



## **Quality Report 2024/2025**

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## **Patient Care Locally (PCL) Quality Account 2024-25**

### **Leicester, Leicestershire, and Rutland Integrate Care Board (LLR ICB) Statement**

LLR ICB welcome PCL's Quality Account for 2024-25 noting that this is their first report of this nature, and we thank them for the opportunity to comment. This account covers all areas of quality undertaken by PCL over the past year and shows where they have made strides in the safe, effective, and patient-focused delivery of care through the services they offer to the Leicester, Leicestershire, and Rutland population.

The Quality Account would be further enhanced by the inclusions of identified quality improvement priorities for the forth coming year of 2025-26 which would give the organisation specific quality areas to focus on. A good quality relationship has been established between the ICB and PCL and we are happy to support PCL in the development of these for future Quality Accounts.

We look forward to continuing our relationship with PCL to achieve noticeable quality outcomes for the patients and people of Leicester, Leicestershire, and Rutland.



Kay Darby  
**Chief Nursing Officer LLR ICB**

## Introduction

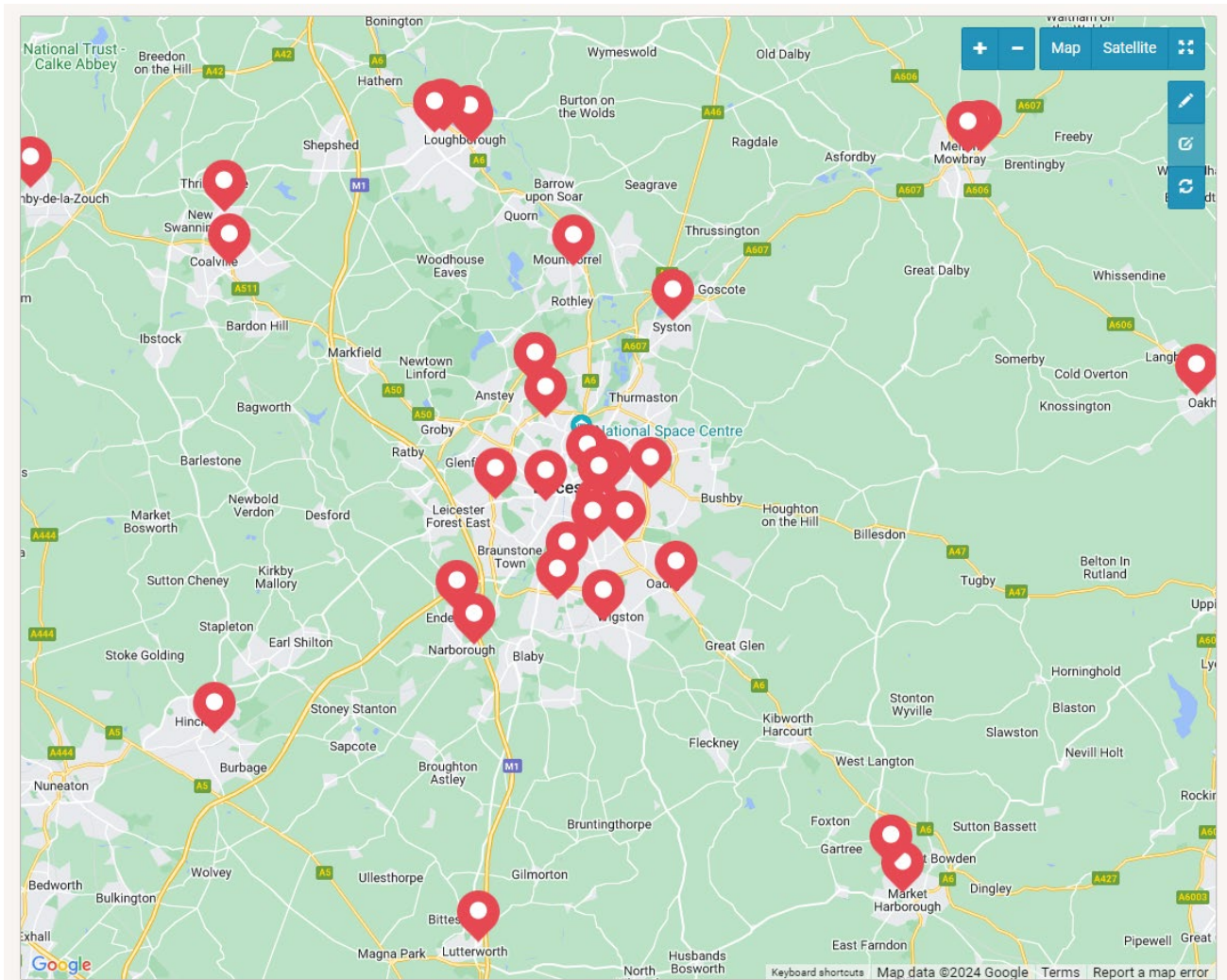
The LLR PCL Quality report evidences the quality of the services that we offer through our providers of NHS funded activity. Our Quality report is an important way for us to report quality and evidence our improvements in the services that we deliver to the local communities.

