

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

**CoG 08/2018**

(Agenda item: 13)

# Council of Governors

**22nd March 2018**

**Out of Hours GP CQC Inspection Improvement Plan Update**

**For: Information**

This paper provides an update regarding the progress made by the Out of Hours Services in relation to the improvement plan following the inspection by the CQC in November 2016.

**Executive Summary**

The OOH’s service has made notable progress in the implementation of the CQCs recommendations since the last inspection. Improvements were noted in the management of sessional GP contracts including DBS checks; estates issues including management of soft facilities contracts and improvements to physical space and environment were completed; procedures were developed, tested and are being embedded to improve the tracking of prescriptions until an electronic solution is adopted via Adastra; non-clinical staff compliance with BLS training was managed to reach target levels; chaperone training for drivers and receptionist was developed and delivered in bases across the county. There are outstanding challenges linked to recruitment, training (particularly for sessional GP’s) and the management of capacity and demand.

**Governance Route/Approval Process**

The OOH CQC improvement plan is monitored locally by the Urgent Care Management Team alongside reporting to the Older People’s Directorate Senior Management Team and the Trust-wide Improving Care; 5 questions meetings. Areas of concern in relation to the CQC improvement plan are identified on the service and directorate risk registers.

**Recommendation**

The Council of Governors is invited to note the report.

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**SITUATION**

Despite notable progress to address all CQC recommendations, the service has not been able to fully resolve the following key areas of concern, the actions being taken are further down in the report;

1. Sessional GP recruitment to reduce the number of unfilled shifts against a target of equal to or less than 2% (NQR 7). The service’s year to date average by end of M10 was around 8% unfilled shifts.
2. Improved performance against all patient access targets (National Quality Requirements) whilst managing local and system-wide recruitment challenges. The key problem areas are:
* NQR 10- Time to triage walk in’s for urgent cases within 20 minutes against a target of 95%. The year to date position by end of M10 was 82%.
* NQR 10- Time to triage walk in’s for routine cases within 60 minutes against a target of 95%. The year to date position by end of M10 was 89%.
* NQR 12- Time to see urgent cases in base (face to face) within 2 hours against a target of 95%. The year to date position by end of M10 was 82%. This remains the worst performing indicator to-date.

It must be noted the targets have been met for the following three national quality requirements; home visits- urgent, home visits non-urgent targets, and non-urgent base visits.

1. Management of sessional GP training- the CQC only commented on safeguarding training but in fact the problem applies to all mandatory training modules. As sessional GP’s were also sitting in different cost centers across different management areas - it was difficult for the service to track and manage this with any consistency.

Most of sessional GP’s complete their NHS mandatory training in primary care; the Trust accepts evidence of completion from primary care/other providers with the exception of resuscitation as they are still required to complete an online training module in OHFT before evidence of a classroom session is submitted. Training compliance is current at:

* Safeguarding Children Level 1- 82% (gap of 23 out of 130 GP’s)
* Safeguarding Children Level 2- 80% (gap of 26 out of 130 GP’s)
* Safeguarding Vulnerable Adult- 70% (gap of 39 out of 130 GP’s)
* Resuscitation Training- 46% (gap of 70 out of 130 GP’s)

