometimes find it difficult to identify when a patient is entering the last phase of life.

- Discharge Link Nurse to dedicate time to working with wards and departments discharge teams and hospital EOL facilitators supporting staff to identify patients in a timelier manner.
- Monthly meetings with acute hospitals EOL leads to ensure continuing durable partnerships, good working relationships and maintain effective communication

- Involvement in teaching with nursing and medical staff regarding identification of people who entering the last phase of life

- Regular reporting to acute hospitals of numbers of patients who are referred to late to arrange safe and appropriate discharge home
5. Partnership working - Pathway for the Dying Patient

The Joint statement by the Leadership Alliance for the Care of Dying People- Phasing out of the Liverpool Care Pathway 2014 outlined that the approach to the care of dying people should focus care as defined by the five the five priorities for the care of the dying person.

The Leadership Alliance stated that service providers and commissioners would be expected to create and support the systems and learning and development opportunities that enable the 5 priority areas. Primecare had continuous involvement with the Northamptonshire multi sector approach in developing local guidelines in 2014-2015.

“Considerations for the care of a person who it is thought may die within the next few days or hours”

These guidelines are based on the five priorities for the care of the dying person, developed by the Leadership Alliance for the Care of Dying People in the document, ‘One chance to get it right – Improving peoples experience of care in the last few days and hours of life’ (LACDP, 2014). The aim is to support decision making, planning and delivery of compassionate high quality, individualised care for people who it is thought may die within the next few days or hours.

Primecare End of Life services has adopted these guidelines and our care planning (and the supporting documentation) is aligned to the five priorities for the care of the dying person.

Evidence from Clinical audit and feedback from patients and families indicates that these guidelines are being followed.

Partnership working – Assessment and Care Co-ordination

Over the coming year Primecare will work closely with provider partners and agencies to develop a new comprehensive patient assessment tool, and establish a referral management centre to improve coordination of care. Key stakeholders will be involved with all initiatives throughout the development process.
6. Internal effectiveness - To facilitate the effective and efficient running of the service

Description of issue and rationale for prioritising

To support us in achieving the priorities outlined above Primecare recognises the importance of having the internal infrastructure to support this. This will ensure we have the systems and processes we need to achieve high quality, accessible healthcare. All of our achievements to date have been delivered by dedicated front-line staff working together.

Aim/Goal

1. To develop all of our staff to help us deliver excellence in all services provided by us.
2. To support all staff to reach their potential
3. To deliver better, more accessible, more responsive care to patients and service users.
4. Provide staff with up to date resources

Current status

Our recruitment policy is robust with person specification identifying the required standard of experience knowledge and qualifications to carry out the role effectively. Our Staff undertake mandatory training which is outlined below in our quality overview. Policies and procedures are adhered too to ensure uniformed, safe continuity of care. The service actively encourages all staff to undertake training throughout their career and to date we have successfully supported our Advanced Nurse Practitioners to complete modules of the palliative care degree course, advanced communication courses and the non medical prescribers’ course. Retention rates across the service are high with 45% of staff remaining with the service since September 2010.
Health Care Assistant Training Programme

A key element of the End of Life Care Strategy, (DoH, 2008), is the development of the workforce. The strategy recognises that most health and social care workers have some role in the provision of end of life care. It also identifies ‘major deficiencies in the knowledge, skills, attitudes and behaviours of staff groups who come into frequent contact with people at the end of their lives,’ (DoH, 2008). A change in attitude and behaviour and the development of knowledge and skills in relation to end of life care is advocated across the workforce. For employers the focus is on ensuring that staff have the required skill and knowledge sets and that they are given the opportunity to access relevant training.

Rationale, Aims and Objectives

Our commitment is to supporting individualised, patient centred end of life service and we recognise the need for supporting and contributing towards the provision of a robust framework for the development of skills, knowledge and competence within the workforce. The skills and competencies should be at the level and standards described in the Department of Health End of Life Strategy, (2008). Primecare’s End of Life Care team, Northamptonshire, have researched and developed a range of core competencies for End of Life Care and we believe this helps to provide a practical tool for the assessment of skills and competencies of Health Care Assistants providing specialised end of life care to patients in their home.