## Who is LLR Patient Care Locally?

We are a community interest company (not for profit) who work in tandem with the NHS. We identify what patient care needs can be looked after in local, primary care environments. We were founded in 2011 by a group of General Practitioners who wanted to provide care closer to the community.

Although we are a private company, we only provide NHS funded services and do not offer any privately funded services.

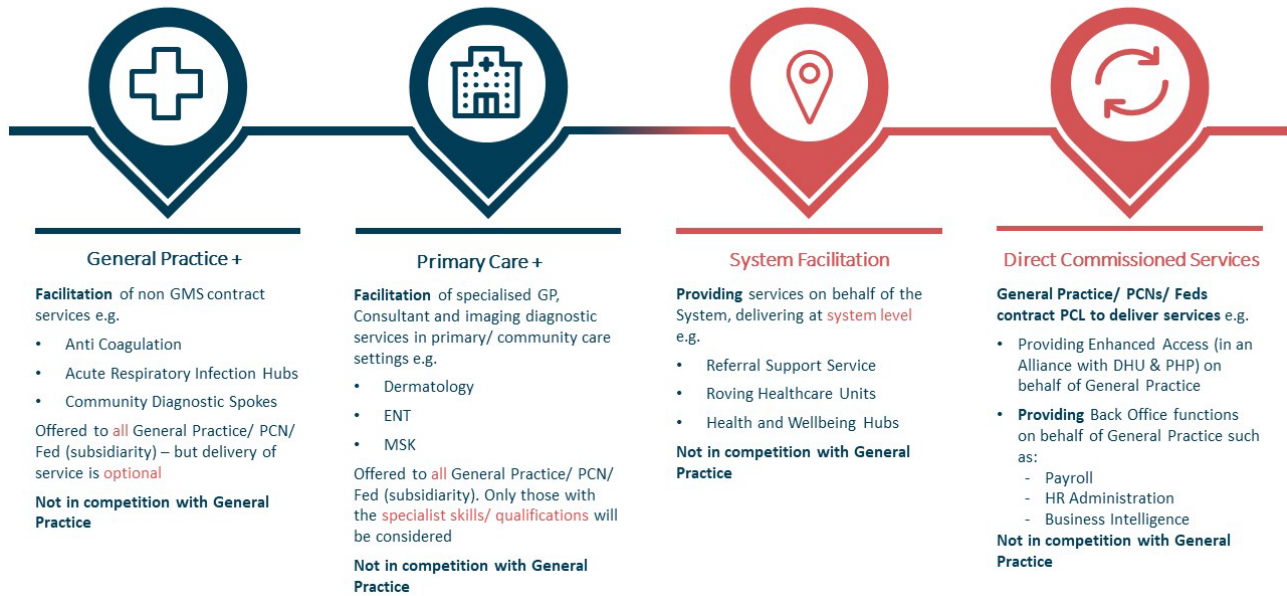
LLR PCL provides numerous services across Leicester, Leicestershire, and Rutland.



