



Care Quality Commission (CQC) Inspection 17/18 March 2015

Leicester City, Leicestershire And Rutland Out of Hours Report



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LLR

- Comms centre
- 5 base sites
- 250+ sessional GPs, HCAs, support staff
- Commissioned by 4 CCGs
- Population circ 1 million





The Five Domains

Asking the right questions about quality and safety: the 5 domains



Are services safe?

Are services effective?

Are services caring?

Are services responsive to people's needs?

Are services well led?

Domain	Outcome
Safe	INADEQUATE <ul style="list-style-type: none"> • Complaints, incident, SI – logging & actioning • Safeguarding training, protocols, awareness • Medicines management • Equipment availability & checks
Effective	INADEQUATE <ul style="list-style-type: none"> • Meet NQRs • Clinician audits & feedback • Clinical supervision
Caring	REQUIRES IMPROVEMENT <ul style="list-style-type: none"> • Dissemination of lessons learned • Signage
Responsive	INADEQUATE <ul style="list-style-type: none"> • PROMS
Well led	INADEQUATE <ul style="list-style-type: none"> • Share vision, mission statement • Staff engagement • Policies & procedures • Clear line management accountabilities



Current Position

There are 78 actions in the Quality Improvement Plan. The table below provides the number of actions in each category.

Total Actions	Completed	On Target	Delayed < 4 wks.	Delayed > 4 wks.
78 <i>(100%)</i>	57 <i>(73%)</i>	18 <i>(23%)</i>	3 <i>(4%)</i>	0 <i>(0%)</i>

- Transformation team introduced to oversee the CQC action plan
 - Medicines management - car check lists in place, External pharmacy review and action plan. Weekly medicine checks. External pharmacist review and on going support.
 - Review of Potential Serious Incidents - one SI place on STEIS 26/03/15.
 - Procedure for complaints – regular checks to ensure staff awareness
 - Quarterly Clinical Newsletter
 - New governance structure approved – Director of Operations appointed
 - Root Cause Analysis training delivered to managers
 - Daily Executive teleconference with sites 7 days per week
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- Regular Oversight Committees (CCGs plus NHSE) plus additional scrutiny from CCG Exec Nursing





Examples of work undertaken

National Quality Requirements CNCS Summary Compliance Report - April 2015 Leicester, Leicestershire and Rutland Out of Hours Service			
		April 2014	April 2015
Adastra Case Volume		88.39%	88.04%
Inbound Call Volume		No longer taking patient calls	No longer taking patient calls
1	Provider to report regularly to PCT	Reports sent monthly	Reports as per schedule
2	Consultations sent to GP Practices	78%	99%
3	Providing care to patients with pre-defined needs	645 notes accessed in this period	157 notes accessed in this period
4	Audit of patient contacts (clinical audit)	In Progress - Ongoing Reporting	In Progress - Ongoing Reporting
5	Audit of patient experiences	In Progress - Ongoing Reporting	In Progress - Ongoing Reporting
6	Complaints - procedure, reporting, action	Process in place	Process in place
7	Matching of capacity to demand & contingency planning	Processes in place	Processes in place
11	Clinician appropriate to patient's need (GP available)	Yes	Yes
13	Provision for patients with special communication needs	Language Line, BSL software at City PCC	Language Line, BSL software at City PCC



8 Initial Telephone Call:						
Engaged - no more than 0.1% of calls engaged	No longer taking patient calls			No longer taking patient calls		
Abandoned - no more than 5% of calls abandoned						
Calls answered within 60 secs of end of msg						
9 Telephone Clinical Assessment:						
Life Threatening Emergencies - to ambulance within 3 mins	100%			100%		
	Compliant	Non Compliant	%	Compliant	Non Compliant	%
Commence clinical assessment within 20 minutes - urgent	24/63	16/63	94%	11/23	4/23	96%
Commence clinical assessment within 60 minutes - less urgent	20/49	2/49	94%	20/21	1/21	95%
10 Face to Face Clinical Assessment:						
Life Threatening Emergencies - to ambulance within 3 mins	100%			100%		
	Compliant	Non Compliant	%	Compliant	Non Compliant	%
Commence clinical assessment within 20 minutes - urgent	0	0	100%	2	2	50%
Commence clinical assessment within 20 minutes - less urgent	0	0	100%	0	0	100%
12 Primary Care Centre Consultations:						
	Compliant	Non Compliant	%	Compliant	Non Compliant	%
Emergency - commence < 1 hour	5/9	0	91%	3	0	100%
Urgent - commence < 2 hours	8/10	1/10	87%	7/8	0/8	92%
Less urgent - commence < 6 hours	21/22	1/22	99%	20/21	1/21	98%
12 Home Visit Consultations:						
	Compliant	Non Compliant	%	Compliant	Non Compliant	%
Emergency - commence < 1 hour	7/8	1/8	90%	1/1	0	100%
Urgent - commence < 2 hours	6/7	0/7	91%	5/5	0/5	93%
Less urgent - commence < 6 hours	20/21	1/21	95%	10/11	1/11	95%



Summary

- The scale of the task is recognised and being taken seriously
- The action plan is underway and on track
- There is an update meeting with CQC on 11th June to update on progress and share the evidence
- The Oversight Committee continue to regularly monitor progress against the plan
- The intention is to implement and embed the required actions to achieve sustainable change to ensure delivery of safe, effective, caring, responsive and well led services.

