

<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No.6</b>
<b>15 MARCH 2016</b>	<b>Public Report</b>

**Report of Jill Houghton, Director of Quality, Safety & Patient Experience, Cambridgeshire and Peterborough Clinical Commissioning Group**

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## **CAMBRIDGESHIRE COMMUNITY SERVICES GENERAL PRACTICE OUT OF HOURS SERVICE: CARE QUALITY COMMISSION REPORT FINDINGS**

### **1. PURPOSE**

- 1.1 The purpose of this report is to present to the Scrutiny Commission the findings of the Care Quality Commission (CQC) Inspection findings of the Cambridgeshire Community Services NHS Trust (CCS) GP Out of Hours service, based at the City Care Centre, Peterborough that took place 3 and 4 November 2015. This service is commissioned by Cambridgeshire and Peterborough CCG.

### **2. RECOMMENDATIONS**

- 2.1 Note the report, the oversight process that is in place and the improvement being made against the agreed improvement plan. The Scrutiny Commission are also asked to note the proposed changes to the Provider of this service from 1 April 2016.

### **3. BACKGROUND**

- 3.1 The outcome of the CQC inspection resulted in an overall rating of Inadequate for the Cambridgeshire Community Services NHS GP Out of Hours Service. The performance of this service is measured against the *National quality Requirements in the Delivery of Out of Hours Services, October 2004*.
- 3.2 The CQC reported that they found the service inadequate in the following domains:
- Providing safe and effective services, and
  - Being well led.
- 3.3 As a result of this rating, the service has been placed in Special Measures.
- 3.4 The CQC report also noted performance in the following domains:
- Providing responsive services - Requires Improvement, and
  - Providing a caring service – Good.

### **4. KEY ISSUES**

- 4.1 The key findings across all areas inspected were as follows :
- Patients were at risk of harm because systems and processes were not always in place to keep them safe e.g. the triage process was unsafe because nurses were undertaking tasks without the support of triage protocols and guidance or evidence of appropriate training.
  - Staff were clear about reporting incidents, near misses and concerns. However the scope for on-going learning and improvement from incidents was limited.

- The system for assessing the competency of staff who were administering medicines under PGD was not effective.
- Staff files and recruitment procedures were not documented or governed thoroughly.
- There was insufficient assurance to demonstrate people received effective, timely care and treatment. For example, response times for call backs to patients.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.
- Consumable clinical equipment was found to be out of date in some areas, for example gauzes in the storage cupboards and care.
- Safeguarding referral processes were not audited and there was no process in place to ensure that safeguarding referrals had been tracked and effectively followed up.
- Leadership arrangements were ineffective due to a lack of understanding between the Board and frontline delivery of the Out of Hours Service.
- Governance arrangements were fragmented and ineffective with clinical and managerial leads having limited oversight of the risks to patients and to staff.

## **5. IMPLICATIONS**

- 5.1 Possible implications include immediate concerns regarding patient safety and patient experience.
- 5.2 There were also possible implications to be considered in respect of the other services delivered by Cambridgeshire Community Services NHS Trust (CCS).

## **6. NEXT STEPS**

- 6.1 Prior to publication of the CQC report (4 Feb 2016), a Quality Summit was held by the CQC and a recovery improvement plan developed – this has been in place since November 2015. This plan is monitored on a weekly basis by a joint CCS/CCG Oversight Group and is progressing to timescale and demonstrating the required level of improvement. It is expected this will be fully completed by April 2016.
- 6.2 There is further scrutiny and assurance of all CCS services provided in Cambridgeshire and Peterborough through a monthly Clinical Quality Review process, which reports to the CCG Patient Safety and Quality Committee.
- 6.3 Prior to the date of the CQC inspection in early November 2015, Cambridgeshire Community Services were in the process of finalising plans to sub-contract the operational management of the NHS GP Out of Hours Service to the local NHS 111 provider, Herts Urgent Care. The plans were subsequently put on hold, pending the outcome of the CQC inspection.
- 6.4 With effect from 1 January 2016, CCS engaged the services of Herts Urgent Care to provide management oversight and guidance to the Peterborough Out of Hours Service rather than a full sub contract arrangement. This is in place until 3<sup>rd</sup> March 2016, after which the current contract with CCS will terminate.
- 6.5 Herts Urgent Care has been commissioned to provide the Out of Hours Service for the Peterborough area for the period from 1 April 2016 to 19 October 2016. The NHS 111 service provided by Herts Urgent Care for Cambridgeshire & Peterborough has been co-located at the City Care Centre in Peterborough with the CCS Out of Hours Service since November 2012.

6.6 The CCG are in the process of procuring an Integrated Urgent Care Model for NHS 111/Out of Hours with plans to award contract and mobilise by the 1 November 2016.

**7. BACKGROUND DOCUMENTS**

7.1 Cambridgeshire Community Services NHS Trust (CCS) GP Out of Hours Services at City Care Centre, Peterborough (4 Feb 2016)

<http://www.cqc.org.uk/location/RYY2>

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