# PCL's 4 Pillars of Service Delivery

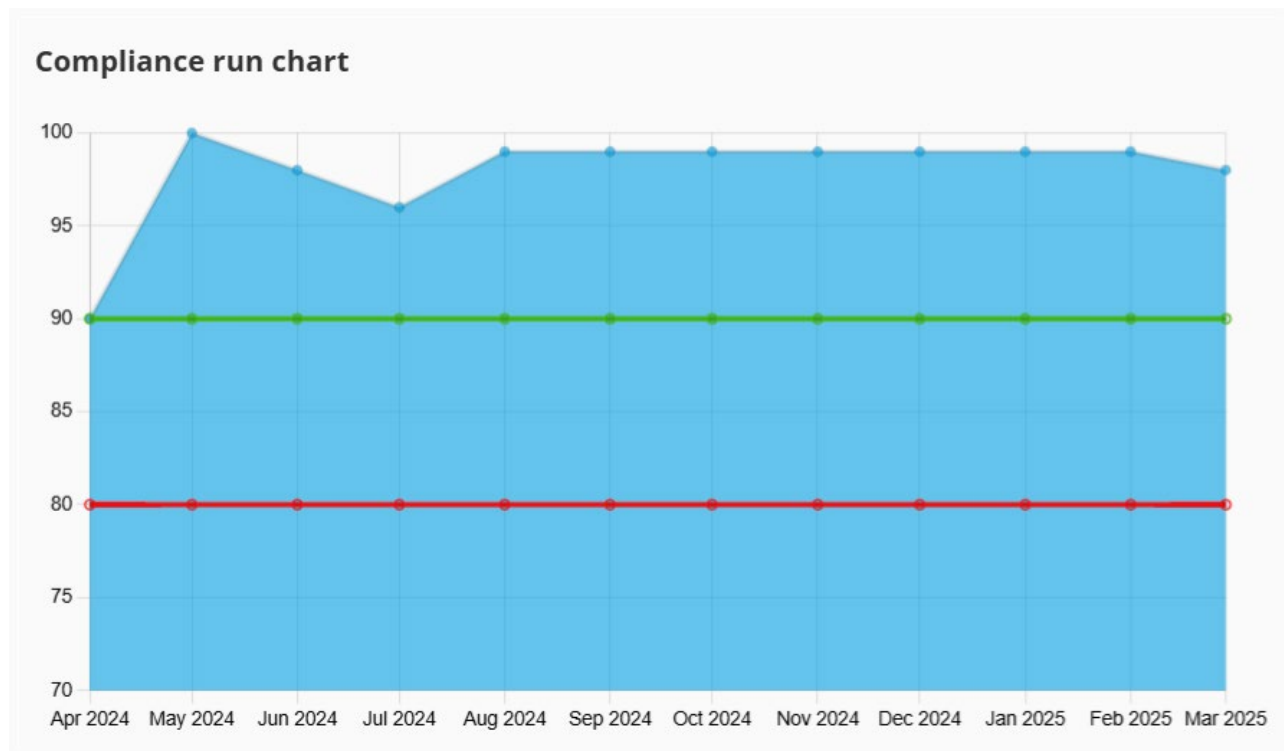
Our Services fit into the company ethos of the four pillars of service delivery.

## PCL's 4 Pillars of Service Delivery



## Infection Prevention and Control.

All our providers have an annual IPC inspection to ensure that services are adhering to the Health and Social Care Act 2008: Code of Practice of Infection Prevention by Health service Providers.



All our providers are currently above 90%, which is the green line on the graph, with their compliance with the code of practice for IPC. By undertaking the IPC visits, we can identify where our providers may be struggling with their Infection Prevention and Control and their Compliance, this would be a provider that falls below 80% which is the red line on the graph. 80% was chosen as our requires improvement and targeted support line as it falls in line with most NHS providers and to fall below 80% means that compliance is starting to decline. PCL will then offer targeted support to our providers to ensure that they meet all their requirements.

# **Infection Prevention and Control Annual Statement 2024/25.**

## **Purpose**

This annual statement will be generated each year in April in accordance with the requirements of The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance.

This is relevant to all employees, visitors, contractors and any one on training placements – the Infection Prevention and Control Policy must be adhered to.

## **Commitment of PCL**

All staff at PCL are committed to minimising the risk of infection and ensuring patient safety.

PCL has one Infection Control Lead: - Sarah Mabbott – Head of Nursing, Quality and Patient Safety.

