

MEETING DATE:	12 June 2014	 North Lincolnshire Clinical Commissioning Group REPORT TO THE CLINICAL COMMISSIONING GROUP GOVERNING BODY
AGENDA ITEM NUMBER:	Item 7.11	
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JOB TITLE: DEPARTMENT:	Director Risk and Quality Assurance	

NLCCG QUALITY AND RISK REPORT

PURPOSE/ACTION REQUIRED:	The Governing body are asked to: Receive and note the Quality and Risk Paper
CONSULTATION AND/OR INVOLVEMENT PROCESS:	Quality Group Information Governance Group Francis Sub Group Safeguarding team CSU - Learning Disabilities and Mental Health Team
FREEDOM OF INFORMATION:	Yes Public

1. PURPOSE OF THE REPORT:

This report presents an updated position in relation to some key areas of risk and Quality assurance within North Lincolnshire Clinical Commissioning Group [NLCCG].

The report informs the CCG Governing Body about the quality and safety of the services it commissions and in doing so provides assurance that NLCCG is upholding its responsibility and commitment to commission safe, high quality and value for money health services for the population of North Lincolnshire.

2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:

Continue to improve the quality of services	X
Reduce unwarranted variations in services	
Deliver the best outcomes for every patient	X
Improve patient experience	X
Reduce the inequalities gap in North Lincolnshire	

3. ASSURANCES TO THE CLINICAL COMMISSIONING GROUP

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4. IMPACT ON RISK ASSURANCE FRAMEWORK:

Yes		No	X
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5. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:

Yes		No	X
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6. LEGAL IMPLICATIONS:

Yes		No	X
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7. RESOURCE IMPLICATIONS:

Yes		No	X
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8. EQUALITY IMPACT ASSESSMENT:

Yes		No	X
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Update report for the Governing Body to note

9. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:

Yes		No	X
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This report provides a summary briefing on the work undertaken by the Quality group.

10. RECOMMENDATIONS:

The CCG is asked to: -

- Note the report



*North Lincolnshire
Clinical Commissioning Group*

Quality and Risk Management Report

Quality and Risk Governing Body Report

June 2014

Quality and Risk Report

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1. Introduction

This report presents an updated position in relation to key areas of risk and Quality assurance within North Lincolnshire Clinical Commissioning Group [NLCCG].

The report informs the CCG Governing Body about the quality and safety of the services it commissions and in doing so provides assurance that NLCCG is upholding its responsibility and commitment to commission safe, high quality and value for money health services for the population of North Lincolnshire.

A key priority includes ensuring the strategic direction for improving and maintaining quality in commissioned services. CCG quality leads are working closely with North Yorkshire and Humber Commissioning Support Unit [NY&HCSU] to ensure that all commissioned services are assessed consistently against both national and local key performance indicators.

2. Provider Dashboard

A monthly dashboard report showing provider performance on key quality measures is attached separately and should be read in conjunction with this report.

Any issue of concern (any red or amber rated issue on the attached dashboard) is raised with the provider through the monthly/bi-monthly Contract Management meetings and assurance fed back to the CCG's Quality Group meeting.

The key issues to report to the Governing Body are:

2.1 Serious Incidents at Northern Lincolnshire and Goole NHS Foundation Trust
Representatives from the Provider Trust now attend the monthly Serious Incident review panel to further improve communication and quality of Serious Incident reporting and investigation. This is working positively and improving the assurance process.

NL CCG has raised a number of concerns relating to incident reporting at the Trust, which have been escalated to senior level in the organisation.

