



Health and Adult Care Scrutiny Committee

Devon Doctors CQC Inspection – Improvement Plan

2 November 2020

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roduction and Foreword

Devon Doctors Group



Putting

Following the Care Quality Commission (CQC) inspection of Devon Doctors (the Organisation) in July 2020, the Organisation has put significant efforts and resources in to addressing the areas of concern that were highlighted in the report. This presentation sets out the progress made to date against the action plan, the governance and assurance processes in place to oversee the delivery of the plan, and the impact that these actions have had on patient safety, patient experience and performance.

The CQC Improvement plan was developed with oversight from Devon Clinical Commissioning Group (the CCG). The CCG have also been a key part of the assurance process, holding weekly meetings to obtain assurance on the delivery of the model, and holding Devon Doctors to account where the necessary progress has not been made. This collaboration has enabled a system approach to resolving the concerns raised by the CQC.

In the forthcoming mobilisation of Think111First in Devon on 30 November 2020, it is essential that the Organisation has a strong place to deliver this system-wide change programme to enable the health and social care system to be as effective as possible over what is forecast to be the most challenging for many years due to the combination of seasonal winter pressures and Covid-19. It is against this background that this presentation and supporting paper is produced.

Justin Geddes

Executive Officer, Devon Doctors

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CQC Findings, Conditions, and Requirements

Final Report Findings

Devon Doctors Group



Putting

In September 2020 the Care Quality Commission published its final report on the areas of improvement identified during the visit. In particular the following points are highlighted (taken from the Executive Summary):

Systems to keep patients safe and safeguarded from abuse were not consistently followed or monitored. Not all staff had received up-to-date safeguarding and health and safety training appropriate to their role. The service could not consistently demonstrate how significant events were identified; used to make improvements. Ensured relevant learning was embedded in everyday practice.

Information to enable staff to deliver safe care and treatment to patients was not always up to date. Feedback from some staff included that they were not always confident that the training they received adequately prepared them for their role.

Data related to key performance indicators for the NHS 111 service showed that the service was consistently and considerably below England averages and did not achieve the required national targets.

The service used a recognised forecasting tool to determine staffing levels required; however, there were times when there were significant shortfalls in the number of staff on duty.

Leaders were unable to demonstrate that actions to address challenges to quality and sustainability were effectively put into place and monitored.

Not all staff told us they felt supported by leaders to perform their role effectively. Staff were not fully involved in the running of the service.

Systems and processes in place to support good governance were not fully embedded.

Conditions Required



In July 2020, Devon Doctors received notification from the Care Quality Commission of 6 Conditions on the ICAH report following the completion of the inspection visit on 14-16 July 2020. These Conditions were:

1. Produce a plan that addresses conditions 2 to 6 below

2. Ensure that the Devon 111 service is appropriately resourced to enable the national 60 second SLA and abandonment %age targets to be delivered on a consistent basis.

3. Ensure that the Devon and Somerset OOH services are appropriately resourced to enable the national NQR9 targets to be delivered on a consistent basis.

4. Improve the governance and service improvement processes with regards to the 111 service. This must include identification, review and learning from significant events and serious incidents.

5. Improve the governance and service improvement processes with regards to the OOH service. This must include identification, review and learning from significant events and serious incidents.

6. Implement new processes to oversee patient safety when there are delays in the OOH service.

All conditions are reproduced at Appendix A to this document.

CQC Requirements

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In addition to the Conditions on Registration, the final published CQC report requires Devon Doctors to make changes in the following five areas:

Changes in identifying and reporting safeguarding concerns

Provision of safeguarding training

Providing Staff with sufficient opportunities to feedback on how the service was provided and developed.

Completion of mandatory training

Review operational training to ensure that it meets the needs of staff to enable to perform their duties.

In response to the Conditions and Requirements on the Organisation's registration, Devon Doctors has created a plan and plan. This presentation sets out the high level detail of the areas covered in the plan and the impact that has been made on patient safety and performance.

