



HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 10 JUNE 2015

REPORT OF WEST LEICESTERSHIRE CCG

OUT OF HOURS SERVICE PROVIDED BY CENTRAL NOTTINGHAMSHIRE CLINICAL SERVICES

Purpose of report

1. The purpose of this report is to inform the Health Overview and Scrutiny Committee of the outcome from the Care Quality Commission (CQC) Quality review of the LLR Out of Hours service provided by Central Nottinghamshire Clinical Services (CNCS) and the process being made to improve the quality of care.

Background

2. On 17th and 18th March 2015, the CQC conducted reviews at four of the six sites run by CNCS; the provider for the Out of Hours Service for Leicester City, Leicestershire and Rutland. The four sites visited were: Clinic 4 at the Leicester Royal Infirmary, Hinckley and Bosworth Community Hospital, Loughborough Urgent Care Centre and Fosse House. The CQC identified a number of risk areas during these visits which required immediate remedial action. Immediate feedback, post visits, was given to CNCS and escalated to the CCG and NHS England. The CQC reviews focused on the areas where the contract square had highlighted to them the lack of progress with actions to improve performance, particularly for serious incident investigation.
3. The full CQC report was published on 14 May 2015 generating local and national media attention. The report assessed the Leicestershire service as overall inadequate with the following breakdown
 - Safe – inadequate
 - Effective – inadequate
 - Caring – requires improvement
 - Responsive - inadequate
 - Well-led - inadequate
4. In light of the fact that CNCS Services provide services to both Leicestershire and Nottinghamshire CCGs a Joint Nottinghamshire and Leicestershire Oversight Group been established.
5. The key objectives of the Oversight Group are to:
 - work in partnership to resolve issues identified from the CQC inspection;

- define the improvements required in order for the provider to return to normal contract and quality monitoring through oversight and triangulation between CQC findings and contract position;
 - agree the CNCS Quality Improvement Plan and monitor progress.
 - understand CNCS's risks and support risk mitigation and take action as required.
 - coordinate and organise additional support to ensure delivery of safe services
 - review the support required for broader organisational capacity and capability work.
6. The group is led by the Accountable Officer for Newark and Nottinghamshire CCG on behalf of the mid-Nottinghamshire CCGs. LLR CCG remain accountable for the operational delivery of the LLR Out of Hours Service, but it was deemed appropriate, given the wider organisational governance concerns, that we work in partnership with the Nottinghamshire CCGs. In light of the focus of activity being in Nottinghamshire, these governance arrangements have been approved by NHS England.
7. This group has supported and challenged the organisation in response to the report and in addition CCG Chief Nurses have worked with CNCS executives on a weekly basis. A monitored and risk assessed action plan is in place, CCGs are supporting CNCS to develop board and organisational development plans to ensure sustainability of governance and safety across the organisation. In response, CNCS has expanded their short term organisational capacity to implement change via a transformation team with most interims now in place.
8. It was agreed that a series of unannounced visits would be carried out by the CCGs to gain assurance that immediate areas of risk had been mitigated and that services were safe and effective in the short term, pending a more detailed plan to ensure improvements are sustained across the LLR service.
9. A summary of the outcome from these visits is included in Appendix A below. These indicate that there are no remaining areas of significant concerns. Further assurance visits will focus on gaining assurance against action plan and key performance indicators.

Recommendations

The Health Overview and Scrutiny Committee is requested to note the position regarding the LLR Out of Hours service.

APPENDIX A

No Concerns	
Minor concerns	
Moderate Concerns	
Significant Concerns	

Summary of CCG Led Visits

1. Sunday 22nd March 2015 - Fosse House, LRI Clinic 4
2. Thursday 26th and Friday 27th March 2015 - Fosse House, LRI Clinic 4, Hinckley and Bosworth Community Hospital, Loughborough
3. Wednesday 8th April and Thursday 9th April - Fosse House, LRI Clinic 4, Loughborough
4. Thursday 16th April - Hinckley and Bosworth Community Hospital

Areas of Risk	Summary of Assurance	Residual Risk
Confirm immediate policies and procedures that all staff need to have copies of/ access to and ensure that there is a check that staff understand and have read them	Policies and procedures disseminated to all staff coming on shift. Residual issues remain in relation to awareness of policies and out of date policies	
Management of serious incidents: 13 incidents not escalated as serious incidents	A review of these identified that 1 incident should have been reported to the CCGs as a serious incident and is being investigated Further work is required to ensure that all staff are aware of the learning from incidents	

Ensure all staff understanding their safeguarding responsibilities and associated contacts	Safeguarding policy and contact numbers provided at all sites, varying levels of safeguarding awareness. Face to face training arranged	
Review medicines stock management urgently	Agreed stock levels in place for visiting cars which are checked at start of shift. Medicines reconciliation processes in place. Minor issues remain in relation to out of date medicines and agreed stock levels with the pharmacy provider	
Resolve equipment issues including resuscitation	Visiting Vehicles inspected. Equipment checklist now in place , all equipment in place and in working order i.e. AEDs charged, adult child and paediatric defib pads; O2 and Entonox bottles full	
Adequate shift cover for Easter	Minor Staffing difficulties over Easter. ANPs deployed. Ongoing risks in filling rotas which is monitored weekly	
All staff have clinical supervision and this is checked	Additional Shift supervisor in place. Practitioner performance framework in development (Medium Term Action)	
Calls management / call flow and prioritisation is based on need	Additional Shift supervisor in place. Reception staff alerted to the identification of deteriorating patients in clinics	
There is Director level leadership on the floor over the next 7 days to oversee immediate actions and report to their board	Increased Director and senior management presence at all sites Support team in place for operational managers	