2.2 Care Quality Commission report at Hull and East Yorkshire Hospitals NHS Trust
The Trust received an inspection from the Chief Inspector of Hospitals team from the Care Quality Commission, the report for which has been published. The report can be found at: http://www.cqc.org.uk/sites/default/files/media/reports/rwa_provider_hull_and_east_yorkshire_hospitals_nhs_trust_ins-unknown_scheduled_20140507.pdf

The headline results from the report are:

Overall rating for this trust	Requires Improvement
Are acute services at this trust safe?	Requires Improvement
Are acute services at this trust effective?	Good

Are acute services at this trust caring?	Good
Are acute services at this trust responsive?	Requires Improvement
Are acute services at this trust well-led?	Requires Improvement

The Trust is currently compiling an action plan to respond to this report; commissioners have requested that this action plan ties in other recent elements raised with the Trust, such as the actions required from the unannounced CQC ward visits and the safeguarding inspection at HEYHT. This will be discussed at the next Quality Forum meeting to determine which elements will require detailed monitoring and assurance from a quality perspective to commissioners. Progress on achievement of the plans will be undertaken at the contract compliance meetings.

Impact of waiting times

The Trust has been asked for clinical assurance on the impact of long waiting times on patients. The Trust is failing to achieve the 18-week standard in some specialties and for a growing number of patients. A contract query notice has been raised by Hull and ERYCCGs on behalf of commissioners to formally escalate the performance and quality concerns for a response by the Trust.

2.3 Incident reporting at Rotherham, Doncaster and South Humber NHS Foundation Trust [RDASH].

NLCCG are currently looking into heightened concern regarding care of patients under the care of the Trust. In particular a review of suicides will be undertaken over the next few months.

Quality Group discussion with Rotherham, Doncaster and South Humber NHS Foundation Trust [RDASH].

Representatives from RDASH recently attended the CCG's Quality Group to give an overview of clinical quality priorities at the Trust, which was well received by the Group and enabled further assurance of their plans to address concerns. .

2.4 Yorkshire Ambulance Service (YAS)

The dashboard has been developed to capture some key data sets from YAS. The key concerns with YAS are on performance times rather than significant concerns for quality. The Trust has two issues outstanding with the CQC (not enforcement issues but issues requiring action). These are awaiting re-inspection by the CQC.

2.5 East Midlands Ambulance Service (EMAS)

The dashboard has been developed to capture some key data sets from EMAS. The Trust has been asked to confirm the quality standards to which it holds any sub-contracted provision (i.e. use of the voluntary sector for patient transport services), after reports of increased use of sub-contracting by EMAS.

3. Serious Incident Summary Report

NL CCG is in receipt of a monthly summary report for its Serious Incidents [SIs]. This provides an overview of Serious Incidents reported by each provider, including new Serious Incidents reported, the quality of completed investigation (including meeting investigation timescales) and a review of themes and trends from completed investigations.

The key issues to report to the Governing Body are:

1. Northern Lincolnshire and Goole NHS Foundation Trust

A recent Dermatology SI report was discussed at the April 2014 meeting. The Trust stated that the service does have some capacity issues, which they are addressing, however, this had been added to their risk register.

2. Northern Lincolnshire and Goole NHS Foundation Trust The SI group picked up with NL&G that three of the reports at the April 2014 meeting had comments in relation to the reduced regular team members and vacancies in the establishment that had increased the use of bank/agency staff

3. Rotherham, Doncaster and South Humber NHS Foundation Trust

The CCG is working with the Trust following concerns with regard to the number of patient suicides. An external peer review has been requested and further work is on-going with RDASH to review their arrangements for inpatients and in particular, the risk assessment process.