**ASSESSMENT**

1. Sessional GP recruitment: The following actions are underway to improve the unfilled shift rate position.
* The service is currently undertaking a safer staff modelling review to be completed in March 2018 led by the GP lead for Out of hours (OOH) and the Operational Leads. The modelling exercise aims to improve how we calculate the shifts required per week-day and time of the day and weekends and bank holidays. We currently report against a higher number of shifts than the minimum required to compensate for any shortfalls in cover. This method of reporting makes the position worse than it really is. The team are currently looking carefully at activity trends and modelling the shift fill requirements against that. For example, we know we get pressure points on a Sunday afternoon and are currently assessing how many staff will be needed to manage this more safely based on the data we have regarding number of calls and conversion rates to base/home visits or telephone consultations. The plan is for the new model to be implemented in April 2018.
* In addition to the safer staff modelling, a subsequent plan will be developed to implement systems to incentivize GP’s to cover ‘hard to fill’ shifts- as identified from the safer staff modelling. A trial is being planned to offer better hourly rates for any GP’s agreeing to cover 5-6 hard to fill shifts a month in advance.
1. National Quality Requirements (Patient Access Targets)- in addition to the safer staffing modelling, the following initiatives are being delivered to improve the governance around management of patient access targets:
* A robust system has been implemented so that there is a clinical review of all access target breaches. Invalid breaches (for example urgent prioritization of a routine priority) are taken off the system. All breaches are initially clinically reviewed by clinical leads to identify any risks to patients involved and clinical priorities and then these are validated from an operational perspective. The reasons for breaches are then documented on a database to allow trend analysis and learning. A validation breach report outlining reasons for breaches and clinical risks is collated by the directorate quality team and the clinical leads for review at a monthly governance meeting and this also informs the service review meetings. For example, we have learnt from the last validation that we had a total of 360 breaches and 105 out of 360 breaches were linked to appointment booking errors in OOH’s reception. An action was agreed to re-train reception staff and develop a SOP of how to manage appointments when no slots are available to book into. Please refer to Appendix A for a sample breach validation report.
* No Walk In’s Trial: In order to improve patient experience and reduce waiting times- the team encourage patients to call 111 to make an appointment rather than just turn up at an OOH base. The highest proportion of access time breaches are linked to walk in activity. Nationally, there are OOH’s centers that do not support ‘walk in’s’. A trial was instigated in November 2017 to triage walk in’s and advise non-urgent patients to make a 111 call and return at a designated time. The clinical teams and operational teams found this difficult to implement during winter pressures but work is underway to develop improve patient information and communications to minimize walk in’s and encourage the use of the 111 line.
* Review of 111 delays: The OOH service performance is counted from when the patient makes a 111 call to the South Central Ambulance Service (SCAS) rather than from the time a decision is made to refer a case to OOH. Therefore, any delays in 111 (a different provider) processing impacts on the amount of time left to manage a case within OOH’s. A number of cases already breach before the service receives the referral- and these cases are reported promptly to SCAS for investigation and action. A review of the ‘clock start’ and ‘clock stop’ time is being discussed with our commissioners, ideally the ‘clock start’ for OOH’s should begin from when a decision is made to refer to OOH’s.
1. Sessional GP Mandatory Training: The training position improved notably over the past few months with focused efforts by the team to follow up any outstanding modules with GP’s on a regular basis. The management of GP records is taking a significant amount of resource from the operational and quality teams within the Older People’s Directorate; the split of sessional GP’s across different cost centers makes it necessary to manually track and report compliance. The following initiatives are underway to help tackle this further:
* Staffing solutions team carried out some data quality work to ensure record accuracy; however, a proposal to move all GP’s to one cost center to improve management within urgent care was not supported.
* The GP Lead for OOH’s sends regular communications and updates to all GP’s in relation to mandatory training.
* Each member of staff in OOH’s and the directorate’s quality team was assigned as a training coordinator for 5 GP’s to support them in managing their training records and OTR access issues.
* A lot of GP’s are sending evidence of attending classroom resuscitation training, but this is not being accepted unless they complete an online module on OTR. The majority do not appear to be completing the additional training promptly. It was explained this was necessary as the Trust has resuscitation equipment that differs from what’s provided at the acute hospital and primary care in Oxfordshire.

**NEXT STEPS**

1. The sessional GP recruitment issues are reflective of system-wide problems including pressures on primary care. The actions taken forward by the service around safer staff modelling and GP incentivizing should be supported to help improve reporting and shift fill rate.
2. The service has made notable progress in implementing robust procedures for managing activity and breach data validation. The activity reporting functions should be adopted by the corporate information team; it is not good governance for the operational teams to validate the breaches and apply exclusions with no corporate oversight of the information. The management of activity reporting will be taken over by the corporate team in April 2018.
3. The Trust needs to continue to explore if all GP’s can be moved to one cost center in Urgent Care to facilitate the reporting and tracking of their mandatory training. The resuscitation committee have been asked to consider if standardization of resuscitation equipment across Oxfordshire is possible to help standardize training required.

**APPENDICES**

Appendix A: M10 Validation Report