The competencies in this document follow the guidelines supplied by the DH - 'Core Competencies for End of Life Care: Training for Health and Social Care Staff', (DH, 2009), these guidelines have been designed for use with all staff groups who deliver care to individuals at the end of life. It is expected that all HCA’s will work towards achieving these competencies. A Health Care Assistant is competent when she/he possesses the skills and abilities required for safe and effective practice without direct day to day supervision. For HCA’s to achieve competence, HCA’s and their line manager/mentor work together to identify objectives through discussion and the areas of development and actions for attaining goals are agreed in the HCA’s personal development plan (PDP).
Quality Overview

The team have regular one to one and team reflection meetings. The purpose of the meetings is as follows:

- To identify events in individual cases that have been critical (beneficial or detrimental to the outcome) and to improve the quality of patient care from the lessons learnt
- To instigate a culture of openness, not individual blame or self criticism and reflective learning
- To enable team building and support stressful episodes.
- To enable identification of good practice
- To be a useful tool for team and individual continuous professional development, identifying group and individual learning needs

- All staff have to have a negative DBS disclosure prior to employment
- All trained nurses have their NMC registration checked annually
- Priemcare support trained nurses in revalidation with the NMC
- All staff have an annual appraisal

Staff complete mandatory training at start of employment and have periodical mandatory training updates this includes:

- Safeguarding Vulnerable adults – Local NHS training
- Safeguarding Children – Local NHS training
- Infection control
- B.L.S Training
- Moving and Handling
- Diversity and equality
- Data protection
- Dealing with verbal complaints
- Corporate induction
- Service Induction
- Mental Capacity Act
- Five Priority areas of the care of dying people
- Chaperone
- Health and safety
Advanced Nurse Practitioners also have to undertake

- Verification Of Death Training
- Syringe Driver Training
- Non medical prescribers annual update

**Audit**

All new staff have an end of First Session review (EOFSR) audit within 2 weeks of starting their role. They then have a full clinical audit 3 months post the date of the EOFSR.

The audit process is identified below.

All clinicians undergo an audit every 6 months, however if they score 90% or above on 2 consecutive audits this is changed to an annual audit.

All clinicians are sent a copy of their audit results together with a covering letter. This letter identifies good practice and any areas for improvement which are supported through a process of reflection, appraisal and development.

The audit pass rate is 75% however it is felt that any clinician scoring under 80% is of concern and does warrant closer monitoring.

When an Audit Score is 75-79% the audit team have a central audit risk and concerns register on which they place clinicians who do poorly at audit or there are other concerns raised, e.g. Complaints, incidents etc.

If a clinician scores between 75 -79% then they are placed upon the audit concerns register. This means that the clinician is visible to the Safety & Quality team and can be monitored.

Action plans to improve the scores involve audit feedback and/or training and then a re-audit to ensure learning has taken place.
If a clinician has an unacceptable score the Safety & Quality team are notified with a proposed plan of action/next steps (referring to Primecare’s clinician performance management policy) and the date when the next audit will take place.

The audit team will then place a clinician on the concerns register with the plan and time line and will oversee compliance to the plan and the outcome. All audit results are uploaded onto the Clinical Providers Data Base along with a record of any discussions or meetings that have taken place.

Once a clinician has improved and their performance has been sustained as evidenced by a further audit they are removed from the concerns register.

When An Audit Score is <75% in this instance the clinician is placed on the audit risk register. The process remains the same as entry onto the concerns register however there is consideration given to the possible removal from practice until feedback/re training has taken place. The audit team is immediately informed of the audit result and sent action plans.

Good Practice is disseminated across the organisation in the form of a three monthly patient safety news letter. A monthly board report is produced by the audit team pulling relevant information together. Periodic audit retrospective targeted audits are carried out by the Primecare Audit team and disseminated across the organisation.
Primecare Clinical Audit

The following domains/standards are measured against

<table>
<thead>
<tr>
<th><strong>Advanced Nurse Practitioner Audit</strong></th>
<th><strong>Health Care Assistant Audit</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Audit Standard 1: Referral &amp; History Taking</td>
<td>Presentation</td>
</tr>
<tr>
<td>Audit Standard 2: Assessment &amp; Care Planning</td>
<td>Documentation</td>
</tr>
<tr>
<td>Audit Standard 2a: Advanced Care Planning</td>
<td>Infection Control</td>
</tr>
<tr>
<td>Audit Standard 3: Diagnosis &amp; Treatment</td>
<td></td>
</tr>
<tr>
<td>Audit Standard 4: Symptom Management: Informed Decision Making and Empowerment</td>
<td></td>
</tr>
<tr>
<td>Audit Standard 4a: Accurate and appropriate recording and documentation of medicines</td>
<td></td>
</tr>
<tr>
<td>Audit Standard 5: Safety Netting</td>
<td></td>
</tr>
<tr>
<td>Audit Standard 6: Defensible Documentation</td>
<td></td>
</tr>
<tr>
<td>Audit Standard 7: IT / Protocols / Algorithms</td>
<td></td>
</tr>
<tr>
<td>Audit Standard 8: Infection Control</td>
<td></td>
</tr>
</tbody>
</table>