4. Incident Report

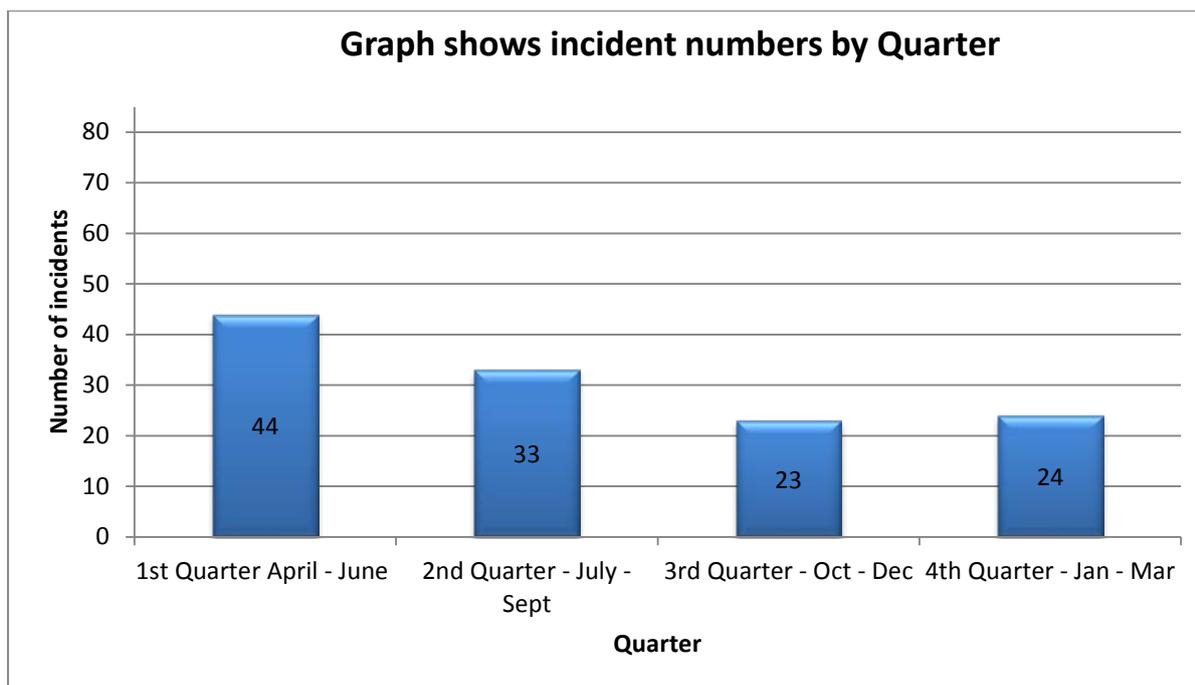
NL CCG GPs and CCG staff are able to raise incidents via the CCG's incident reporting process. These relate to incidents that have occurred within the CCG staffing body, as well as incidents raised by GP regarding primary care or secondary care services.

The reports most frequently raised recently through this route pertain particularly to services at Northern Lincolnshire and Goole Hospitals NHS Trust.

The main trends reported relate to :

- appointments
- admissions, transfers and discharges
- concerns with quality of care or on-going review

Each incident reported is raised with the Trust for a response and to ensure changes are made to practice delivery where appropriate, this is then given back to the reporting GP.



Provided below is an overview of the number of incidents occurring in each of the main categories reported to date. As can be seen in Table 1 the most frequently occurring category in Quarter 4 of incidents is “Implementation of Care or on-going monitoring/review” (14 or 58%) followed by “Appointment/Administration/Transfer/Discharge” of which there were 14 (58%) of all incidents.

Table 1: Breakdown of Category of Incidents

Category	1st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr
Appointment/Admission/Transfer/Discharge		9	9	9
CCG Staff	1			
Clinical Governance (used in Qtr1 only)	30			
CSU Staff				
H&S		1	1	
Implementation of care or on-going monitoring/review		9	6	14
Infection Control		1		
Information Governance	8	3	1	
Medication	5	9	6	1
Test Results		1		
Total	44	33	23	24

5. Safeguarding Children

5.1 Responsibilities and Competencies of Governing Body members

The Royal College of Paediatrics and Child Health (RCPCH) on behalf of 20 other contributing bodies published a revision of Safeguarding Children and Young people: roles and competences for health care staff in early April 2014. This document published initially in 2006, then updated in 2010, is used by the Care Quality Commission to benchmark organisational compliance with safeguarding arrangements. The 2014 document introduces for the first time a description of the responsibilities and core competencies for Board Level staff, specifying core competencies for all staff working at this level as well outlining the individual responsibilities for:

- Governing Body Chair
- Chief Executive Officer
- Executive Director Lead

The document also suggests that “Boards should consider the appointment of a Non-Executive Director member to ensure the Organisation discharges its safeguarding responsibilities appropriately and to act as a champion for children and young people.”

