

Kay Darby

Interim Director of Nursing & Operations

Central Nottinghamshire Clinical Services

Winter Performance November 2015- March 2016

Context

- CNCS provides GP Out of Hours Services to Mansfield & Ashfield and Newark & Sherwood CCG populations and;
- Primary care streaming services at Kings Mill Hospital via the Single Front Door Model
- CNCS Contract is an activity based contract based on CCG predictive modelling of demand for services
- Demand for services has far out-weighted the predicted demand
- There is a national performance framework for both GP Out of Hours Services and A&E walk in times to be seen

National Quality Requirements
CNCS Summary Compliance Report - March 2016
Notts Out of Hours

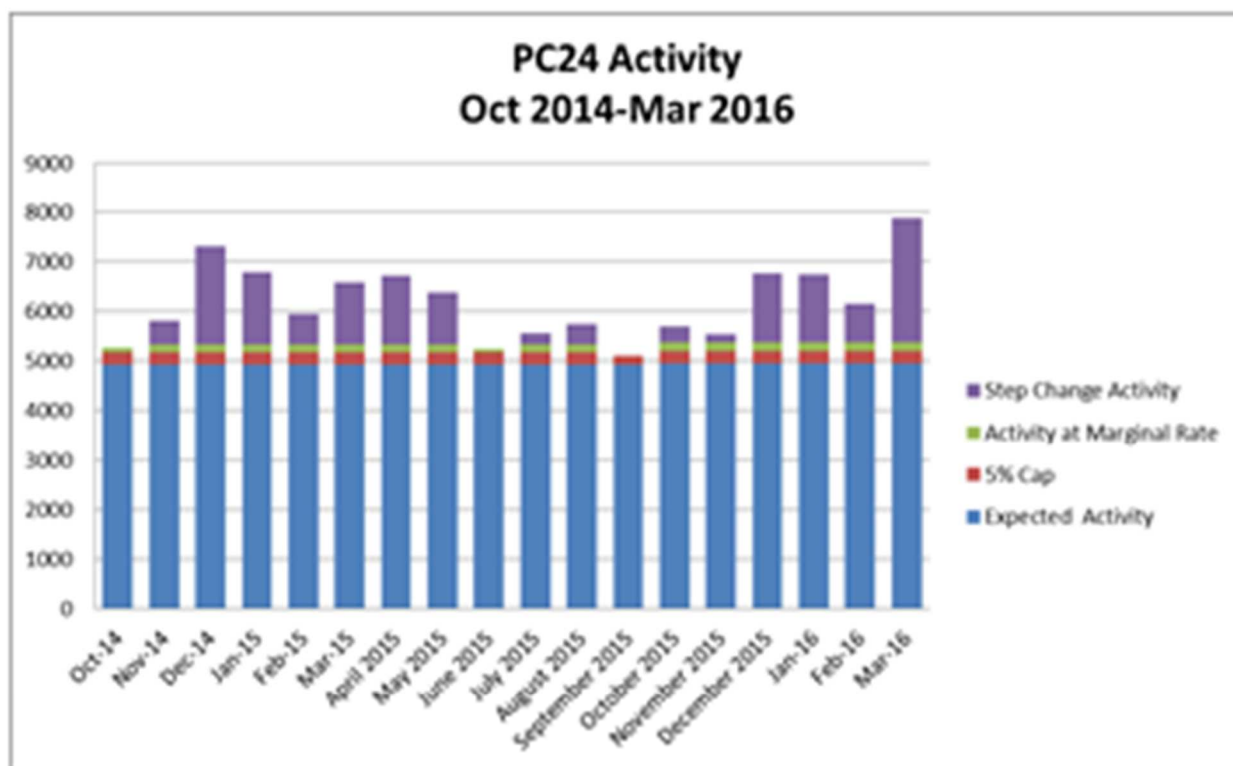
	November 2015			December 2015			January 2016			February 2016			March 2016		
111 Call Count	2648			3445			3417			2951			3817		
Telephone Advice	1377			2040			1869			1699			2271		
Total CNCS Activity	5539			6773			6732			6148			7881		
Provider to report regularly to CCG - NQR1	Reports sent Monthly			Reports sent Monthly			Reports sent Monthly			Reports sent Monthly			Reports sent Monthly		
Consultations sent to GP Practices before 8am - NQR2	99.28%			99.50%			99.48%			99.67%			99.58%		
Providing care to patients with pre-defined needs - NQR3	606			679			645			623			755		
Audit of patient contacts (clinical audit) - NQR4	In Progress - report to CCG every Quarter														
Audit of patient experiences - NQR5	In Progress - report to CCG every Quarter														
Complaints - procedure, reporting, action - NQR6	Process in place			Process in place, currently due to building work leaflets are not on display			Process in place, currently due to building work leaflets are not on display			Process in place, currently due to building work leaflets are not on display			Process in place, currently due to building work leaflets are not on display		
Matching of capacity to demand & contingency planning - NQR7	Processes in place			Processes in place			Processes in place			Processes in place			Processes in place		
Clinician appropriate to patient's need (GP available) - NQR11	Yes			Yes			Yes			Yes			Yes		
Provision for patients with special communication needs - NQR 13	Language Line, BSL software at City PCC			Language Line, BSL software at City PCC			Language Line, BSL software at City PCC			Language Line, BSL software at City PCC			Language Line, BSL software at City PCC		
Face to Face Clinical Assessment - NQR10															
Life Threatening Emergencies - to ambulance within 3 mins	100%			100%			100%			100%			100%		
	Compliant	Non Compliant	%	Compliant	Non Compliant	%	Compliant	Non Compliant	%	Compliant	Non Compliant	%	Compliant	Non Compliant	%
Commence clinical assessment within 20 minutes - urgent	0	0	100%	0	0	100%	0	0	100%	0	0	100%	0	0	100%
Commence clinical assessment within 60 minutes - less urgent	0	0	100%	0	0	100%	0	0	100%	0	0	100%	0	0	100%
Primary Care Centre Consultations - NQR12															
	Compliant	Non Compliant	%	Compliant	Non Compliant	%	Compliant	Non Compliant	%	Compliant	Non Compliant	%	Compliant	Non Compliant	%
Emergency - commence < 1 hour	0	0	100.00%	1	0	100.00%	0	0	100.00%	0	1	0.00%	0	0	100.00%
Urgent - commence < 2 hours	93	4	95.88%	72	16	81.82%	100	10	90.91%	120	8	93.75%	123	18	87.23%
Less urgent - commence < 6 hours	922	8	99.14%	1036	33	96.91%	1219	17	98.62%	917	10	98.92%	1072	34	96.93%
No Priority after Assessment	60			92			41			45			150		
Patient Attributal Delays	5			0			10			6			19		
Patients with no Consultation	5			20			13			20			31		