Inspection Report: <https://www.cqc.org.uk/location/1-382762170/reports>



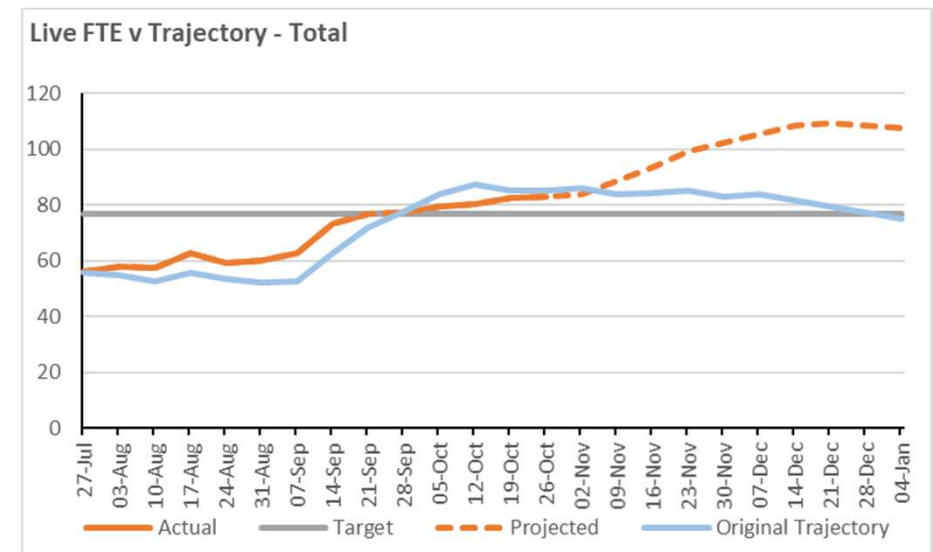
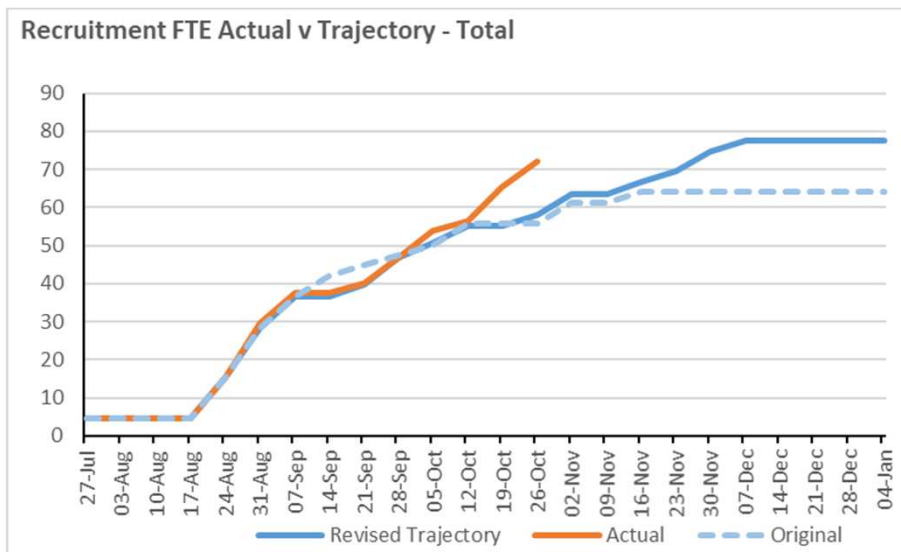
Improvement Plan – 111, Out of Hours Governance, and Patient Safety

1 Recruitment



Performance within the 111 service is solely dependent upon the number of people available to answer the calls being made by the service. As such performance is sensitive to staff vacancies and sickness, as well as the call volume. The Devon 111 service was originally commissioned to be delivered with 68FTE; this was increased to 88FTE during the summer of 2020. The recent NHS England report produced for Think111 shows that the service requires 96FTE to deliver the core service and a further 8FTE to deliver the additional activity for Think111. There are ongoing long term funding discussions with Devon CCG to agree the required level of funding.

The current improvement plan is mainly focussed on increasing the number and quality of call handlers within the service. The graphs below show the level of staff recruited in to the service since July and the conversion of those staff in to active call handlers over the same period. The shortfall in recruits transferring in to the Live system is due to the level of attrition within the training phase of the recruitment.



1 Recruitment



er to improve recruitment, and reduce attrition, within the Devon 111 service, the Organisation has taken the following steps:

Advanced selection and onboarding processes to ensure that the correct recruits are put on the 3 week training process. This includes playing anonymised calls which demonstrate how challenging the role can be.

D and current Health Advisor attend induction to discuss the positives of the role and experiences within Devon Doctors.

Mapping of the attrition to determine the pressure point in the recruitment pathway (see next slide)

Annual “independent” end to end review of training by the Company Secretary (an accredited train the trainer) in conjunction with the national NHS England Pathways Team to review the Organisation’s provision of the national Health Advisor training scheme to identify areas for improvement.

Regular interviews with all members of staff to identify where improvements can be made within both the training and work environments.