**Advanced Nurse Practitioner Audit**
Controlled Drug Stock and Stock Records
Patient Medicines Administration Chart
Administration Of Controlled Drugs Adastra Documentation

In respect of discrepancies, losses or suspected misuse of CDs, was there documented evidence

Primecare End of Life Services Northamptonshire: Average clinician and health care assistant audit score over the past 12 months has been 95%
# Care Quality Commission Inspection Report Summary 2015

## Nestor Primecare Services Limited

### Nestor Primecare Services Limited t/a Primecare Primary Care - Northampton

**Inspection report**

31 Billing Road  
Northampton  
NN1 5DQ  
Tel: 01604 611200  
Website: www.primecare.uk.net/  
end-of-life-care-case-study.aspx  

Date of inspection visit: 18 May and 4 June 2015  
Date of publication: This is auto-populated when the report is published

<table>
<thead>
<tr>
<th>Ratings</th>
<th>Good</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall rating for this service</strong></td>
<td>Good</td>
</tr>
<tr>
<td>Is the service safe?</td>
<td>Good</td>
</tr>
<tr>
<td>Is the service effective?</td>
<td>Good</td>
</tr>
<tr>
<td>Is the service caring?</td>
<td>Good</td>
</tr>
<tr>
<td>Is the service responsive?</td>
<td>Good</td>
</tr>
<tr>
<td>Is the service well-led?</td>
<td>Good</td>
</tr>
</tbody>
</table>

---

### Overall summary

This announced inspection took place on 18 May and 4 June 2015. Primecare Primary Care - Northampton provide dedicated support to people who are nearing the end of their lives and wish to die in their own home or in a care home.

Primecare Primary Care - Northampton provide dedicated care and support to patients who are registered with a Northamptonshire GP, are thought to be in the last eight weeks of life and wish to die in their own home or in a care home.
Summary of findings

The service dovetails with existing NHS care providers; Northampton and Kettering General Hospitals, District Nurses, GP’s, Marie Curie, Hospice At Home, Northamptonshire out of hour’s medical service, Macmillan and East Midlands Ambulance Service and is an integral part of the Northamptonshire End of Life Pathway.

There are three distinct aspects to the service; Advanced Nurse Practitioners based at Northampton and Kettering General Hospitals provide discharge planning and support for patients who are nearing the end of life and wish to be cared for at home or in their own care home. Advanced Nurse Practitioners and healthcare assistants provide a rapid response to people who are in their own home or care home and require support or treatment. People can contact the Primecare Care Coordination Centre 24 hours a day. Between 08:00 and 01:00 the call regarding that person is passed immediately by the centre to the Primecare Rapid Response community nursing team. Out of these hours the referral is passed to directly Northampton’s out of hour’s medical service.

At the time of our inspection the service supported more than 90 people, and had supported over 650 to receive their end of life care in their chosen place of care. The numbers of people receiving the care from the service changed daily as people used the service when they required urgent relief of their symptoms.

At the last inspection in July 2013 we asked the provider to make improvements on the assessment of people’s needs to ensure the planning and delivery of care met their individual needs. These improvements had been completed.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are ‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager understood their responsibilities and demonstrated this by managing all aspects of the service to provide a high quality service.
People were involved in choosing where they received their end of life care. When people were being discharged from hospital staff listened to what people wanted and arranged care based around their wishes and need; this included arranging equipment and care at home to ensure a person’s safety and comfort.

The service was easily accessible everyone who required the end of life care. Staff responded rapidly to requests for support for people receiving end of life care at home or in a care home.

People who used the service valued the caring relationship with the staff, who ensured that people received care in a dignified and respectful way. Staff were flexible in the length of time given at each visit to meet the needs of people who used the service and their relatives.

The service worked in partnership with the local end of life providers. Staff kept health professionals informed about the care that people had received to ensure that people received continuity of care.