The IPC lead is supported by: Joshua Burnage – Quality and Compliance Manager

Both are supported by: - Dr F Dhanji – Medical Director for PCL.

Sarah and Josh both attended the 2-day IPC course and attend forums and training courses to keep up to date.

The IPC lead has regular contact with the ICB IPC Lead Nurse and attends a fortnightly meeting to ensure that PCL is linked in with the systems approach to IPC.

Staff are reminded to wear masks as required in times of high respiratory and norovirus seasons, particularly when engaging in patient care, perform good hand hygiene and perform IPC in line with national guidance and the local system response.

The IPC Lead ensures that PCL is up to date with any changes to IPC requirements and ensures that this is cascaded to our company and our providers.

## **Significant Events**

Significant events are investigated using PSIRF principles to see what can be learnt and to identify changes which will lead to future improvements.

All significant events are examined on a monthly basis and there has been one event this year involving a sharps injury.

All policies and procedures were followed, and no further action was taken.

## **Infection Control Audits**

These are completed by the Quality and Compliance manager who visits our providers annually to ensure compliance, this is done on a rolling rota. The Quality and Compliance Manager reviews PCLs direct services and properties on a quarterly basis to ensure we are meeting all the requirements.

All staff completes IP and C training as part of their induction and on E-Learning for Health. This is done annually and at meetings if there are updates to discuss.

All policies have been updated and will be reviewed in 2027. Unless there are any significant changes.

All policies are available for staff to view on Breathe.

## **Risk Assessments**

Risk assessments are carried out so that best practice can be established and followed.

Legionella risk assessment: The PCL has reviewed its water safety risk assessment to ensure that checks are carried out and the water supply does not pose a risk to staff, patients or visitors. This will be done on an annual basis. Providers are also required to submit their legionella risk assessments as part of their IPC audit performed by PCL.

## **Immunisation**

All staff are offered Hep B immunisation along with other occupational health vaccines that are relevant to their role i.e., MMR and Flu vaccine.

We participate in the national Immunisations programmes/ campaigns for patients and offer vaccines within PCL.

## **Other Examples**

Curtains: - The NHS cleaning specifications state that the curtains should be cleaned, or if using disposable curtains, replaced every 12 months.

PCL uses Disposable curtains, and the curtains are changed on an annual basis unless visibly dirty and then they will be hanged immediately. Each curtain has the date of the change written on it.

Cleaning specifications: - Cleaning is performed by the site managers, they follow the NHS cleaning specifications with regards to infection control and good cleaning standards.

The site manager and IPC lead or Quality and Compliance Manager will carry out cleaning audits of quarterly to ensure a good standard is maintained.

Hand washing sinks: - Each of our Roving Healthcare Units (RHU's) have portable hand wash units available for staff to use. They have a specific cleaning criteria that must be met before and after each clinic.

LLR PCL uses evidence-based practice and meets the CQC 10 compliance criterion.

## **Responsibility**

It is the responsibility of each individual to be familiar with this statement and their roles and responsibilities under this.

Review Date: - 15/04/2025

Responsibility for review

The Infection Prevention and Control Lead Nurse and Infection Control Lead GP are responsible reviewing the annual statement.