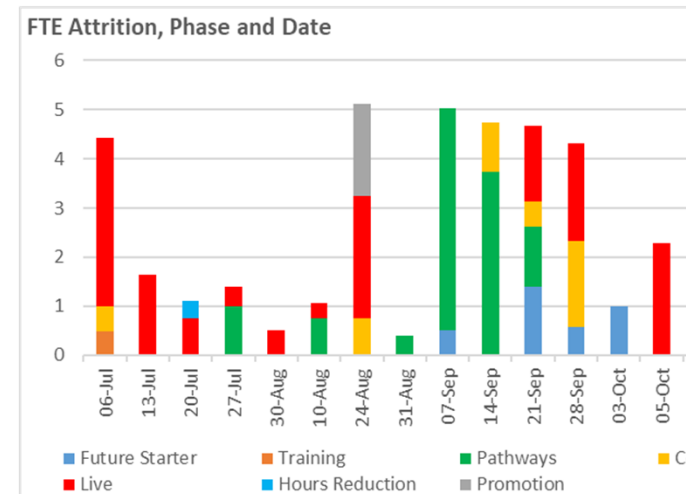
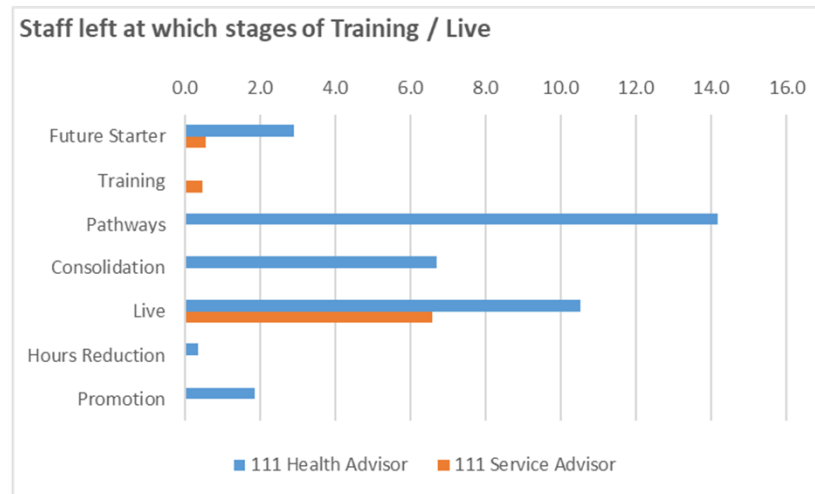
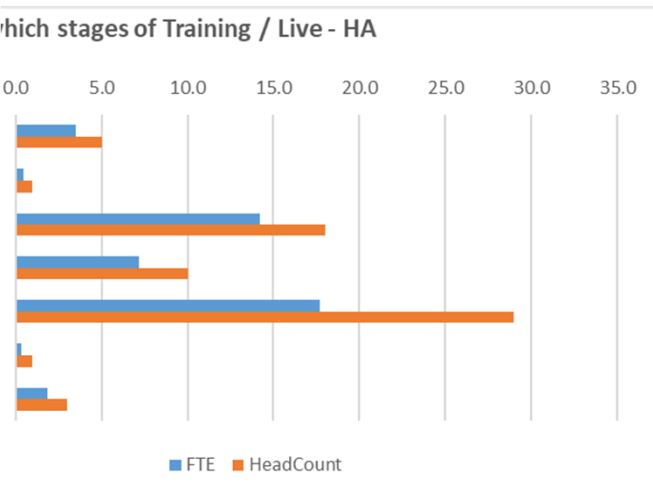
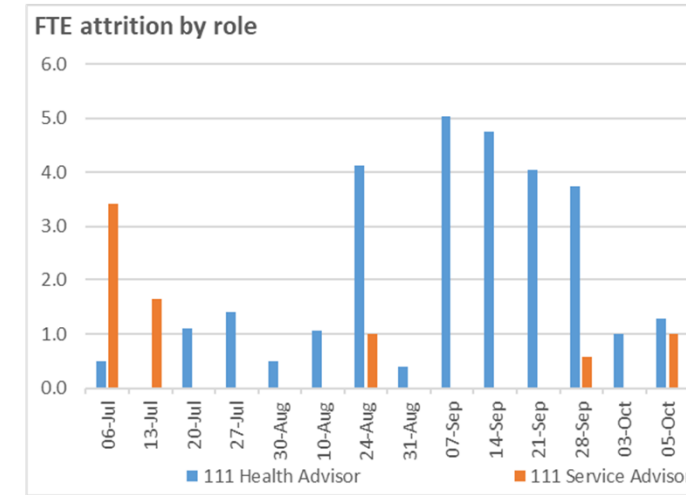
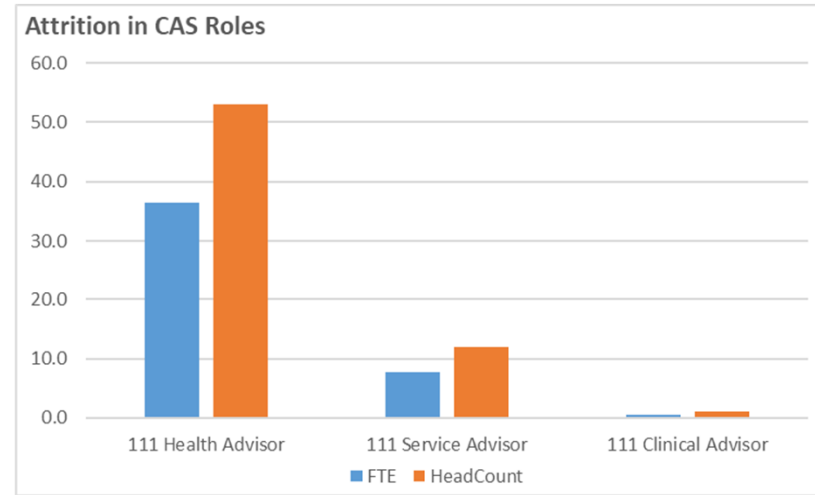
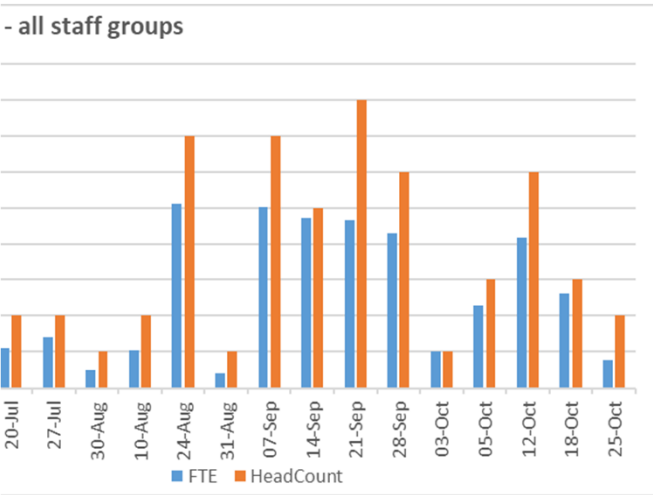
Improved corporate induction as part of the training course.

Provision of the Service Advisor (in house) training course based on feedback from trainees.

As part of Think111First an additional call centre has been set up in Plymouth to target a new recruitment area with higher levels of employment compared to Exeter and East Devon.