People were protected from avoidable harm and abuse as staff understood how to recognise and report any concerns. Staff understood their role in caring for people with limited or no capacity under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

There were sufficient numbers of skilled and experienced staff to meet people’s needs. All of the staff had undergone rigorous recruitment processes to ensure they had the required skills and experience to provide care to people at end of their lives. The Advanced Nurse Practitioners who prescribed medicines were qualified to practice as a Non-Medical Prescribers and attended regular professional development updates. All staff received mandatory training, role specific training and regular updates. Staff received regular supervision and feedback on how well they were doing and how to improve their practice.

Complaints were dealt with promptly and changes had been made to improve the service. Quality monitoring and people’s feedback was used to monitor and improve the service.
Summary of findings

The five questions we ask about services and what we found

Is the service safe?

The service was safe.

People were protected from avoidable harm and abuse as the provider had suitable procedures to identify and report abuse.

Staff facilitated the provision equipment in people’s homes to ensure people were cared for in a safe environment.

Staff assessed people’s safety on every visit, they recorded what equipment was required and documented if these were being used appropriately.

Staff communication with other healthcare professionals ensured a safe handover and continuity of care.

There were sufficient numbers of skilled and experienced staff to meet people’s needs.

All of the staff had undergone rigorous recruitment processes to ensure they had the required skills and experience to provide care to people at end of their lives.

Advanced Nurse Practitioners were qualified to prescribe medicines; they had undergone extensive training and regular updates.
Is the service effective?

The service was effective.

People were cared for by staff that had received training to specifically care for people at the end of their lives.

People were cared for by staff that were supported by supervision to carry out their role.

Staff understood their role in caring for people with limited or no capacity under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People and their relatives were involved in planning their care and in particular their chosen place of care.

Is the service caring?

The service was caring.

People who used the service valued the caring relationship with the staff.

Staff listened to what people wanted and provided care around their wishes.

Staff always ensured that people received care in a dignified and respectful way.

Is the service responsive?

The service was responsive.

People were involved in planning their end of life care and in particular their chosen place of care.

Staff were flexible in the length of time given at each visit to meet the needs of people who used the service and their relatives.

Complaints were dealt with promptly and changes had been made to improve the service.
**Is the service well-led?**

The service was well led.

The service promoted a person-centred culture.

The service worked in partnership with the local end of life teams.

The service had a registered manager who understood their responsibilities and demonstrated this by managing all aspects of the service to provide a high quality service.

Quality monitoring was used to drive improvement.

People’s feedback was used to monitor and improve the service.
Primecare Quality Dashboard

The service is and will be internally performance monitored monthly on the dashboard indicators with evidence supplied to the Central Team. The End of Life (EOL) Service dashboard 2015-2016 results indicated below

<table>
<thead>
<tr>
<th>Descriptor</th>
<th>Green Target</th>
<th>Amber Target</th>
<th>Red Target</th>
<th>Description</th>
<th>Frequency</th>
<th>EOL</th>
</tr>
</thead>
<tbody>
<tr>
<td>S11</td>
<td>=100%</td>
<td>&gt;=95%</td>
<td>&lt;95%</td>
<td>Audit Scores</td>
<td>Monthly</td>
<td>100%</td>
</tr>
<tr>
<td>S12</td>
<td>&gt;=95%</td>
<td>&gt;=75%</td>
<td>&lt;75%</td>
<td>11 month review and yearly appraisals</td>
<td>Monthly</td>
<td>100%</td>
</tr>
<tr>
<td>E01</td>
<td>=100%</td>
<td>&gt;=95%</td>
<td>&lt;95%</td>
<td>Minimum requirements</td>
<td>Monthly</td>
<td>100%</td>
</tr>
<tr>
<td>E03</td>
<td>&gt;=95%</td>
<td>&gt;=75%</td>
<td>&lt;75%</td>
<td>Essential training</td>
<td>Monthly</td>
<td>94%</td>
</tr>
<tr>
<td>S01</td>
<td>=100%</td>
<td>&gt;=95%</td>
<td>&lt;95%</td>
<td>Rota fulfilment post service</td>
<td>Monthly</td>
<td>100%</td>
</tr>
<tr>
<td>S09</td>
<td>=100%</td>
<td>&lt;100%</td>
<td></td>
<td>Clinical risk management - all risks have actions with dates and dates are not breached.</td>
<td>Monthly</td>
<td>100%</td>
</tr>
<tr>
<td>E09</td>
<td>=100%</td>
<td>&gt;=95%</td>
<td>&lt;95%</td>
<td>Clinician Reviews Completed</td>
<td>Monthly</td>
<td>95%</td>
</tr>
<tr>
<td>E12</td>
<td>=100%</td>
<td>&lt;100%</td>
<td></td>
<td>An Audit has been completed before due date</td>
<td>Monthly</td>
<td>100%</td>
</tr>
<tr>
<td>P02</td>
<td>=100%</td>
<td>&lt;100%</td>
<td></td>
<td>ACIs closed within 45 calendar days</td>
<td>Monthly</td>
<td>100%</td>
</tr>
<tr>
<td>P03</td>
<td>=100%</td>
<td>&lt;100%</td>
<td></td>
<td>Complaints acknowledged within 3 working days</td>
<td>Monthly</td>
<td>100%</td>
</tr>
<tr>
<td>P06</td>
<td>=100%</td>
<td>&lt;100%</td>
<td></td>
<td>Complaints receive a considered response within 28 calendar days</td>
<td>Monthly</td>
<td>100%</td>
</tr>
</tbody>
</table>