A briefing on the responsibilities and competencies is provided separately.

5.2 Vulnerable Children Data

Verified data in respect to the number of children subject to statutory plans are available on a quarterly basis.

- At 31st March 2014, there were 102 children subject to a Child Protection Plan, i.e. require a multi-agency plan to protect them.
- At 31st March 2014, there were 160 children in the care of North Lincolnshire Council, either as a result of a legal order, or where children have voluntarily placed by carers into Local Authority care.

Comparisons in respect to the previous 3 quarters are included below, with some additional data.

Number of Children	30/06/2013	30/09/2013	31/12/2013	31/03/2014
Subject to Child Protection Plan (CPP)	92	84	103	102
In care of North Lincolnshire Council (LAC)	151	152	157	160
With Dual status (CPP&LAC) ¹	5	2	0	
North Lincolnshire (NL) LAC out attending residential school outside NL	12	9	10	

¹ Included in CPP and LAC numbers.

NL LAC in placements outside NL	21	27	23	
LAC from other areas placed in NL	89	77	72	

5.3 Local arrangements

As reflected in the NLCCG Safeguarding Children Annual Report 2012-2013, all organisations have a duty under s11 Children Act 2004 to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children. Each organisation is required to have appropriate executive and professional leadership; ensure employed and voluntary staff are properly recruited, trained and supported; work collaboratively with other partner organisations to safeguard and promote the welfare of children. Fully details of requirements are included in the Annual Report. The 2013/2014 Annual Report will be finalised in early June 2014 and will be presented to the Governing Body in August 2014.

NL CCG and the key health providers in North Lincolnshire have appropriate professional leadership in place to ensure their organisations are meeting their legal duty. Challenges in NLaG's safeguarding children training uptake through the 2013/2014 year were addressed via a robust action plan. Changes in staff requiring training arising from the revised RCPCH document may mean that training uptake for Level 3 training uptake in all health organisations may show an initial dip, as a wider range of clinicians require training to this level.

5.4 Medicals for children who have experienced sexual harm

The gap in provision for forensic medical examinations for children and young people under the age of 16 who had experienced sexual harm experienced in 2013/2014 appears to be resolved following NHS England securing a service for North Lincolnshire children from Hull and East Yorkshire Hospitals' Trust. The Designated Professionals will continue to work with colleagues in Humberside Police and North Lincolnshire Council to ensure all children are seen in a timely fashion. Any issues arising will be escalated.

5.5 Capacity issues

North and North East Lincolnshire CCGs have successfully recruited to a full-time specialist nursing post to support their shared Designated Nurse in ensuring that both CCGs deliver on their statutory safeguarding responsibilities. It is anticipated that the new post holder will commence in early August.

6. Safeguarding Adults

6.1 Prevent

Humberside Police have now reorganised and as a result will no longer be operating in the four division model for this area. Consequently we will now have one Police lead across the Humber for the Prevent agenda. This Lead is keen to establish that all agencies have awareness of the referral protocols into Channel, which is the part of the police force that investigates and supports vulnerable individuals as risk of, or currently being, radicalised.

Two training providers have been identified to deliver this training; Navigo and the Regional Prevent Strategy Lead who can both deliver Prevent HealthWrap Training to CCG Staff and is being arranged to ensure CCG compliance.

6.2 Serious Case Reviews (SCR)

The SCR Group met on the 25th April to discuss a report from RDaSH regarding the number of Serious Incidents, including 6 suicides. Development work had already been carried out by the LSAB to understand the governance and assurance arrangements within Health in investigating SIs which followed through into this meeting. RDaSH will provide a more detailed report looking at themes and trends across the serious incidents prior to the next meeting.

6.3 Core Providers Issues

Seven Alerts have been received regarding the treatment of vulnerable patients at Scunthorpe General Hospital. It has been agreed that the Safeguarding Investigations will be carried out jointly by the Local Authority Safeguarding Team and NLG Safeguarding Team with involvement from the Designated Nurse for Safeguarding Adults at the CCG. Assurance has been given by NLAG regarding the immediate safety of any patients concerned and appropriate visits to the Ward area were carried out where needed. The CQC and Police were informed as per protocol where appropriate. These investigations are on-going.