CAS Attrition 01 July 2020 onwards

Charts below track the attrition by FTE and Headcount since July 2020. This information is used to identify where effective action is required to address why people are leaving the service and put mitigations in place.



Other areas for action - 111

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Putting

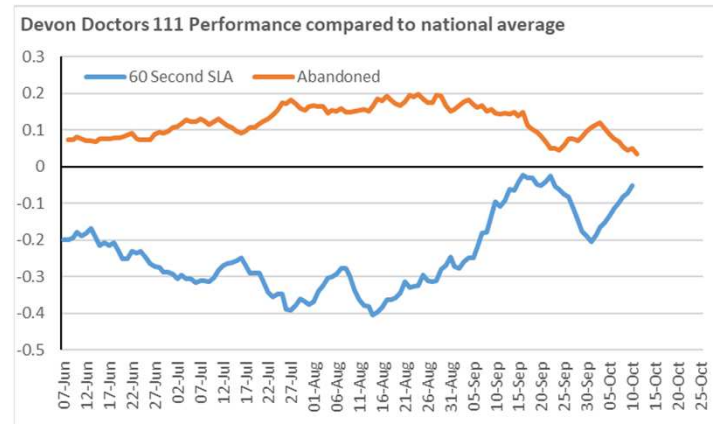
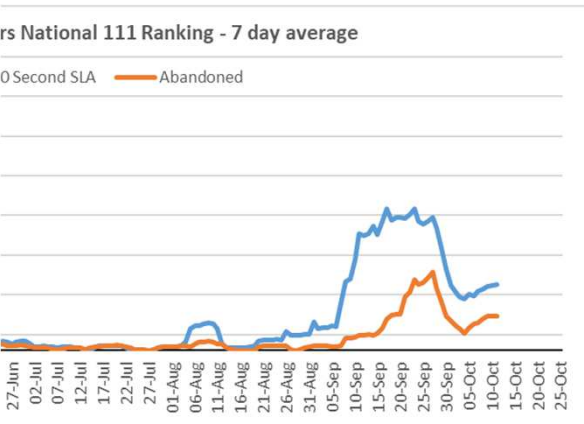
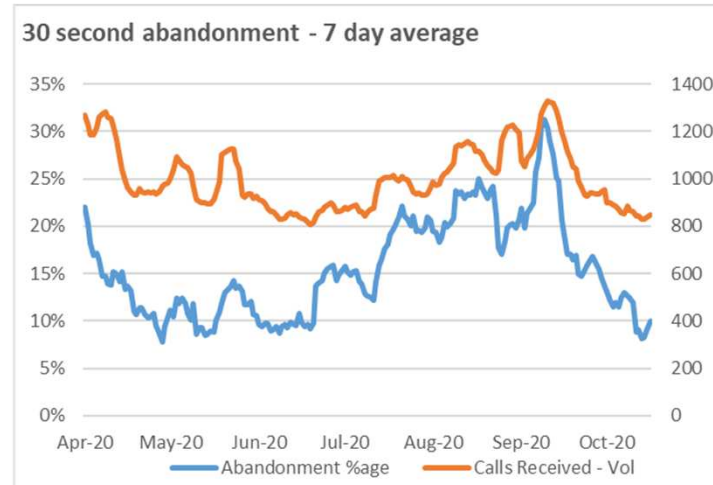
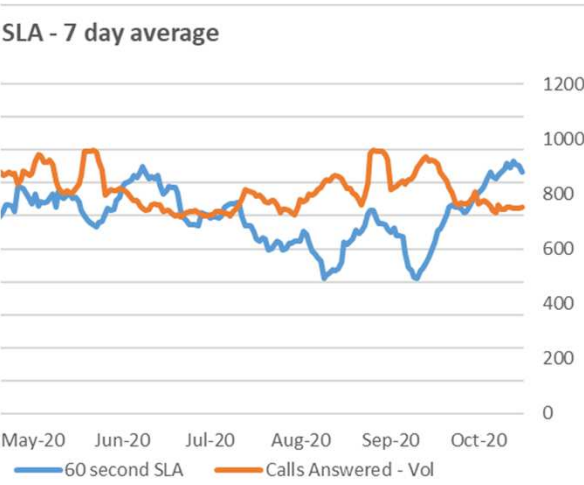
Overflow Model: A test of change is being proposed to enable calls queuing within the 111 service to be answered by a Service Advisor, assessed for an emergency health care need using CAScade and placed in a queue for a clinical call back if required. This is due to be tested during November.

Updated Service Advisor Training: All existing Service Advisors have been retrained in all aspects of the role irrespective of the calls types normally taken. This means that they can be more flexible in answering the many contracted call types within the Call Centre. Current retraining levels show that 91% of all modules are complete. 100% compliance will be achieved during November 2020.

Mental Health Calls: Livewell Southwest have provided a direct dial number 24/7 to take all Mental Health Calls from 111 once they have been through Module 0. This process is not in place for the rest of Devon, although conversations are ongoing with Devon Partnership Trust in relation to this. Although the volume of Mental Health Calls is low, they take a long time to take through the Pathways process and can often be traumatic for call handlers due to the nature of the call. Patients also benefit from the transfer to another service as they will get to speak to a mental health clinician who will be able to provide the support needed.

Quality Audits: This is an ongoing process – the results for September were positive in terms of the quality of Health Advisors (pass rate 85% Health Advisor, 94% Clinical Advisor). Additional training has been provided to those Health Advisors who did not pass their audits, and appropriate action has been taken where practice was found to be unsafe.