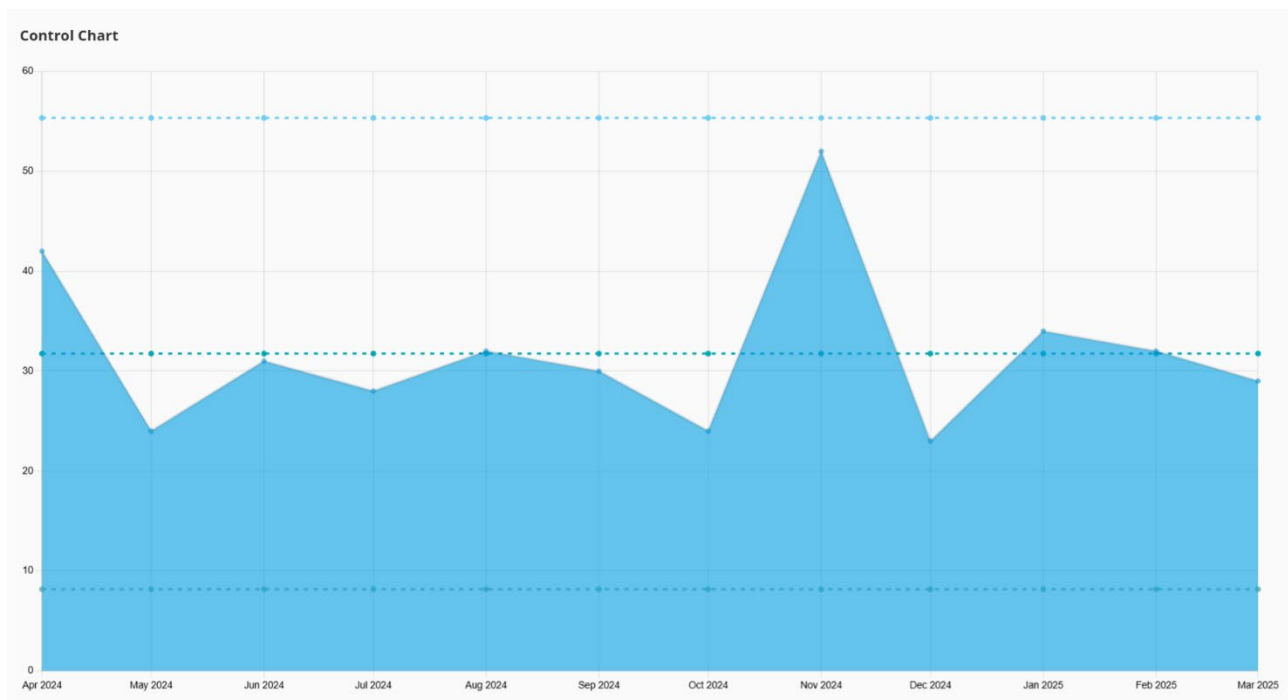
Sarah Mabbott (Head of Nursing, Quality and Patient Safety).

Dr Fahreen Dhanji (Medical Director).

For and on behalf of LLR PCL

## Patient Safety

Total Incidents	Serious Incidents (Patient Safety Incident Investigation)	Never Events	Medication Incidents
312 (0.2%)	1 (<1%)	0	20 (<1%)
Total No Harm Incidents	Total Low Harm Incidents	Total Moderate Harm Incidents	Total Severe Harm Incidents
246 (0.15%)	62 (<1%)	18 (<1%)	3 (<1%)
Duty of Candour Breaches	Information Governance Breaches	Clinical Negligence Claims received	Total Safeguarding referrals/concerns
0	17 (<1%)	0	1 (<1%)