Agreement has been reached between the Local Authority Safeguarding Team and RDaSH on Safeguarding Procedures. With immediate effect all Safeguarding Alerts will be sent to the Local Authority for them to measure against the Safeguarding thresholds. Where an Alert meets the criteria North Lincs safeguarding team will take on the investigatory and safeguarding coordinating role and manage the process. North Lincs RDASH investigators and coordinators will be part of the pool available to ensure joint working and an objective approach to investigations.. NLCCG will be informed of all Alerts that meet the Safeguarding Threshold and be involved, where appropriate, within the investigative process.

6.4 Care Home Safeguarding Alerts

One Safeguarding Alert proceeded to strategy involving a Funded CHC patient. Gaps were identified in Carer Support which are now in the process of being resolved via Social Care. An issue was identified for Health regarding Domiciliary Care and their training, understanding and implementation of the Mental Capacity Act and Best Interests. CSU Contracting have advised that a letter is sent to all Domiciliary Care Providers, contracted by the CSU on behalf of NLCCG, to ensure that all Care Workers have training to enable them to have an understanding of working within "Best Interests". This letter will form an addendum for the Contract.

CQC have been working closely with the Local Authority regarding a Care Home in North Lincolnshire where a number of Safeguarding and Quality issues have been identified over a period of time. The CCG does not currently commission care for anyone within this home. All the Safeguarding Alerts relate to issues within the management of the home and it is acknowledged that the day to day care received at the home is very good. CQC and the Local Authority are working with the home to resolve the issues.

7. Francis / Hard Truths Actions - Progress Update

A revised action plan is attached separately to this report that provides the CCG current position in its response to the Hard Truths document.

Assurance on the progress of Provider organisations against the recommendations is undertaken at the contract compliance meetings.

8. Winterbourne / Complex Care

8.1 Transforming Care – re- launching the vision

Previously, the Department of Health published the report *Transforming Care: One Year On*, which summarised the progress of the concordat partnership two and a half years after the Winterbourne View scandal. It concludes that there are still too many people with learning disabilities and autism in assessment and treatment units and secure hospitals. Nationally there were 3,200 people at the last count, 60 per cent of whom have been detained for over a year and nearly 20 per cent for over five years.

The national Winterbourne View Joint Improvement Programme has regrouped and refocused. The focus of the programme has moved from national to local, area by area, person by person. A rigorous person-centred approach must be adopted by all parties, in all places and at all times

The national team vision is:

Everyone, with no exception, deserves a place to call home. Person by person, area by area, the number of people with learning disabilities and autism in secure hospitals or assessment and treatment settings will permanently reduce. At the same time local community-based support and early intervention will improve to the point it will become extremely rare for a person to be excluded from the right to live their life outside of a hospital setting.

They have started a programme of local engagement. All 152 local areas will eventually receive support proportionate to their need.

8.2 Ensuring Quality Commissioning Principles

There are 14 core principles for the commissioning of services for children, young people, adults and older people with learning disabilities and/or autism who display or are at risk of displaying behaviour that challenges.

- Positive Behavioural Support
- A whole systems life course approach
- Prevention and early intervention

- Family carer and stakeholder partnerships
- Function based holistic assessment
- Behaviour that challenges is reduced by better meeting needs and increasing quality of life
- Support for communication
- Physical health support
- Mental health support
- Support for additional needs
- Specialist local services
- Safeguarding and advocacy
- Workforce
- Monitoring quality

8.3 Self-assessment Framework

A local action plan has been developed following a regional learning disability leads meeting. The proposed joint action plan will be presented to the Learning Disability Partnership Board in August 2014, the recommendations are as follows:

Health action

- 8.3.1 To check how many health checks the GP's offered to individuals with a learning disability
- 8.3.2 To check how many individuals with a learning disability attended the Health Check
- 8.3.3 For a Learning Disability nurse to work with the GP practice against individuals who did not attend / support to attend an appointment
- 8.3.4 Flagging system ref. individual with a learning disability