1 Performance



- 111 performance has improved steadily since the inspection in July as there has been an increase in the level of call handlers within service. Similarly, there has been a reduction in the proportion of calls abandoned during the period.
- However, the improvement is behind the trajectory for both the 60 second SLA and level of calls abandoned. This is due to a higher than anticipated level of failure during the training process.
- Performance compared to the national 111 service has improved, with both the 60 second SLA and level of calls abandoned approaching the national average. This data currently lags internal performance data by 2 weeks due to national reporting delays.

Age Improvement Plan



Improve performance against the NQR9 performance requirement (the time taken to triage a patient on receipt from 111) has been taken in the following key areas:

Redesign the Clinical Operating model within the ICUS so that clinicians are focussed on the patients that represent the greatest risk

Increase the efficiency of clinicians working within the Triage service

Ensure that patients that have Covid-19 symptoms (HOT patients) are able to be direct booked without double handling of cases received from 111.

Review the operating model to ensure that patients are seen within clinically appropriate timescales.

Improve efficiency of home visiting resources to minimise down time between patients, but also ensure that patients are prioritised on clinical priority.

Model

Analysis has mathematically shown there is sufficient resource in the rota to meet Treatment Centre and Triage demand. Home Visiting is excluded from the analysis as managed as a separate resource due to mobile nature of work.

Efforts to increase efficiency of workforce within Treatment Centres to maximise triage performance by direct booking cases and walk in to face to face clinicians without appointments.

Changes of change undertaken during October have demonstrated an improvement in performance

High / Emergency activity is still managed within the CAS / remote clinical resources to retain central oversight of high cases.

Age Improvement Plan



Efficiency

Clinician efficiency is based on the number of patients a clinician can manage without compromising patient safety and quality. An unnecessary face to face appointment can often be avoided if more time is taken on the triage which is better for the patient and more effective for the service.

A report has been produced showing the number of appointments that a clinician spoke to / saw during their shift, the time they logged on and off of the clinical system, and the proportion of time that they are with a patient.

Clinicians are then RAG rated, and those that consistently show as Red are spoken to by the Medical Director. As efficiency improves, so the tolerance against the RAG scores will be reduced.

Clinical efficiency data is reviewed in the Clinical Cabinet and then by the Quality Assurance Committee for oversight and assurance.

Simply advising clinicians that this review is in place has seen a group wide improvement in performance (Hawthorne effect).

Booking face to face patients in to a Treatment Centre

In order to maximise efficiency, a patient calling 111 who then needs an onward appointment should be booked directly to a Treatment Centre without further triage. At the current time, this is not possible because the service can not be sure that the patient does not have Covid-19. As such all patients are given a triage prior to their face to face appointment to ensure they do not have Covid-19 symptoms. This is inefficient and poor for patient experience.

We are developing HOT sites across Devon to enable patients to be streamed by the Lead IUCS clinician to either a HOT site or a Treatment Centre depending on their need and symptoms.

Operating Model



Operating Model

patient accessing healthcare services will be given a Disposition Code following completion of the assessment in NHS ways. If onward care is required, these Codes provide a timescale in which the patient should receive their next clinical contact. These codes have been determined nationally as being clinically safe.

on CCG has agreed to change the Out Of Hours service to an operating based on DX codes and not the historic NQR sets.

means that instead of an arbitrary allocation of a target time of between 20 minutes and 60 minutes, patients will be allocated a timescale of between 1 and 4 hours based on the information provided at the 111 assessment stage.

le some Disposition Codes have a longer timescale than 4 hours, in order to minimise the impact on Emergency departments it has been agreed that the longer codes will be reduced to 4 hours.

change in model will increase patient safety as it will ensure that patients are seen in a timescale based on their assessment. It will also lead to a performance level that is comparable with other providers who have already transitioned to a service model.

on Doctors are currently developing the reporting behind the new Disposition Model. As a proxy, the performance for urgent will increase from 70% to ~90%, and for routine call from 74% to ~92%.