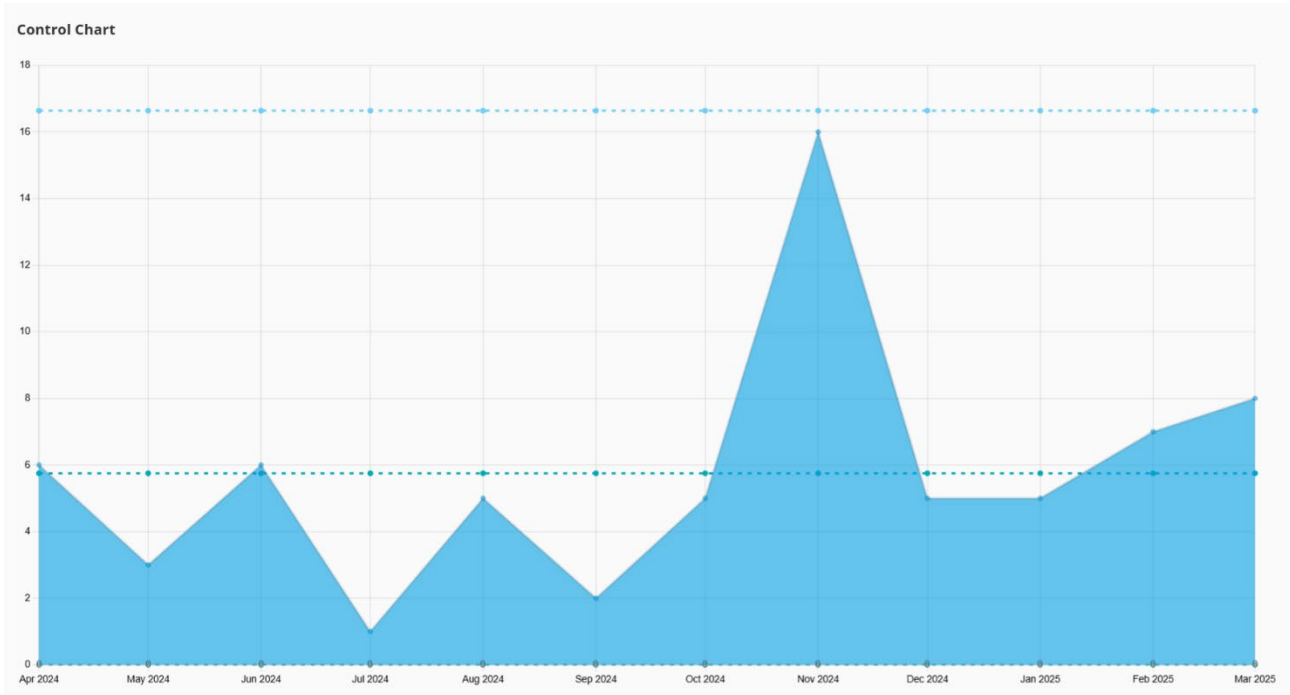


PCL continues to see normal variation in overall incident reporting rates and the other key indicators. PCL has triaged, seen, and treated 163,089 patients throughout 2024-2025. These metrics support and evidence the high-quality care that our providers are providing. PCL worked with our providers who experienced an event of moderate/significant harm and assisted them with their investigations and mitigating actions to ensure the risk of the event re-occurring was reduced.



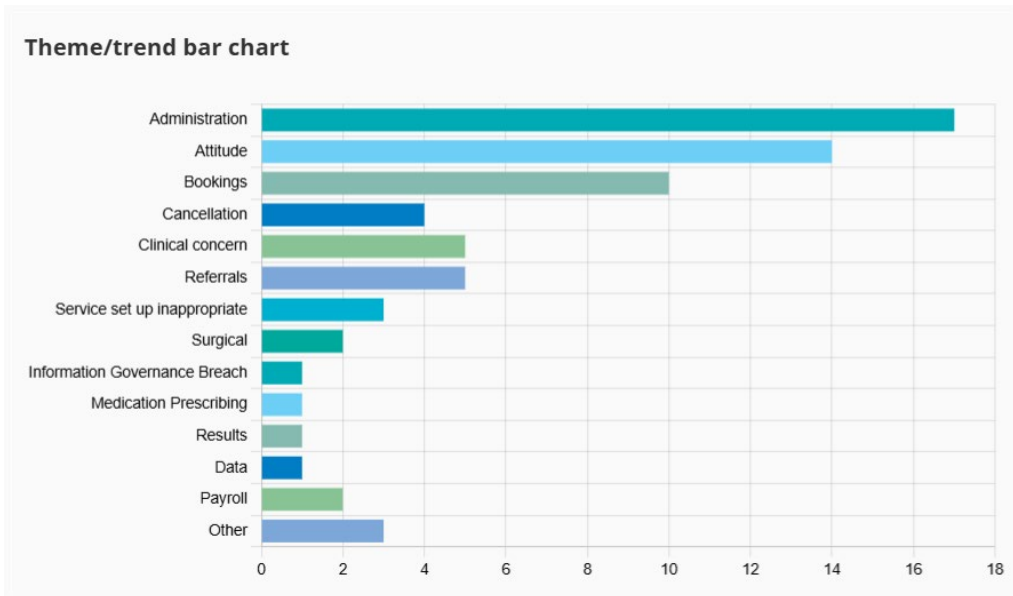
# Complaints

Complaints	Complaint response Rate	Percentage
69	100%	0.04%



PCL continues to see normal variation in complaint reporting. The complaints rate remains low for our providers.

Themes identified:



All complaints have been investigated with responses provided to the patients and improvements/learning identified for our providers.