The data for our service quality standards is taken each month from our clinical service provider data base. From this data an internal monthly dashboard is produced. This is evidence based and audited by the Safety and Quality Team to ensure that it is robust and can be both internally and externally interrogated.
Definition of standards taken from clinical service provider data base

**Standard S11: E12**
All clinicians are audited and score over 75%

**Standard S12:**
Employed clinicians have yearly appraisal, and/or all contractors receive 11 month review

**Standard E01:**
100% of clinicians achieve our minimum requirements
Clinical Providers database minimum requirements:
Current Clinicians on database:
- NMC registration
- CRB
- Basic life support
- Safeguarding Adults and Children
- Infection Control
- Moving and Handling
- Data Protection

**Standard E03:**
Essential training is completed for all employed clinicians as per policy

**Standard S01:**
The rota for clinicians should be 100% filled post service. This is to identify any gaps that occur on the day of the service. The percentage is the number of hour’s gap over number of total hours.

**Standard S09:**
Local risk registers compiled and reviewed monthly and there is evidence of review/action plans and mitigation of ongoing risk.

**Standard PO2**
All ACIs closed within 45 calendar days
**Standard P03:**
Complaints rate is being monitored and managed-ALL
Rate measured by x per 1,000
Measured by:
Improved
Level
Reduced

**Standard P06:**
Complaints are acknowledged within 3 days and include an offer of local resolution. Final response to be sent within 20 working days with 100% compliance. This is an internal standard, however Primecare aspire to ensure that all complaints are resolved within the 20 working day period unless under exceptional circumstances which can be noted. 100% of closed complaints should have learning points

**Standard P014:**
Evidence of CQC Audit action plans updated monthly in line with urgency ratings

**Identified areas of continuous improvement**

- Essential Training - we had some difficulty sourcing Manual Handling Training – Northamptonshire Health Care Foundation Trust (NHFT) are now providing our training and updates.
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number Of Relevant NPSA, CAS, Medical Device Alerts</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Percentage Of relevant NPSA, CAS, Medical Device Alerts identified and responded to within specified time scales</td>
<td>100%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Percentage of relevant NPSA, CAS, Medical Device Alerts closed within specified timescales</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Percentage Of Relevant Nice Guidelines identified and disseminated within specified time scales</td>
<td>100%</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Number Of Complaints</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Percentage of complaints received that are acknowledged within 3 working days.</td>
<td>100%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Number Of ACI's</td>
<td>100%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Percentage of ACI's response to closed within 28 days</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Clinical Staff : Percentage Of Staff Audited in line with Primecare audit policy</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Call handlers: Percentage Of Staff Audited</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Percentage of Clinical Staff Scoring above 75% in audit</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Percentage of Call Handlers Scoring above 85% in audit</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Percentage of staff who have received annual appraisal</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
</tr>
</tbody>
</table>