her areas for action

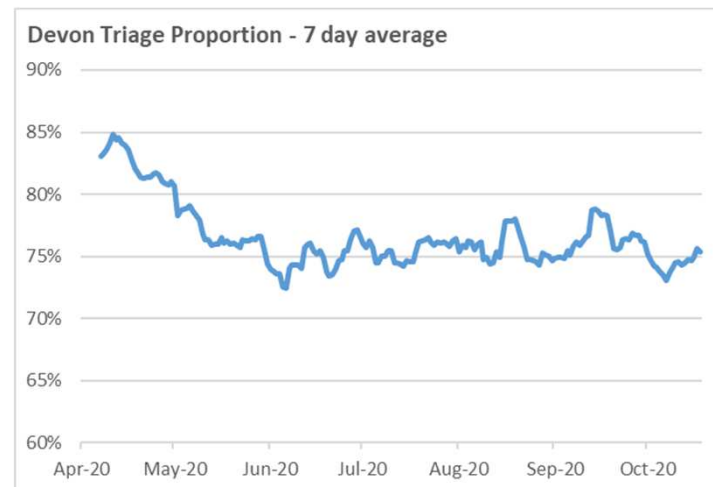
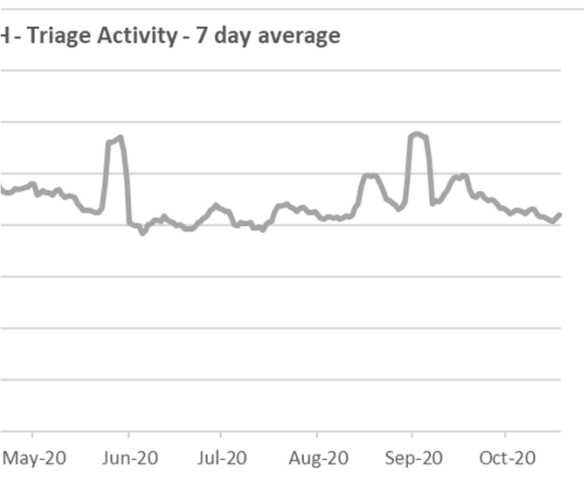
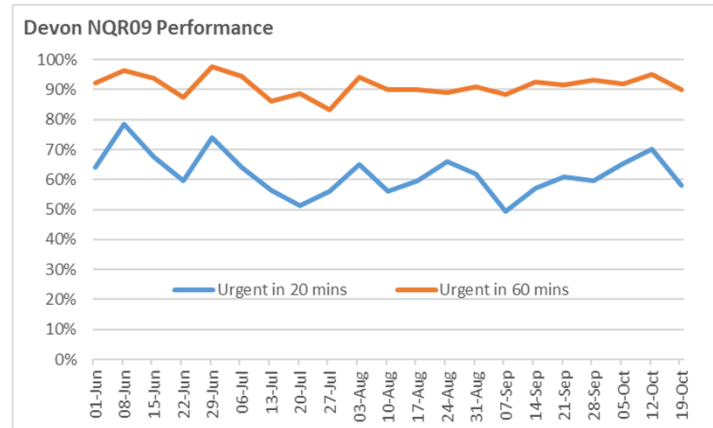
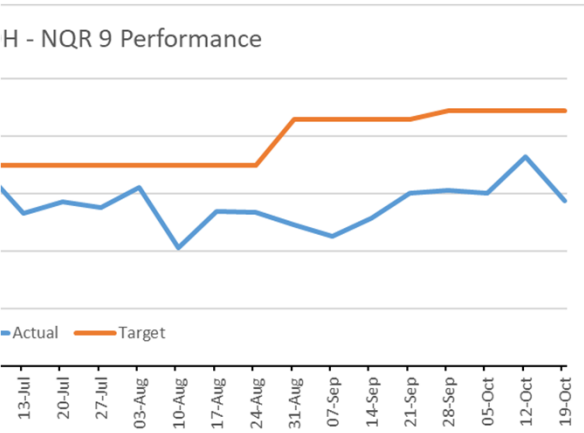


Clinical Recruitment: A new Clinical recruitment and “onboarding” process has been designed to improve the first contact and first shift experience for all new clinicians. This process includes a greater use on partner agency contacts and circular recruitment to improve promotion of opportunities.

Clinical Communications: During the first wave of Covid-19 the Organisation increased the frequency of clinical communications to weekly due to the ever changing nature of the legislation and local infection position. In response to constructive feedback, these weekly communications have been maintained, providing a much needed update to clinicians on the latest policies, processes, practice, and learning. In addition, the Medical Director is now holding monthly clinical briefing seminars for all sessional and salaried clinicians within the service.

Improve Home Visiting Efficiency: Meetings have been held with SWASFT to understand how they manage their mobile resources. Points of learning will be taken from these meetings and applied to the Devon Doctors mobile resource.

OH Performance



- Devon NQR9 Performance is improving compared to the summer months as the new triage model is introduced. The reduction last week (w/c 19.10) was due to reduced fill in core clinical shifts.
- The proxy for DX reporting (top right chart) shows that urgent calls are being made within timescales 90% of the time on a consistent basis.
- Discounting the August Bank Holiday, triage levels have been consistent since June 2020.
- The fall in the proportion of cases being triaged at triage has fallen as more patients are able to be safely seen face to face during the Covid epidemic. This level is still much higher than normal times (~50%)