## People and Work Force

PCL completed its staff survey in 2024 with very positive results: PCL received a response rate of 30 staff (44% down from 64% last year) completing the survey. All staff were eligible to complete the survey. This compares to 50% response rate achieved by the NHS National survey in the same time period.

### Themes



Work:



The majority of people feel very positive about their role.



The majority of people feel that they are involved in decision making about their work.



The majority of people are happy with the recognition and value they receive in their role.

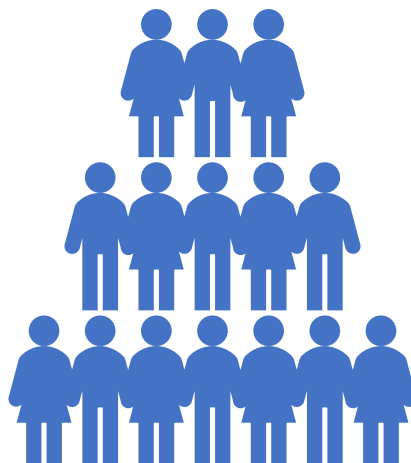


Most of people feel that they have realistic time pressures and a choice in deciding how they work.



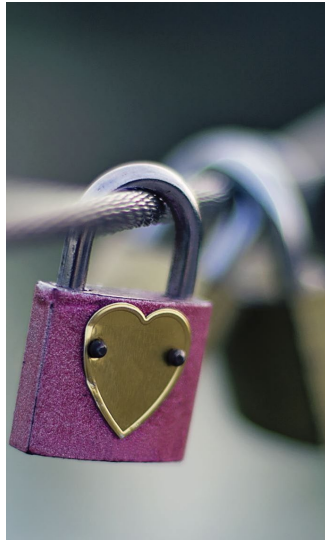
The majority of people feel that their role makes a difference to patients.

### Teamwork



- The majority of people feel that their team has shared objectives, often meets to discuss effectiveness and to understand each other's roles.
- Most people feel respected by their team, enjoy working within their team and the team has enough freedom in how to work.
- Many people feel valued in their team.
- Most people feel that their teams work well together to achieve objectives, people are kind and understanding to one another, people are polite and show appreciation to one another.

## **PCL as a Whole**



- Most people agree that PCL offers challenging work, with opportunities for career progression, knowledge and skills progression and support to develop potential.
- The majority agree that the care of patients is PCL's top priority, that PCL acts on concerns raised by patients and we would ALL recommend PCL to a friend or relative.

Whilst this was a very positive survey, there were some actions identified for improvements. These were addressed this year, and the survey is due to go live again in June 2025. Having a dispersed workforce means it is vital that we have clear and accessible communication channels. PCL holds an all-staff Development Day twice per year, this allows all staff to get together and network. Team meetings are held face to face to ensure we manage priorities accordingly.