Results against quality indicators meet the requires standard in all areas across 2015-2016
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Telephone response to patient/carer from End of Life Care Rapid Response Service made within 20 minutes of receipt of referral</td>
<td>&gt;95%</td>
<td>&gt;90%</td>
<td>&lt;95%</td>
<td>96%</td>
<td>96%</td>
<td>95%</td>
<td>97%</td>
<td>96%</td>
<td>97%</td>
<td>95%</td>
<td>93%</td>
<td>97%</td>
<td>97%</td>
<td>97%</td>
<td>97%</td>
</tr>
<tr>
<td>2a Rapid Response Advanced Nurse Practitioner clinical (home) visit response undertaken within 60 minutes of time call received from the Coordination Centre</td>
<td>&gt;95%</td>
<td>&gt;90%</td>
<td>&lt;95%</td>
<td>94%</td>
<td>96%</td>
<td>95%</td>
<td>94%</td>
<td>95%</td>
<td>94%</td>
<td>95%</td>
<td>94%</td>
<td>95%</td>
<td>94%</td>
<td>95%</td>
<td>94%</td>
</tr>
<tr>
<td>2b Rapid Response urgent low level (home) visit response undertaken within 60 minutes of time call received from the Coordination Centre</td>
<td>&gt;95%</td>
<td>&gt;90%</td>
<td>&lt;95%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Special Notes</td>
<td>&gt;90%</td>
<td>&gt;89%</td>
<td>&lt;84%</td>
<td>90%</td>
<td>92%</td>
<td>91%</td>
<td>91%</td>
<td>93%</td>
<td>94%</td>
<td>95%</td>
<td>90%</td>
<td>90%</td>
<td>95%</td>
<td>95%</td>
<td>90%</td>
</tr>
<tr>
<td>3 % of people who Nestor Primecare Rapid Response staff review or instigate care for, have an identified Special Patient Notes Form documenting their place of care and death preferences, coded on Adastra/Systole.</td>
<td>&gt;90%</td>
<td>&gt;89%</td>
<td>&lt;85%</td>
<td>94%</td>
<td>93%</td>
<td>92%</td>
<td>92%</td>
<td>95%</td>
<td>96%</td>
<td>95%</td>
<td>97%</td>
<td>95%</td>
<td>94%</td>
<td>96%</td>
<td>95%</td>
</tr>
<tr>
<td>Rapid Response Intervention - Co-Ordination of Care</td>
<td>&gt;95%</td>
<td>&gt;90%</td>
<td>&lt;95%</td>
<td>94%</td>
<td>93%</td>
<td>92%</td>
<td>92%</td>
<td>95%</td>
<td>96%</td>
<td>95%</td>
<td>97%</td>
<td>95%</td>
<td>94%</td>
<td>96%</td>
<td>95%</td>
</tr>
<tr>
<td>Preferred Place of Care/Death</td>
<td>&gt; 41 Patients</td>
<td>&gt;36 &lt;41 Patients</td>
<td>&lt;36 Patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------</td>
<td>---------------</td>
<td>-----------------</td>
<td>-------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients</td>
<td>64</td>
<td>64</td>
<td>76</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>77</td>
<td>71</td>
<td>73</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>98</td>
<td>79</td>
<td>75</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>79</td>
<td>82</td>
<td>70</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient/Carer Experience</th>
<th>&gt;5% Patients</th>
<th>&gt;10%&lt;15% Patients</th>
<th>&lt;10% Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients</td>
<td>0%</td>
<td>0.71%</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>0%</td>
<td>0%</td>
<td>0.71%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Care Coordination Centre</th>
<th>&gt;90% by 10 am next day</th>
<th>&gt;90&lt;95%</th>
<th>&lt;90%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients</td>
<td>91%</td>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td></td>
<td>90%</td>
<td>92%</td>
<td>90%</td>
</tr>
<tr>
<td></td>
<td>91%</td>
<td>91%</td>
<td>90%</td>
</tr>
<tr>
<td></td>
<td>91%</td>
<td>91%</td>
<td>90%</td>
</tr>
<tr>
<td></td>
<td>90%</td>
<td>93.00%</td>
<td>93.00%</td>
</tr>
<tr>
<td></td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephony KPIs</th>
<th>&gt;95% Patients</th>
<th>&gt;90%&lt;95% Patients</th>
<th>&lt;90% Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients</td>
<td>94%</td>
<td>93.48%</td>
<td>96.00%</td>
</tr>
<tr>
<td></td>
<td>93.00%</td>
<td>91.5%</td>
<td>95.0%</td>
</tr>
<tr>
<td></td>
<td>93.7%</td>
<td>92.7%</td>
<td>91.3%</td>
</tr>
<tr>
<td></td>
<td>95.0%</td>
<td>92.4%</td>
<td>93%</td>
</tr>
<tr>
<td></td>
<td>90%</td>
<td>93%</td>
<td>90%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CCC % of calls answered within KPI</th>
<th>&gt;95% Patients</th>
<th>&gt;90%&lt;95% Patients</th>
<th>&lt;90% Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients</td>
<td>2%</td>
<td>2.43%</td>
<td>2.60%</td>
</tr>
<tr>
<td></td>
<td>1.5%</td>
<td>1.5%</td>
<td>1.5%</td>
</tr>
<tr>
<td></td>
<td>2.3%</td>
<td>1.80%</td>
<td>2.00%</td>
</tr>
<tr>
<td></td>
<td>2.8%</td>
<td>2.80%</td>
<td>2.99%</td>
</tr>
<tr>
<td></td>
<td>3.5%</td>
<td>3.5%</td>
<td>3.7%</td>
</tr>
</tbody>
</table>
Monthly Results against Key Performance Indicators