Governance Improvement Plan

Devon Doctors Group



Putting

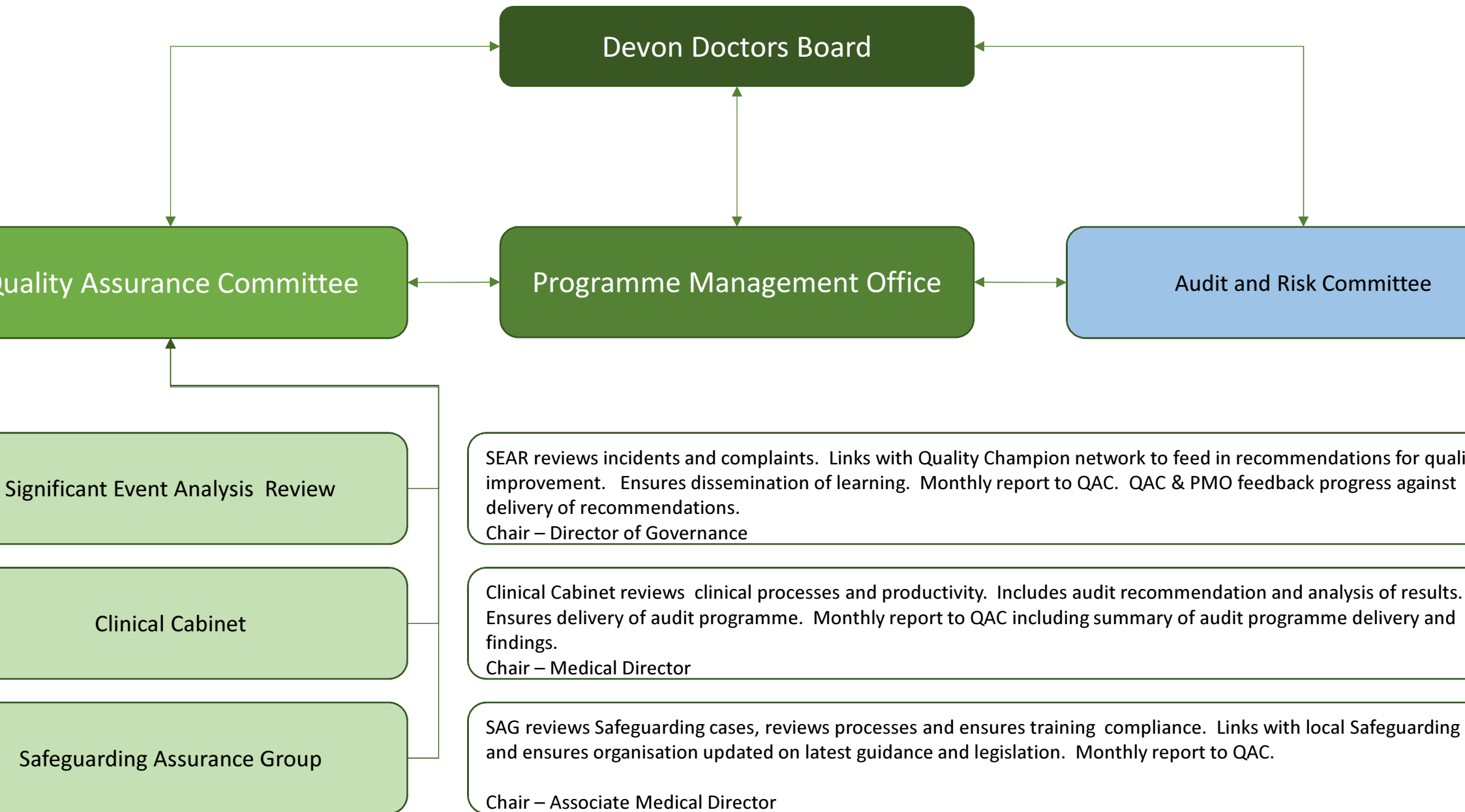
The CQC identified that it was necessary to improve the Governance arrangements to ensure that learning was taken from Serious Incidents and was implemented across the Organisation to minimise the likelihood of a similar incident happening again.

In order to achieve this, the new Governance Framework (overleaf) was implemented to ensure that information and assurance from across the Organisation is reviewed on a monthly basis and improvement plans are implemented and actioned to improve patient safety and performance.

The Quality Assurance Committee (QAC) receives assurance and areas for escalation from the four subgroups, each of which has a specific focus as set out on the next slide. The QAC escalates areas for improvement to the Programme Management Office (PMO) and provides assurance to the Board. These then complete the feedback loop through the QAC to the subgroups. This ensures that a cycle of continuous improvement is embedded throughout the organisation.

In addition, a review of the Governance arrangements identified that it was necessary to further embed governance processes within the wider organisation. In order to address this a network of Quality Champions was created of members (clinical and non-clinical) across the Organisation. The Quality Champions have two roles; firstly to gather information about areas of concern from within the Organisation, and secondly to cascade learning back to the Organisation when improvements are made.

Governance Framework



Patient Safety Improvements



IC identified that while the service had delays in providing care to patients, it was necessary to improve the oversight of the service within the call queue. All patients are given advice to call 111 back (or 999 in an emergency) if their symptoms worsen, it was identified that it was necessary to introduce a number of key measures to improve patient safety within the service alongside improvements to performance.

Lead IUCS Clinician plays a critical role in monitoring of the clinical queues, both to ensure that cases are correctly prioritised and also that response times are appropriate and based on clinical acuity. Key areas of responsibility for the Lead IUCS Clinician include:

- Monitoring the clinical queue/s to ensure that patients receive a clinical response appropriate for the acuity of their presenting condition (see below for details pertaining to specific workstreams).

- Supporting direct booking of appropriate cases from 111 to TC by way of reviewing 'contact' dispositions from 111 and streaming appropriate cases to TC without prior telephone consultation, (thereby avoiding delays and inefficiencies inherent in the double handling of cases in a 'total triage' model).

- Supporting fellow clinicians on shift where clinical advice from an experienced colleague is required (including the service's own HCPs and Visiting Paramedics). As well as being on a dedicated telephone extension and also contactable via Adastra's internal messaging system, the Lead IUCS Clinician carries a dedicated mobile telephone to facilitate communication with clinicians in the field.

- Supporting operational colleagues where decisions around appropriate deployment of finite clinical resources are being made – this includes participation in operational conference calls where appropriate.

- Undertaking telephone consultations where there is the capacity to do so, with a focus on high priority/high acuity cases eg ED/999, revalidation, HCPs on scene, palliative cases.

- A system is in place to enable all Lead IUCS contacts to be audited so that the role can be further developed and improved.

her areas for action



Triage Comfort Calling: Resource (40 hours) has been secured to provide comfort calling for patients in the triage queue where their call time has breached. These calls determine whether the patient's symptoms have deteriorated (leading to escalation of their call priority), improved, or stayed the same, and to advise them that they are still in the call queue and should be escalated if their symptoms deteriorate further. All patients in the queue for more than two hours receive a comfort call. Approximately 85% of those patients that need a comfort call get one, and of those 98% are called within 30 minutes.