Social care action

- 8.3.5 Assurance against Providers approved by Health & Social Care.
- 8.3.6 Ensure all known to the Quality and Performance Team / Revisit an easy read in the Pink / Quality Assurance Framework
- 8.3.7 Service User Feedback
- 8.3.8 Information linking to the Intelligence Group
- 8.3.9 Framework for the management of poor performing homes (risk adverse, poor opportunities for individuals to be part of communities, lack of choice / control etc)

8.4 Local Data

In the last update report eight users were reported as Winterbourne compliant. This number has increased to ten in the latest report (see below). This is due to the reclassification of

one client previously considered the responsibility of NHS England specialist commissioning team and a new admission.

All clients are assessed monthly by the CSU assessors and reports discussed with the CCG.

The following information was reported to the Chief Nursing Officer NHS England on 28th May 2014.

The information in the tables below relates to the 10 clients reported on the quarterly assurance return submitted 14 April 2014, covering the period 1 January 2014 to 31 March 2014.

Within 3 months?	3 people
Within 6 months?	2 people
Within 12 months?	4 people
Longer?	1 person
Comment	<p>For the clients reported on above:</p> <p>1 person is appropriately placed and evidenced at this time, on a treatment plan which will take longer than 12 months to complete.</p> <p>Of those moving within 3 months:</p> <p>2 will move via a 2-step process, i.e. initially through rehabilitation to support the individuals through the transition.</p> <p>All clients above are reviewed monthly. The Local Authority is actively engaged with their future plans.</p> <p>The plans for 2 people may take up to 12 months as they have expressed a wish for housing in a rural community which may take time to access a tenancy.</p>

- In relation to the Concordat Action to 'rapidly expand and improve community provision for people with learning disabilities and or autism who display or are at risk of displaying behaviour that challenges'. This community provision needs to include skilled support to people across all ages throughout (or at various times in) their lives and at times of crisis to minimise admission to In-patient facilities.

9. Patient Experience

9.1 Complaints

NL CCG received a total of 9 complaints in 2013-14 with respect of its direct areas of accountability to patients. These are summarised as:

Continuing Health Care:	5
CCG Commissioning:	2
Referral issues:	1
Funding:	1

These complaints are all investigated and a response provided to the patient. The key issue to note in relation to these complaints is in relation to Continuing Health Care, in which patients or their families have raised concerns about the time it takes to complete the CHC retrospective assessments. This is an issue known to the CCG

The CCG also runs a Patient Advice and Liaison Service. Year-to-date, the top issues raised through this service are:

- Access to NHS dentistry via NHS England calls, and relevant information is given to each enquirer
- The second most common is about Individual Funding Requests, including enquiries about the process, unhappiness at the outcome, how to appeal and what options are available if an appeal is unsuccessful
- The third most common are individual issues with GP practices, but from which no identifiable trends or learning have been identified – these are one-off requests for information or clarification with a particular practice

9.2 Friends and Family Test (FFT)

Both Northern Lincolnshire and Goole NHS Foundation Trust and Hull and East Yorkshire Hospitals NHS Trust have been required to introduce the Friends and Family Test for their inpatient services, and during 2013-14 to introduce this in to maternity services.

For Northern Lincolnshire and Goole NHS Foundation Trust, the key issue has been reaching the response rate required nationally, which is 15%. The most recent figures for 2014 show that the Trust has now achieved this response rate, including the stretch target to be above 20% at the end of 13-14, following a targeted action plan and investment of further resources, including support by volunteers.

For Hull and East Yorkshire Hospitals NHS Trust, the Trust is in the Top 5 Trusts in Yorkshire and the Humber for its response rate and is starting to build actions around the qualitative written comments received by patients at the same time as they log their FFT score. The result of this work has been shared with commissioners through quarterly CQUIN reports and is positive progress by the Trust.

Both Trusts met the requirement to roll out the FFT to their maternity services by 31 October 2013.