National Quality Requirements
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		November 2015			December 2015			January 2016			February 2016			March 2016		
Home Visit Consultations - NQR12																
		Compliant	Non Compliant	%	Compliant	Non Compliant	%	Compliant	Non Compliant	%	Compliant	Non Compliant	%	Compliant	Non Compliant	%
Emergency - commence < 1 hour		0	0	100.00%	0	0	100.00%	0	0	100.00%	0	0	100.00%	1	0	100.00%
Urgent - commence < 2 hours		63	7	90.00%	78	18	81.25%	59	17	77.63%	63	16	79.75%	78	15	83.87%
Less urgent - commence < 6 hours		332	19	94.59%	341	45	88.34%	394	50	88.74%	291	44	86.87%	356	48	88.12%
No Priority after Assessment		320			323			311			299			319		
Patients with no Consultation		5			3			1			2			4		
Other Dispositions - Seen within 4 hours		November			December			January			February 2016			March 2016		
	%	Compliant	Non Compliant	%	Compliant	Non Compliant	%	Compliant	Non Compliant	%	Compliant	Non Compliant	%	Compliant	Non Compliant	%
Walk in Patients	100%	2311	23	99.00%	2640	38	98.56%	2594	51	98.03%	2528	107	95.77%	3200	196	93.88%
ED Streamed	96%															
Location of Appointments		November			December			January			February 2016			March 2016		
PC24	100%	534			659			657			568			603		
Newark	94%	233			253			288			263			350		
KCPCC	95%	330			358			465			296			494		
Local Indicators		November			December			January			February 2016			March 2016		
		Compliant	Non Compliant	%	Compliant	Non Compliant	%	Compliant	Non Compliant	%	Compliant	Non Compliant	%	Compliant	Non Compliant	%
Where an appointment time has been given, face to face consultations should commence within 30 minutes of the agreed time (Late Patients Excluded)		909	114	88.86%	967	186	83.87%	973	340	74.11%	611	434	58.47%	816	509	61.58%
Where an appointment time has not been given, face to face consultations should commence within 30 minutes of the Patient arriving at the OOHs base		0	0	100.00%	0	0	100.00%	0	0	100.00%	0	0	100.00%	0	0	100.00%
All urgent consultations (at the OOHs base or in the Patient's own home) must commence within 3 hours of the case being received		163	4	97.60%	177	7	96.20%	201	9	95.71%	201	7	96.63%	223	19	92.15%
All non-urgent consultations (at the OOHs base or in the Patient's own home) must commence within 8 hours of the case being received or within the timeframe identified by the NHS 111 assessment		1271	10	99.22%	1427	30	97.94%	1646	35	97.92%	1241	23	98.18%	1480	36	97.63%

Contract Activity

Activity volumes have been above the step-change threshold for the majority of the contract term



Improvement Actions

- CNCS are in discussion with CCGs to resolve how we meet the stepped change for demand within the contract terms and providing a safe and effective service
- CNCS has reviewed capacity and demand modelling and developed a clinical model that better meets demand
- Strengthening leadership and operational performance
 - Every breach in performance is analysed to identify trends and operational issues
 - Training for Shift Supervisors to better manage the available resources to meet demand
 - Staff recruitment and retention plan to improve retention of Advanced Practitioners and reduce reliance on agency and sessional staff