Home Visit Comfort Calling: This has been introduced where a Home Visit is due to breach its target time. This is undertaken by the mobile clinician and performs the same role as the Triage Comfort Calling.

Escalation Policy: The escalation triggers (OPEL) have been split out between triage and face to face activity so that escalation can be taken based on the specific pressure within the service.

Waiting Wait Audits: A monthly review of patients who have experienced a delay in treatment is undertaken to determine whether they have come to harm while they have awaited care. The outcome of this monthly review is reported to the Board and QAC, with the necessary recommendations being made to the PMO for implementation.



CQC Improvement Plan Assurance Processes

Assurance Processes

Devon Doctors Group



Putting

Following governance and assurance steps are in place within the CQC Improvement programme of work to ensure that delivery of key actions is monitored and assurance is provided to the Executive, Board, CCGs, and CCGs on a regular basis.

Monthly Devon Doctors Board meetings

Weekly Devon Doctors Board Briefing and assurance pack.

Weekly joint Devon CCG, Somerset CCG, and Care Quality Commission assurance touchpoint meeting.

Weekly CQC Improvement Executive chaired by the Chief Executive Officer, and attended by directors and senior managers from across the business as well as the NED Finance Director and NED Turnaround Director.

Weekly PMO assurance meeting with each of the Senior Responsible Officers from the workstreams. Opportunity for an internal check and balance of progress being made with performance and patient safety improvement.

Weekly workstream meetings with attendees from across the business to develop and undertake action plans to deliver improvements in patient safety and performance.



Appendix A: Conditions of Registration

Conditions of Registration

Devon Doctors Group



Putting

registered provider must provide the Care Quality Commission with written documentation by 11 August 2020 that sets out how they will implement a safe system to ensure delays to care and treatment are reduced and there is always appropriate (in relation to nationally determined targets) call answering, triaging, prioritising and call backs to patients across the NHS 111 service in Devon and Somerset, across the Out of Hours GP service in Devon and Somerset.

registered provider must provide the Care Quality Commission with written documentation by 11 August 2020 setting out how the provider will ensure adequate numbers of suitably qualified, competent and skilled members of staff for the provision of the NHS 111 Devon contract, across all provider sites. This documentation needs to clearly outline how the registered provider will meet the needs of patients accessing the NHS 111 Devon service. This would include how the registered provider intends to assess the relevant capacity and resources and how it intends to plan and safely deliver this to meet patients' needs, in relation to a reduction in the number/percentage of calls to the NHS 111 service being abandoned and an increase in the number/percentage of calls to the NHS 111 service answered within 60 seconds. The report must document the steps to ensure the required improvement is made by 09 October 2020.

registered provider must provide the Care Quality Commission with written documentation by 11 August 2020 setting out how the provider will ensure adequate numbers of suitably qualified, competent and skilled members of staff for the provision of the NHS 111 Out of Hours GP Service for Devon and Somerset. This documentation needs to clearly outline how the registered provider will meet the needs of patients accessing the Out of Hours GP Service for Devon and Somerset. This would include how the registered provider intends to assess the relevant capacity and resources and how it intends to plan and safely deliver this to meet patients' needs in relation to patients awaiting a telephone assessment from the Out of Hours GP service. The report must document the steps to ensure the required improvement is made by 09 October 2020.

Conditions of Registration

Devon Doctors Group



Putting

registered provider must implement and maintain sufficient oversight of governance processes across the NHS 111 Devon service and provide the Care Quality Commission with written documentation by 11 August 2020 setting out how the service intends to assess, monitor and improve the quality and safety of the NHS 111 Devon service. This must include the identification, review and learning shared from significant events and serious incidents. This oversight of improvement must include senior leaders and receive sufficient scrutiny and challenge at a board level. This would document how the provider will monitor progress against plans to improve the quality and safety of the NHS 111 service and take appropriate action without delay where progress is not achieved as expected. Furthermore, the registered provider must by, 11 August 2020 establish an effective system to ensure the identification and root cause analysis of any patterns or trends in low performance within the NHS 111 Devon service in relation to the number/percentage of calls being abandoned and the number/percentage of calls being answered within 60 seconds. The report must document the steps to ensure the required improvement is made by 28 August 2020.

registered provider must implement and maintain sufficient oversight of governance processes across the Out of Hours GP service in Devon and Somerset and provide the Care Quality Commission with written documentation by 11 August 2020 setting out how the service intends to assess, monitor and improve the quality and safety of the Out of Hours GP service. This must include the identification, review and learning shared from significant events and serious incidents. This oversight of improvement must include senior leaders and receive sufficient scrutiny and challenge at a board level. This would document how the provider will monitor progress against plans to improve the quality and safety of the Out of Hours GP service and take appropriate action without delay where progress is not achieved as expected. Furthermore, the registered provider must, by 11 August 2020 establish an effective system to ensure the identification and root cause analysis of any patterns or trends in low performance within the GP Out of Hours service in relation to delays in patients receiving safe and timely care.

Conditions of Registration

Devon Doctors Group



Putting

registered person must, by 11 August 2020 devise and implement an effective system to ensure that the risk and incidence of deterioration and assessments and appointments at the GP Out of Hours service in Devon and Somerset are properly identified and managed. The registered provider must also ensure that there are appropriate systems in place to monitor the condition and risk of deterioration of patients awaiting assessment and appointments within the GP Out of Hours service. The report must document the steps taken to ensure the required improvement is made by 28 August 2020.