10. Infection Control

Progress on the MRSA and C Difficile actions plans are as follows:

MRSA

Progress against NHS England Zero Tolerance objective for MRSA bacteraemia is evident by a year on year reduction in community apportioned cases across North Lincolnshire; similarly this reduction is seen across acute providers over the last 4 years.

Continued collaborative working utilising a Post Infection Review tool and multi-agency case review meeting is key to learning lessons and applying recommendations – inclusion of patient/ next of kin involvement has also been of benefit to both patient and organisations involved.

Continued focus on detection of risk factors, cross boundary communication with respect to infection prevention and control issues and active management of patients who are detected with MRSA provides a template to reduce cases further.

For 2014/15 NHS England have updated the Post Infection Review and case assignment process to take into account issues that were raised by organisations across England with local and regional involvement in complex cases where assignment is contested.

Clostridium difficile

Progress against previous *C.difficile* objectives has been more challenging due to a number of multi factorial issues both in Primary and Secondary care – factors include medicines management and use of PPI's, prescribing of high risk antibiotics, use of Loperamide in Primary care and risks associated with previous GDH positive status.

North Lincolnshire CCG breached the *C.difficile* objective by 2 cases – although there were some incidences whereby it was difficult to determine and account for all cases apportioned to North Lincolnshire residents.

In response a *C.difficile* action plan has been drafted to document the key issues and recommendations – a priority for North Lincolnshire CCG for 2014 /15.

For 2014/15 NHS England have published objectives for *Cdifficile* with a more flexible approach in line with expert opinion on the burden of *C.difficile* disease. This flexibility will provide the opportunity for North Lincolnshire CCG to action the recommendations documented thereby reducing the burden of disease locally.

11. Primary Care Quality

11.1 Productive GP Initiative

Seventeen practices have signed up for the initiative and have been split up into two cohorts. The first cohort consists of 8 practices and the second of 9 practices. Both cohorts have now had their launch events and the first cohort has had its first group action learning day focusing on learning from patient experience. Shaping for Health Consultants are in the process of visiting practices to give specialist support designed to meet the specific requirements of the practice.

All participating practices will receive financial support of £11K to cover the costs involved in programme delivery. This support is broken down into three parts. The first part is paid upon committing to the programme, the second upon data gathering and analysis and the final part upon production of a short evaluation report identifying changes the practice has made. The CCG will be accessing feedback from participating practices regarding the work of Shaping Health to help ensure that all practices receive effective tailored support.

The CCG retains oversight of the initiative with Dr Robert Jaggs-Fowler providing clinical leadership, John Pougher managerial support and Debbie Lewis Bird project support.

11.2 Friends and Family Test

From December 2014 all general practices will have to participate in the Friends and Family test. More detail guidance is awaited as how this will be managed. At this stage however, it appears that NHS England intends to give practices a wide degree of flexibility on how they can collect the data and they will not set a minimum target in terms of numbers. It appears that practices will have to submit data to a central point (yet to be determined) on a monthly basis from January 2015. The Assistant Senior Officer Quality (John Pougher) is a member of a national work stream that is tasked with supporting the implementation of FFT in general practice and is keen to feed back to the centre concerns and insights from local practitioners. He will therefore be contacting practices to keep them updated and pick up any concerns they have over the coming months.

The CCGs participation in the national pilot project for FFT across the stroke pathway is drawing to a conclusion and a feedback session to patients, clinicians and voluntary agencies is being held at St Bernadette's church in Scunthorpe on the 23rd May. A feedback report is also being prepared for NHS England and the results of this pilot will also be fed back into the experience led commissioning programme.

11.3 Supporting Practice performance

The national Primary Care Web tool is monitored by the Local Area Team and if a practice is an outlier on five or more indicators the CCG are asked to review performance with the practice. So far two NL practices have been identified as being an outlier in performance and support has been given to one practice.

The performance of one NL practice is currently being directly supported by the Local Area Team.

The CCG will continue to work with the Primary Web tool to offer proactive support to practices around key themes and challenges across the CCG. Meetings have been held with Local Area Team to determine the most effective approach to monitoring and supporting local practices.