During 2015-2016 the majority of our Key Performance indicators have been met evidencing the quality of service provided to our customers.

Identified areas of continuous improvement

The following Key Performance Indicators have not been constantly met during 2015-2016

1. Rapid Response clinical (home) visit response undertaken within 60 minutes of time call received from the Coordination Centre

This Key Performance Indicator was based an increase in contracted service staffing levels after six months following service commencement. In April 2011 it was decided by our commissioners not to go ahead with the increase in staffing to for the Rapid Response Community Nursing service, funding for this increase was withheld. The volume of activity and request for patient visits has increased by 50% since the start of our service in 2010 Whilst we endeavour to reach a patient within one hour of the request for a visit there are times when this is not possible due to volume of work at the time.

Identified areas of continuous improvement

Managing patient expectations

- We respond to a call from a patient or their relatives within 20 minutes to discuss the problems a patient is experiencing and to give an estimated time of arrival.
- Where we are unable to reach a patient within one hour we inform the caller and give an estimated time of arrival and give regular updates as to time of arrival.
- We liaise with partner providers throughout the county for e.g. district nurses and out of hour’s medical staff and where necessary will pass calls to other providers if we are unable to attend
- We will provide detailed reports of breaching this KPI to our commissioners
Staffing

- We have employed an additional Nurse Practitioner over and above the initial contracted specification for service staffing levels and where possible have two Advanced Nurse Practitioners on duty during the evening period.

2. Details of the rapid response interventions received by the EOL Care Coordination Centre are sent to the patient’s registered GP

**Identified areas of continuous improvement**

- On four occasions over the past 12 months we have not been able to meet this Key Performance Indicator. This was due to issues with Primecare IT systems and Clinicians having difficulty accessing ADEASTRA (our clinical case note system). This issue was rectified in July 2015 when Primecare systems were rebuilt in July 2015. Our staff document in the patient’s home district nursing notes and our nurses contact a patient’s district nurse following visits via telephone to update them with crucial information.

- On one occasion over the past 12 months we have not been able to meet this Key Performance Indicator as staff were unable to complete their electronic notes in time due to call volume. However, our staff document in the patient’s district nursing notes and our nurses contact a patient’s home district nurse following visits via telephone to update them with crucial information.
3. Care Co-ordination Centre calls 95% calls answered within KPI

- Primecare understands how important it is for people to have their calls to our co-ordination centre answered promptly and dealt with efficiently. It is important that we improve our performance against this KPI. Call volume has increased by 18% during 2015-2016 this increase has been in the evenings and at weekends especially. We are currently mapping the times of high call volume so that in the future there are additional call handlers are available to answer calls during those periods.

- We will continue provide detailed reports of breaches this KPI to our commissioners.
In Conclusion

The following letter evidences how our services enable people to have the best possible death at home.

Dear Rebecca,

My husband, has recently been cared for by members of the prime care rapid response service and I wanted to take the opportunity to let you know how highly the whole family felt about the support they gave to us all.

It was his wish to spend his last days at home with his family around him and with the amazing support of the team he was able to do this.

Without exception, all the nurses were brilliant but especially we found Kay Edwards to be so caring and informative. She gave us all the information we needed and allowed us all time to ask any questions we had. Although, I am sure she was very busy we never felt rushed when she was with us.

She supported us all right to the end and because of that Bill's passing was as peaceful as it could be.

Thank goodness for people like her.