## **Learning and Development**

All staff are expected to complete statutory and mandatory training,

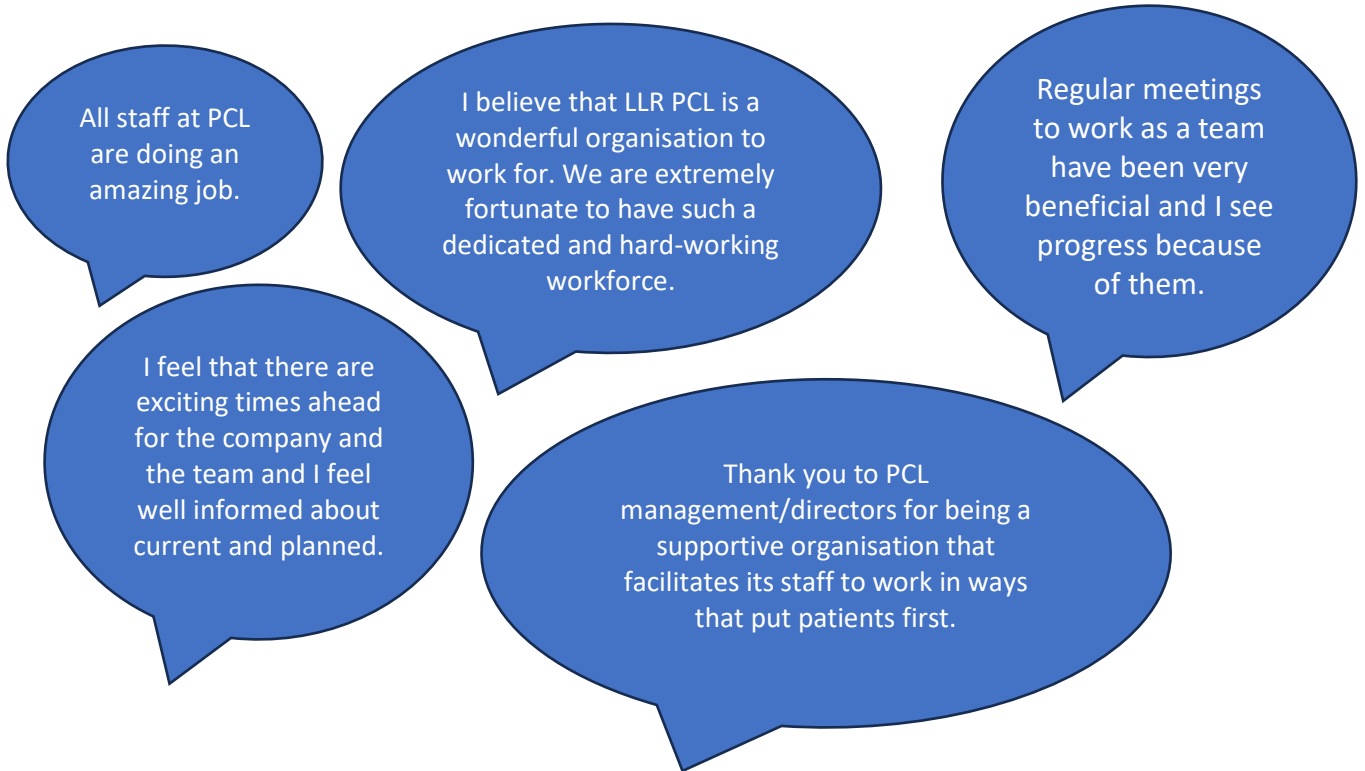
A new tracking system for training has been implemented in April 2024, allowing staff and line managers to view training requirements more effectively. However, we are aware there is more work required to become fully compliant with training.

Staff mandatory training is currently 76% completed but this is an expected low number due to the number of new starters recently.

Staff have access to an annual training budget for development outside of statutory and mandatory training.

## **Staff Feedback and Comments**

As well as feedback from patients, PCL also receives feedback from staff:



## **Equality and Diversity**

Under the NHS standard contract, PCL is required to adhere to the NHS equality and diversity initiatives in relation to patients and workforce. These include the Equality Delivery System 2022 (EDS), the Workforce Race Equality Standard (WRES), and the Workforce Disability Equality Standard (WDES).

These initiatives are designed for large NHS Trusts and do not necessarily fit well with a Small, Medium, Enterprise (SME), but PCL endeavors to adhere to the principles behind them, if not the specific requirements. (The comparative reporting for both WRES and WDES is not suitable for a small workforce. The staff cohorts are too small to be significant, and there is a risk of individuals being personally identifiable).

The workforce Race Equality Standard and the Workforce Disability Equality Standard are monitored through the Staff survey and through the HR Dashboard. The Staff Survey allows PCL to monitor staff's feelings and ensure that we are working with staff to achieve the right results for them. Similarly, the HR dashboard can be used as a thermometer for staff diversity and ensuring that we are a diverse, inclusive, and equitable company.

## **Freedom to Speak Up**

During 2024/25 PCL received 0 Freedom to Speak Up concerns – the staff survey indicates that staff feel supported to speak up and are aware of the different routes that are available to raise a concern.

PCL has one National Guardian in post and two locally trained guardians.

Freedom to Speak Up is actively promoted within PCL.



## Summary

PCL is extremely proud of the quality of services and recognise and thank the hard work of providers and the support provided by our team.

PCL continues to strive for outstanding quality in all we do and ensure that we are working towards being the best we can be.

